

# Blood borne viruses practice standard

May 2022

Dental Council  
Te Kaunihera Tiaki Niho

## Foreword

### Standards framework

The Dental Council ('the Council') is legally required to set standards of clinical competence, cultural competence and ethical conduct to be observed by all registered oral health practitioners ('practitioners')<sup>a</sup>. This means that compliance to the Council's standards by practitioners is mandatory.

The Council has established a Standards Framework which defines the ethical principles, professional standards and practice standards that govern all practitioners. Collectively, the ethical principles, professional standards and practice standards form the Standards Framework, and define the standards of ethical conduct, clinical and cultural competence that all practitioners **must meet**.

There are five ethical principles that practitioners must adhere to at all times.

Practitioners must:

- put patient interests' first
- ensure safe practice
- communicate effectively
- provide good care
- maintain public trust and confidence.

Each of the five ethical principles is supported by a number of professional standards which articulate what a practitioner must do to ensure they achieve the ethical principles. The professional standards are, in turn, supported by practice standards which relate to specific areas of practice that require more detailed standards to enable practitioners to meet the professional standards and ethical principles.

A copy of the Standards Framework is available on the [Dental Council's website](#).

### Compliance

The standards set by the Council are minimum standards which are used by the Council, the public of New Zealand, competence review committees, professional conduct committees, the Health and Disability Commissioner (HDC), the Health Practitioners Disciplinary Tribunal and the courts, to measure the competence, performance and conduct of practitioners.

A failure to meet the Council's standards and adhere to the ethical principles could result in Dental Council involvement and may impact on the practitioner's practice.

Sometimes factors outside of a practitioner's control may affect whether or not, or how, they can meet the standards. In such circumstances, practitioners are expected to adhere to the ethical principles, demonstrate insight and use their professional judgement to determine appropriate behaviour.

Practitioners must be able to justify their behaviour when this is contrary to the standards, and document their reasons.

a. Oral health practitioners include dentists, dental specialists, dental hygienists, dental therapists, oral health therapists, clinical dental technicians, dental technicians, and orthodontic auxiliaries.

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## Introduction

This introduction provides commentary on the blood borne viruses practice standard ('BBVs practice standard') and context for the standards and guidance within it. It does not form part of the BBVs practice standard.

The BBVs practice standard contains:

- The Council *standards* (the standards) for specified blood borne viruses that all registered oral health practitioners (practitioners) **must** meet. These are presented in the numbered coloured boxes -



The standards that practitioners must meet.

and

- *Guidance* which describes the actions and behaviour that enable practitioners to meet the minimum standards. If a practitioner does not follow the guidance, they must be able to demonstrate to the Council that they meet the standards.

This is presented in the grey-shaded boxes directly following the relevant standard -

### Guidance

- The actions and behaviour that enable practitioners to meet the minimum standards.

For convenience, the standards are listed at the beginning of the practice standard; the standards with guidance follow.

## Purpose

The purpose of this practice standard is to set minimum standards for registered oral health practitioners, to prevent the transmission of specified blood borne viruses: hepatitis B virus ('HBV'), hepatitis C virus ('HCV'), or human immunodeficiency virus ('HIV') *specifically* from practitioner to patient.

## Practitioners' obligations

The HDC Code of Rights provides that every consumer has the right to have services provided with reasonable care and skill<sup>1</sup> which comply with legal, professional, ethical, and other relevant standards<sup>2</sup>. The code further provides that every consumer has the right to information that a reasonable consumer, in that consumer's circumstances, needs to make an informed choice or give informed consent<sup>3</sup>; and to honest and accurate answers to questions relating to the service<sup>4</sup>.

<sup>1</sup> Right 4(1) Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights Regulations 1996

<sup>2</sup> Right 4(2) Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights Regulations 1996

<sup>3</sup> Right 6(2) Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights Regulations 1996

<sup>4</sup> Right 6(3) Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights Regulations 1996

The standards framework requires practitioners to put their patients' interests first, and to protect those interests by practising safely, provide good care and communicating effectively.

A key element of safe practice is preventing the transmission of HBV, HCV and HIV to patients.

In this practice standard where the collective term blood borne viruses ('BBVs') is used, it refers specifically to HBV, HCV and HIV.

### Exposure-prone procedures

The greatest risk of transmission of BBVs to patients within oral health practice occurs when an infected practitioner performs exposure-prone procedures.

