



COLLEGE OF
DENTAL HYGIENISTS
OF MANITOBA

PRACTICE DIRECTION: Occupational Exposure to Bloodborne Pathogens

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The College of Dental Hygienists of Manitoba is responsible for developing professional resource documents for dental hygienists and in serving the public interest. Council approves these documents, of which, the purpose is to explain, enhance, add, or guide dental hygiene practice in accordance with The Dental Hygienists Act and Regulation. It is the responsibility of the dental hygienist to understand and comply with these documents.

College of Dental Hygienists of Manitoba Practice Direction: Occupational Exposure to Bloodborne Pathogens

Purpose

This Practice Direction provides guidance for registrants of the College of Dental Hygienists of Manitoba (CDHM) regarding the prevention and management of occupational blood and body fluids exposure (BBFE) and post exposure protocol to reduce the risk of transmission of bloodborne pathogens (BBPs) and other infectious agents.

Background

Blood and bodily fluid exposures (BBFEs) are a significant occupational hazard for dental hygienists. Exposure can occur through needlestick injuries, cuts, splashes to mucous membranes (eyes, mouth), or direct contact with broken skin. Dental hygienists are at risk for exposure to bloodborne pathogens, such as HIV, Hepatitis B virus (HBV), Hepatitis C virus (HCV), and other infectious agents. Vaccination against HBV has reduced the risk of occupational HBV infections.

Requirements

- Dental hygienists adhere to all applicable legislation, including the Dental Hygienists Act, Dental Hygienists Regulation, CDHM Code of Ethics, CDHM Bylaws, CDHM Standards of Practice, and other applicable local, provincial and federal legislation.
- Dental hygienists follow evidence-based recommendations and adhere to the *CDHM Infection Prevention and Control Practices Guide (MDA)*. They should be aware of office/employer protocols for the prevention and management of BBFE.
- Dental hygienists practicing exposure-prone procedures (EPP) have professional and ethical obligations to know their own HIV, HBV, and HCV serological status; however, it is not required for a dental hygienist to inform their clients of their own health status. The dental hygienist must follow all protocols and recommendations of the CDHM regarding a self-declared physical condition that may interfere with their ability to practice dental hygiene.
- Dental hygienists who are practice owner/operators must have a written exposure and post-exposure plan to manage injuries, including BBFE. The plan will include the name of the testing and treatment facility and who is responsible for costs.
- Dental hygienists, following the *CDHM Infection Prevention and Control Practices Guide (MDA)*, adhere to recommendations and requirements for
 - Risk Assessment
 - Prevention and Control

- Immediate Response to BBFE
 - Management of BBFE
 - Education and Training
 - Recordkeeping and Reporting (See Annexes of *CDHM Infection Prevention and Control Practices Guide* for a ‘Sample of Exposure Report’)
- In most cases the source of a BBFE will be asked to voluntarily proceed for blood testing at their own care provider or attend at the nearest emergency clinic for blood testing within 24 hours (not more than 72 hours) and to plan for results to be followed up by their own care provider.
 - In Manitoba, dental hygienists working in private practice have no legal recourse for obtaining the source blood sample according to the Testing of Bodily Fluids and Disclosure Act and Regulation.

Healthcare provider and patient safety in the face of blood and bodily fluid exposures is paramount. Adhering to evidence-based prevention strategies, providing timely and appropriate post-exposure management, and fostering a culture of safety through training and reporting are essential to mitigating the risks of BBFE.

*This practice direction reflects current knowledge and is subject to periodic review and revisions with on-going research.

References

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