POLICY ON INFECTIOUS DISEASES

This policy supersedes all previous policies regarding infected healthcare workers at the School of Dentistry.

Purpose

This policy:

• provides the guidance for management of healthcare workers with infectious diseases,
• is intended to enhance the safety of patients and healthcare workers, and;
• acknowledges that a patient's right to informed consent must outweigh the worker's right to privacy when a risk of disease transmission is present.

The determination of risk is made based on scientific evidence and current legal and policy precedent.

Background

Healthcare workers have an obligation to provide care to all members of the public that present for treatment, regardless of the patient's infectious disease status. Universal precautions, and in some instances standard precautions, are adopted to prevent the transmission of infectious diseases from patient to healthcare worker, healthcare worker to patient, or from patient to patient. It is the policy of the University of the Pacific School of Dentistry that no patient will be denied treatment based solely on infectious disease status with the exception of those conditions that the US Public Health Service has determined must be carried out in special settings (i.e.: hospital treatment of patients with active infection with tuberculosis). In such cases, all efforts will be made to accommodate the patient or refer them to the appropriate healthcare provider or facility in a timely manner.

The University of the Pacific has a commitment to the rights and integrity of all involved in the educational process of a dental professional, including students, faculty and staff who have infectious diseases. UOP makes the commitment within this policy that no person shall be excluded from participation in, denied the benefits of, or be subject to discrimination under any program or activity sponsored or conducted by the University of the Pacific Dental School on any basis prohibited by applicable law including, but not limited to, race, color, national origin, religion, handicap or sex.

These guidelines are made in light of current scientific evidence, which supports the fact that the risk of transmission of infectious diseases from healthcare worker to patient is small to negligible if the dental practitioner adheres strictly to the Centers for Disease Control Infection Control Guidelines, avoids invasive procedures and follows the highest standards of professional conduct and behavior. It is within this frame of reference that the following Dental School policies on infectious diseases were developed.
Sample Policy on Infectious Diseases

Policy Statement

Healthcare workers have an ethical obligation to their patients to know their own infectious disease status. For this reason, all workers who believe they are at risk for human immunodeficiency virus (HIV), hepatitis B virus (HBV), hepatitis C virus (HCV) or other bloodborne diseases are encouraged to discuss their health status with their personal physician.

All students and residents within the general and surgical dental disciplines will be required to submit information regarding their HBV immunity status prior to matriculation. When possible, the vaccination series and post-vaccine testing for surface antibody should be completed before matriculation.

All students and residents that have not verified immunity to HBV must submit results of a hepatitis B surface antigen (HbsAg) test within two months after acceptance to the program, and before matriculation day. Students accepted to the program after June 1 must submit this information no later than two weeks following matriculation day. If that test is positive, a hepatitis B e-antigen (HbeAg) test result is also required. The risk of transmission of HBV from individuals positive for the e-antigen is considered to be significantly higher than the risk posed by those that do not carry the e-antigen.

The current ADA accreditation standards requires all students to complete oral surgery procedures, which have been determined to pose an increased risk of bloodborne disease transmission due to the nature of the procedure and the type of instruments and devices typically used for surgical procedures. Therefore, students cannot avoid providing care that involves invasive procedures. For this reason, the School of Dentistry has determined that the performance of invasive procedures places patients at increased risk.

Students and residents that are e-antigen carriers of the hepatitis B virus will be offered the benefit of an expert review panel to explain the implications, both professionally and medically, of their condition. The student or resident will not be permitted to continue in the dental program while being counseled by the panel. On an individual basis, the expert panel may offer the student a medical leave of absence if he or she decides to attempt to resolve the e-antigen status through medical treatment. Due to the nature and duration of current treatment regimens and the requirements of the dental studies program, the student would not be eligible to re-enter the program during the current academic year. A reassessment of their condition with the expert panel will be offered to consider admission the following year. Those who decline the expert panel will not be allowed to continue in the dental program.

Faculty and Staff

The Dental School encourages HIV, HCV or HbeAg-infected faculty, staff and employees with direct patient contact to discuss their situation with a designated official. The designated official for UOP Dental School is the Executive Associate Dean.

Information shared with the Executive Associate Dean will be held in confidence and the identity of the person will not be disclosed without their permission. However, if an individual wishes
in institutional intervention or the Executive Dean deems intervention necessary, strict confidentiality cannot be maintained. Minimally, it will be necessary for the Executive Associate Dean to discuss the situation with the person’s supervisor, department chairperson, and/or the Assistant Dean for Clinical Services. This will not be done, however, without the person’s full knowledge.