Exposure-prone procedures ('EPPs') can be defined as:

The simultaneous presence of a health-care provider's hands and a needle or other sharp instrument or object (e.g. bone spicule or tooth), in a poorly visualised or highly confined anatomic site, including the mouth.

EPPs present a risk of injury to the practitioner's hands that may result in the exposure of the patient's tissues to the blood of the practitioner.

### Infection prevention and control practices

Medical and scientific literature shows that the most effective means of preventing transmission of BBVs in health care settings is by strict adherence to standard precautions and established infection prevention and control practices<sup>5</sup>, including the appropriate use of barrier precautions and the safe handling of sharp items. Standard precautions decrease the opportunity of direct exposure to blood and body fluids for both practitioners and patients.

### HBV Vaccination

Immunisation is a key means of protection against HBV. The Dental Council ('the Council') strongly recommends that practitioners be vaccinated for HBV if testing confirms they are not already immune and not infected; and re-tested to confirm immunity following vaccination.

Evidence of immunity to HBV infection is demonstrated by the presence of antibodies to the HBV surface antigen (Anti-HBs) at a level of >10IU/L at some point after infection and/or vaccination, and absence of the HBV surface antigen (HBsAg).

If vaccination does not successfully establish immunity, it is recommended that practitioners be referred for specialist advice, perhaps for consideration of alternative methods of vaccine administration, and be offered HBV specific immunoglobulin following recognised exposure to HBV infection.

### BBV infected practitioners

If infection with a blood borne virus ('BBV') is confirmed, the Council recommends that a practitioner is under the regular care of a suitably qualified specialist medical practitioner/s, such as a specialist infectious diseases physician, specialist gastroenterologist, hepatologist or similar.

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<sup>5</sup> Set out in the Council's Infection Prevention and Control Practice Standard

## BBV panel

The Council has a BBV panel, and all BBV infected practitioner cases and infected registration applicants' cases will be referred by the Registrar of the Council to the BBV panel.

The BBV panel will consider the case and develop an overall management plan including testing and reporting requirements, a determination of when the practitioner can recommence performing EPPs; and if required, may make orders placing limitations on practice.

The objective of the BBV panel is to work collaboratively with the practitioner's specialist medical practitioner in supporting their return to health. It is expected that with treatment the majority of BBV infected practitioners could achieve adequate viral suppression<sup>6</sup>, or will be cured<sup>7</sup>, to allow them to recommence performing EPPs.

The BBV panel membership comprises of the Council chair, a Council lay member, and two medical specialists with expertise in the management of BBVs.

The BBV panel operates under delegation of the Council for the management of practitioner BBV cases, and acts in an advisory capacity on the fitness for registration of applicants seeking registration or restoration to the Register.

## Students and non-registered clinical team members

Recommendations for students, and non-registered team members assisting with clinical activities, are made with the primary aim of protecting the public.

### Initial testing

To ensure patient safety, the Council strongly recommends that students are tested to determine their HCV, HIV and HBV<sup>8</sup> status before commencing any Council-accredited programme of study; if evidence of immunity to HBV is available, testing for HBV is not necessary. Infection with these viruses may affect a practitioner's ability to register and practise in the future.

The Council strongly recommends that non-registered clinical team members are tested when they commence employment to determine their HBV status and whether vaccination against HBV is indicated.

### HBV vaccination

It is strongly recommended that all students and non-registered clinical team members are vaccinated for HBV if not already immune and not infected when tested, and re-tested to confirm immunity following vaccination.

### Following exposure

The Council strongly recommends that students and non-registered clinical team members who may have been exposed to HBV, HCV or HIV are tested to determine their serological status and obtain medical advice regarding appropriate post-exposure prophylaxis and follow-up testing. This applies even when immunity to HBV has previously been determined.

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<sup>6</sup> For HBV and HIV

<sup>7</sup> For HCV

Exposure may result through personal risk behaviour, non-occupational exposure to potentially infected body fluids (e.g. accident scene) or occupational accidents (e.g. contaminated sharps injury).

**Patient exposure to the blood of a student or non-registered clinical team member**

If a student or non-registered clinical team member sustains an injury resulting in exposure of a patient's tissues to the blood of the student or clinical team member (typically during an EPP), the applicable procedure in standard 8 of the practice standard should be followed (A or B).

# Blood borne viruses practice standard

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## List of standards

There are eight standards in the Blood borne viruses (BBVs) practice standard; these are listed below. The standards with associated guidance follow.

