



HIV/AIDS Dental Health Information

All dental health care workers should understand HIV/AIDS issues related to dental health care. This information was compiled by the Boston AIDS Consortium's Dental Workgroup.

National Resources

AIDS Clinical Trials Information	(800) TRIALS-A
AIDS Treatment Data Network	(888) 734-7104
American Dental Association	(800) 621-8099
American Dental Hygienists Association	(800) 243-ADHA

Centers of Disease Control and Prevention

-HIV/AIDS Hotline	(800) 342-AIDS
-Division of Oral Health	(770) 488-6055
National AIDS Clearinghouse	(800) 458-5231

OSHA (Office of Safety and Health Administration)

-Information	(202) 219-8151
-Department of Health Standard	(202) 219-7075
-Publications	(202) 219-4667

OSAP (Office of Sterilization and Asepsis Procedures)

	(800) 298-OSAP
Project Inform	(800) 822-7422

MA Resources

AIDS Law Project, GLAD (Gay & Lesbian Advocates & Defenders)	(800) 455-GLAD
Boston AIDS Consortium	(617) 867-0144
Boston Public Health Commission: HIV Dental Program	(617) 534-4717
Mass. Board of Registration in Dentistry	(617) 727-9928
Mass. Dental Society	(800) 342-8747
Mass. Dept. of Public Health: Office of Oral Health	(617) 624-5942
Mass. Dept of Public Health: HIV/AIDS Bureau	(617) 624-5300

MA DEPARTMENT OF PUBLIC HEALTH
NEEDLESTICK INJURY PREVENTION REGULATIONS

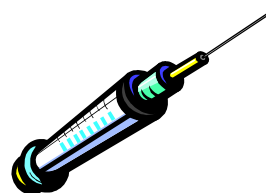
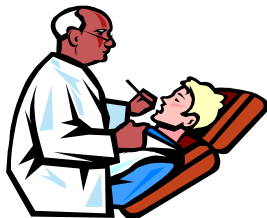
MDPH has promulgated regulations pursuant to Chapter 252 of the Acts of 2000, An Act Relative to Needlestick Injury Prevention. These regulations apply to every licensed acute and non-acute care hospital, including any hospital satellite units operated under a hospital's license. The regulations do not apply to private offices or clinics not directly affiliated with and operated under a hospital's license. Facilities are required to utilize safe needle devices or other technology which minimizes the risk of injury to health care workers from needles and other sharps. These regulations mirror many items in OSHA's Bloodborne Pathogens standard, with some additions. The first is in the scope of the regulations, which apply to all people who work within the hospital. Secondly, facilities are required to report annually information regarding injuries involving contaminated sharps to MDPH, Occupational Health Surveillance Program. That information includes:

- Name of the employer
- Unique Exposure Incident number
- Date of incident
- Occupation
- Department or work area in which the Exposure incident occurred
- Device or item that was involved in the injury
- Brand and model of device
- Purpose or procedure for which the sharp was intended or used
- How the incident occurred

In addition, MDPH requests the following information on each incident:

- Employment status of exposed health care worker (temp, agency employee)
- Was the device a safety device?

This information will be helpful in producing data on the incidence of needlestick and other sharps injuries across the state. Information about the requirements is located on the MDPH-OSHP web site at <http://www.state.ma.us/dph/bhsre/ohsp/ohsp.htm> and questions can be sent to Sharps.Injury@state.ma.us.