Any modification of the clinical training, working conditions or privileges of HIV, HCV or HbeAg-infected students, faculty, staff or employees will be determined on a case-by-case basis. The nature of the clinical activity, the technical expertise of the infected person, and the risks posed by the infection, attendant functional disabilities, and the transmissibility of simultaneously carried infectious agents will all be considered. The School of Dentistry may legitimately monitor the clinical activities of students, faculty, staff or employees who are believed to pose an unwarranted risk to patients. The Dental School shall cooperate with the HIV, HCV or HbeAg infected person, his or her personal physician, and other medical experts as appropriate in identifying and implementing precautions and program modifications to safeguard the personal health and safety of such persons.

Confidentiality and HIV Infection

It is expected that all students, faculty staff and employees will be bound to the principle of strict confidentiality in all patient and health care related activities.

The School of Dentistry encourages students, faculty, staff and employees who believe they are at risk of HIV-infection to seek testing and counseling. The Dental School shall provide counseling about access to confidential and anonymous HIV-antibody testing, about the implications of positive or negative results for career and personal health, about the availability of expert medical care, and about the prevention of further spread of infection.

Student, Faculty, and Healthcare Staff Interaction With Patients With AIDS or HIV-Infection

Entry into the healthcare professions is a privilege offered to those who are prepared for a lifetime of service to the ill. Students, faculty and health care staff have a fundamental responsibility to provide care to all patients assigned to them, regardless of diagnosis. A failure to accept this responsibility violates a basic tenet of the medical profession – to place the patient’s interest and welfare first.

Individuals who feel that their activities within the dental school pose a special risk to their health because of exposure to HIV-infected patients, working conditions presenting a risk of exposure to HIV organisms, or the presence of HIV infection in the individual himself or herself, should seek the assistance of their immediate supervisor.

Education of Students, Faculty, and Staff of the Dental School about AIDS and it’s Prevention.

The Dental School provides a program on prevention of exposure to infectious organisms in professional and personal situations early in the student’s educational experience and the beginning of clinical rotations.
Sample Policy on Infectious Diseases

The Dental School provides an educational program for staff and employees which takes place early in the employment and focuses upon prevention of exposure to infectious organisms in the workplace as warranted by the risk presented by the work setting based on guidelines generated by the CDC and Cal/OSHA. Annual retraining of all employees at risk of exposure is also provided.

Implementation

Upon acceptance into the doctoral or residency programs, the student or resident will be required to provide medical information. The information to be included on the medical record is determined by the Division of Student Services in consultation with the appropriate individuals, committees and departments.

Medical forms will be forwarded to the Director of Environmental Health and Safety for review before being placed in the student's permanent medical record.

Responsibility

All responsible parties will maintain the confidentiality of the affected individual(s) to the greatest extent possible. The members of the School of Dentistry listed below will consult with one another as necessary to provide the best possible outcome for the patients of the School of Dentistry, the students and the dental profession.

Dean
Participate in decisions regarding the management of individuals covered under this policy. Interact with the affected individual, family members and medical professionals as necessary.

Executive Associate Dean
Convene expert panel as necessary. Provide guidance to the affected individuals and other members of the School of Dentistry as deemed necessary and appropriate. The Executive Associate Dean will determine the make-up of the expert panel and contact members to participate.

Associate Dean for Institutional Advancement
Provide information and counseling to prospective students regarding this policy. Obtain the required information within the time frame defined in the section titled Policy Statement.

Director of Environmental Health and Safety
Maintain the Policy on Infectious Diseases, updating as necessary to reflect current medical, scientific and legal evidence. Disseminate policy to all responsible parties. Participate in expert panel as assigned by the Executive Associate Dean. Review information provided in the prematriculation medical examination form. Ensure appropriate education of students and employees regarding this policy and the individual's rights and responsibilities under the policy.

Effective date: 1/1/2001
References

ADA News. CDC probes hepatitis infection of 18 patients. April 4, 1994
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CDC. Recommendations for Preventing Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Patients During Exposure-Prone Invasive Procedures. MMWR 1991;40; 1-9.
CDC. Update: transmission of HIV infection during invasive dental procedures – Florida. MMWR 1991; 40;377-81
Levin, ML, Maddrey, WC, Wands ,JR, Mendeloff, AI. Hepatitis B transmission by dentists. JAM 1974; 228:1138-40
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