1	<p>You must when applying for registration as an oral health practitioner:</p> <ol style="list-style-type: none"><li>a. be tested to determine your serological status in relation to the hepatitis C virus ('HCV') and human immunodeficiency virus ('HIV')</li></ol> <p>AND</p> <ol style="list-style-type: none"><li>b. supply either i) evidence of immunity to the hepatitis B virus ('HBV') OR ii) undergo testing to determine serological status in relation to HBV.</li></ol>
2	<p>You must take the steps specified below, following exposure to HBV, HCV and HIV:</p> <ol style="list-style-type: none"><li>a. be tested promptly to determine your serological status</li><li>b. promptly obtain medical advice regarding appropriate post-exposure prophylaxis</li><li>c. undergo required follow-up testing.</li></ol>
3	<p>You must take the steps specified below, in the event you receive a positive test result that indicates HBV, HCV or HIV infection:</p> <ol style="list-style-type: none"><li>a. stop performing EPPs immediately and do not recommence performing EPPs until permitted by the BBV panel or the Council in writing</li><li>b. promptly advise the Registrar of the Council in writing</li><li>c. consult a medical practitioner for determination of further tests and referral to a specialist medical practitioner/s for ongoing care</li><li>d. undergo further testing to confirm infection and determine viral load, as the measure of infectivity</li><li>e. submit further test results and related medical reports to the Registrar of the Council.</li></ol>
4	<p>You must undergo the relevant tests as specified below, if you receive a positive test result that indicates HBV, HCV or HIV infection:</p> <ol style="list-style-type: none"><li>a. HBV: HBV DNA test, to confirm active infection and measure viral load</li><li>b. HCV: HCV RNA test, to confirm infectious status</li><li>c. HIV: western blot and/or a HIV RNA test to confirm infection, and an HIV RNA test to determine viral load.</li></ol>
5	<p>You must promptly inform the Registrar of the Council in writing if you know or suspect you are infected with HBV, HCV or HIV.</p>
6	<p>You must promptly give the Registrar of the Council written notice of all the circumstances if you have:</p> <ol style="list-style-type: none"><li>a. reason to believe an HBV, HCV or HIV infected oral health practitioner is not complying with their obligations under the practice standard or any Council requirements</li></ol>

	<ul style="list-style-type: none"> <li>b. reasonable grounds to believe a registered oral health practitioner is infected with HBV, HCV or HIV, and patient safety is at risk.</li> </ul>
7	<p>You must inform patients of your HBV, HCV or HIV status if you are:</p> <ul style="list-style-type: none"> <li>a. infected and sustain an injury resulting in exposure of the patient's tissues to your blood (typically while performing an EPP)</li> <li>b. not known to be infected with a BBV, however subsequent to an injury resulting in exposure of the patient's tissues to your blood, you have a positive test result from the test taken at the time of injury.</li> </ul>
8	<p>You must follow the applicable procedure specified in the table below, in the event you sustain a sharps injury resulting in exposure of the patient's tissues to your blood (typically while performing an EPP) - <i>refer page 15 for the details.</i></p>

## Standards with guidance

### Initial testing for HBV, HCV and HIV <sup>9</sup>

1

You must, when applying for registration as an oral health practitioner:

- a. be tested to determine your serological status in relation to the hepatitis C virus ('HCV') and human immunodeficiency virus ('HIV')
- AND
- b. supply EITHER evidence of immunity to the hepatitis B virus ('HBV') OR undergo testing to determine serological status in relation to HBV.

#### Guidance

- Further testing for HBV, HCV and HIV infection is only necessary if required by the Council, or recommended by a medical practitioner.

### Following exposure

2

You must take the steps specified below, following exposure to HBV, HCV or HIV:

- a. be tested promptly to determine your serological status
- b. promptly obtain medical advice regarding appropriate post-exposure prophylaxis
- c. undergo required follow-up testing.

#### Guidance

- Exposure may result through personal risk behaviour, non-occupational exposure to potentially infected body fluids (e.g. accident scene) or occupational accidents (e.g. contaminated sharps injury). In the event the contaminated sharps injury you sustain results in exposure of the patient's tissues to your blood (typically while performing an EPP), standard 8 applies.
- Testing following exposure is required even when immunity to HBV has been previously determined.
- If deemed necessary by a medical practitioner, post-exposure prophylaxis is ideally administered within 72 hours of exposure to HBV, and as soon as possible following exposure to HIV. Post-exposure prophylaxis is especially important if you do not have immunity to HBV. There is no post-exposure prophylactic regime following exposure to HCV at this time.

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<sup>9</sup> Collectively referred to as blood borne viruses ('BBVs')

## Positive test results for HBV, HCV and HIV

3

You must take the steps specified below, in the event you receive a positive test result which indicates HBV, HCV or HIV infection:

- a. stop performing EPPs immediately and do not recommence performing EPPs until permitted by the BBV panel or the Council in writing
- b. promptly advise the Registrar of the Council in writing
- c. consult a medical practitioner for determination of further tests and referral to a specialist medical practitioner/s for ongoing care
- d. undergo further testing to confirm infection and determine viral load, as the measure of infectivity
- e. submit further test results and related medical reports to the Registrar of the Council.

### Guidance

- A positive test result for HBsAg and/or HBeAg indicates HBV infection.
- A positive test result for anti-HCV (hepatitis C virus antibodies) indicates HCV infection. Anti-HCV (hepatitis C virus antibodies) do not neutralise the hepatitis C virus and do not provide protection against this viral infection.
- A positive test result for the presence of HIV antibodies and/or HIV antigen indicates HIV infection.
- Appendix A provides a summary of the process to be followed in the event of a positive test result for HBV, HCV or HIV.
- If infection with HBV, HCV or HIV is confirmed as a result of further testing, your case will be referred to the Council's BBV panel.

## Further testing following a positive test result

4

You must undergo the relevant tests as specified below, if you receive a positive test result that indicates HBV, HCV or HIV infection:

- a. HBV: HBV DNA test, to confirm active infection and measure viral load
- b. HCV: HCV RNA test, to confirm infectious status
- c. HIV: western blot and/or a HIV RNA test to confirm infection, and an HIV RNA test to determine viral load.

### Guidance

HBV	HCV	HIV
<ul style="list-style-type: none"> <li>➤ If the HBV viral load is greater than 1000 IU/ml, this is considered infectious. A medical specialist will likely recommend antiviral therapy, to be continued long-term.</li> <li>➤ If the HBV viral load is consistently maintained at a level lower than 1000 IU/ml either spontaneously or on antiviral therapy, the BBV panel may permit you to recommence performing EPPs.</li> </ul>	<ul style="list-style-type: none"> <li>➤ A positive test for HCV RNA indicates infectious status.</li> <li>➤ The BBV panel may permit you to recommence performing EPPs if you are HCV RNA negative (non-infected) either spontaneously or after antiviral therapy (for example Maviret).</li> <li>➤ It is expected that more than 99% of HCV infected practitioners will be cured with 8 weeks of antiviral therapy (Maviret).</li> <li>➤ Cure is defined as HCV RNA undetectable at 4 weeks after completion of antiviral treatment.</li> <li>➤ EPPs are not to be performed until you have been cured.</li> <li>➤ Individual consideration will be given to practitioners who have not achieved a cure of HCV infection.</li> </ul>	<ul style="list-style-type: none"> <li>➤ To perform EPPs, you need to have consistent high level suppression of HIV RNA, with the overwhelming majority of blood test results showing an undetectable level of HIV RNA.</li> <li>➤ The undetectable level of HIV RNA is defined by the lowest detectable level of the assay used.</li> </ul>
<ul style="list-style-type: none"> <li>➤ Tests for monitoring may be required by the BBV panel.</li> </ul>		

## Notification obligations<sup>10</sup>

5

You must promptly inform the Registrar of the Council in writing if you know or suspect you are infected with HBV, HCV or HIV.

6

You must promptly give the Registrar of the Council written notice of all the circumstances if you have:

- a. reason to believe an HBV, HCV or HIV infected oral health practitioner is not complying with their obligations under the practice standard or any Council requirements
- b. reasonable grounds to believe a registered oral health practitioner is infected with HBV, HCV or HIV, and patient safety is at risk.

### Guidance for standard 6

- The same obligations apply to any organisation that supplies health services, any employer of the infected practitioner, or any medical officer of health.

7

You must inform patients of your HBV, HCV or HIV status if you are:

- a. infected with a BBV and sustain an injury resulting in exposure of the patient's tissues to your blood (typically while performing an EPP)
- b. not known to be infected with a BBV, however subsequent to an injury resulting in exposure of the patient's tissues to your blood, you have a positive BBV test result from the test taken at the time of injury.

### Guidance

- If the scenario described in a applies, then follow the procedure in standard 8(A).
- If the scenario described in b applies, then follow the procedure in standard 8(B).

<sup>10</sup> In accordance with section 45 of the Health Practitioners Competence Assurance Act 2003.

## Patients exposed to the blood of a practitioner

8

You must follow the applicable procedure specified in the table below, in the event you sustain a sharps injury resulting in exposure of the patient's tissues to your blood (typically while performing an EPP).

### A. When you know you are **infected with a BBV**, you must:

- Stop work immediately and apply first aid procedures to the wound
- Inform the patient of the incident, and your infected status immediately
- Inform the BBV panel immediately and follow their advice
- Inform the patient that they will be contacted by a medical practitioner from the Council's BBV panel who will explain the risks associated with the incident and offer the appropriate medical advice; and
- Document the incident:
  - Name and details of the patient
  - The name of the injured practitioner
  - Date and time of the exposure
  - Nature of the incident, and how it occurred
  - Actions taken; including who was informed of the incident and your infected status, and when
- Complete the relevant ACC forms.

If the sharps item **was first contaminated by contact with the patient**, you must additionally:

- Inform the BBV panel that the injury sustained was from an item that was first contaminated by contact with the patient.

### B. When you are **not known to be infected** with a BBV, you must:

- Stop work immediately and apply first aid procedures to the wound
- Inform the patient of the incident
- Recommend the patient seek immediate advice from a specialist medical practitioner/s regarding testing to determine their serological status in relation to HBV, HCV and HIV, appropriate post-exposure prophylaxis, and follow up requirements; this advice may be sought from the Infectious Diseases Team (or Emergency Department) of their regional hospital<sup>11</sup>
- Undergo testing for HBV, HCV and HIV to determine your serological status at the time of injury
- Document the incident:
  - Name and details of the patient
  - The name of the injured practitioner
  - Date and time of the exposure
  - Nature of the incident, and how it occurred
  - Actions taken; including who was informed and when
  - The patient's consent, or refusal, for medical advice; and
- Complete the relevant ACC forms.

If the sharps item **was first contaminated by contact with the patient**, you must additionally:

- Promptly seek specialist medical advice regarding the appropriateness of post-exposure prophylaxis for yourself
- Undergo follow up testing at 1 month, 3 months and 6 months following exposure.

If you have a **positive test result** from the test taken at the time of injury, you must:

- immediately stop performing EPPs
- immediately inform the patient of your positive test result
- follow the process in Appendix A of the practice standard.

<sup>11</sup> A list of regional hospital contact numbers is available on the Dental Council website

## Appendix A: Summary of the process following positive test results for HBV, HCV and HIV

### What constitutes a positive test result?

#### HBV

+ve for HBsAg and/or HBeAg

#### HCV

+ve for anti-HCV

#### HIV

+ve for HIV antibodies and/or HIV antigen

### If you have a positive test result:

- Stop performing exposure-prone procedures (EPPs) immediately and do not recommence performing EPPs until permitted by the BBV panel or the Dental Council in writing
- Promptly advise the Registrar of the Council in writing
- Consult a medical practitioner for determination of further tests and referral to a specialist medical practitioner for ongoing care



- Undergo further testing to confirm infection and determine viral load. For the relevant virus this must include:
  - HBV: HBV DNA
  - HCV: HCV RNA
  - HIV: HIV RNA (+/- western blot)



- Submit results of further tests and related medical reports to the Registrar of the Council  
If infection is confirmed, your case will be referred to the BBV panel

### The BBV panel:

- Will develop an overall management plan including testing and reporting requirements and a determination of when you can recommence performing EPPs
- May make orders placing limitations on your practice, if required
- Will work collaboratively with your specialist medical practitioner in supporting your return to health and to practice, when possible

### Viral load levels that the BBV panel may consider safe for you to perform EPPs:

#### HBV

HBV DNA level maintained lower than 1000IU/ml

#### HCV

HCV RNA negative '(non-infected status)<sup>1</sup>

#### HIV

Majority of HIV RNA tests undetectable as defined by assay

Do not recommence performing EPPs until permitted in writing

<sup>1</sup> Individual consideration will be given to practitioners who have not achieved a cure of HCV infection