FEDERAL REGULATIONS UPDATE –
OSHA BLOODBORNE PATHOGENS STANDARD

OSHA has revised the bloodborne pathogen standard (29 CFR 1910.1030) to require the use of technology that minimizes the risk of exposure to bloodborne pathogens from needles and other sharps. The original standard from 1991 required employers to use engineering and work practice controls to eliminate or minimize the risk of exposure to bloodborne pathogens. Therefore, the revision does not establish new requirements. It continues to require employers to update the exposure control plan annually to reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens and to document the process of selecting and implementing new devices, which includes soliciting input from employees who are potentially exposed to contaminated sharps. The standard provides greater detail on safe devices. Employers are required to keep a sharps injury log of all needlestick and other sharps injuries. This log, to be kept in a manner that protects the confidentiality of the injured employee, shall include, at a minimum, the type and brand of device, and the department or work area where the exposure occurred, and an explanation of how the incident occurred. Only those employers who are required to maintain a log of occupational injuries and illnesses under 29 CFR 1904 are required to keep the sharps injury log. The standard became effective on April 18, 2001. A full copy of the standard may be found at www.osha-slc.gov/OshStd_data/1910_1030.html. More information on needlestick prevention can be found at www.osha-slc.gov/needlesticks/index.html. Additionally, the Centers for Disease Control and Prevention (CDC) published revised Guidelines for Post Exposure Management and Medical Follow-up in June of 2001. [Updated U.S. Public Health Service Guidelines for Management of Occupational Exposures to HBV, HCV and HIV and recommendations for Postexposure Prophylaxis CDC MMWR 2001; 50(RR-11) www.cdc.gov/PDF/rr/rr5011.pdf]. These guidelines recommend documentation of bloodborne exposure incidents including: date/time of the exposure, procedure details (when, where, how, with what device), exposure details (route, body substance involved, volume and duration of contact); and information about source patient.

CPL2-2.44D / [CPL2-2.69 (November 29, 2001)]

In November 1999, OSHA published the CPL2-2.44D, which established policies and provided clarification on the Bloodborne Pathogens Standard. OSHA recently published CPL2-2.69 and the purpose of this instruction is to ensure uniformity of inspections of healthcare facilities by OSHA inspectors. The CPL neither amends the standard nor creates new obligations; rather, it clarifies the standard, presents current information, and provides appendices for evaluating engineering controls (including safe devices and sharps disposal containers), a model exposure control plan, resources, and information on education, training, recordkeeping, vaccination, and postexposure management. Copies are available on line at the OSHA website at www.OSHA.gov and clicking on “Regulations and Compliance.”

Additional Website Information

- MDPH Occupational Health Surveillance Program
www.state.ma.us/dph/bhsre/ohsp/ohsp.htm
- OSHA Subject Page for Needle Sticks
www.osha-slc.gov/needlesticks/index.htm
- CDC –MMWR June 29, 2001/Vol. 50/RR-11
www.cdc.gov/mmwr/PDF/rr/rr5011.pdf
- CDC Division of Health Care Quality Promotion, Issues in Health Care-Info. Related to bloodborne pathogens
www.cdc.gov/ncidod/hip/Blood/blood.htm
- NIOSH Alert-Preventing Needlestick Injuries in Health Care settings
www.cdc.gov/niosh/2000-108.html
- JCAHO Sentinel Event Alert, Issue 22 August 2001-Preventing Needlestick and Sharps Injuries
www.jcaho.org/edu_pub/sealert/sea22.html

PRIVACY AND CONFIDENTIALITY

Under the Massachusetts HIV testing statute (Mass. General Law, c.111, Sec. 70f), dental health care providers may not disclose a patient’s HIV status—or even whether or not a patient has had an HIV test – to any third party, without that patient’s HIV specific, written, informed consent.

DISCRIMINATION

Under MA and federal disability discrimination laws, dental health care workers may not deny persons with HIV/AIDS access to treatment—on the same terms and conditions as other patients—or refer a patient to a specialist simply because that patient has HIV.

Any practice or policy of denying treatment, providing disparate treatment (such as offering services in a separate setting), and/or assessing a surcharge to any patient who is HIV-positive—regardless of whether that person is symptomatic for HIV/AIDS—is a violation of state and federal law. Therefore, all individuals who have tested positive for HIV are protected by Massachusetts law and, as recently clarified by the United States Supreme Court, the American with Disabilities Act (ADA).—Dental Advisory 1998 Office of the Attorney General, Commonwealth of Massachusetts

Title III of the Americans with Disabilities Act, 42 United States Code (U.S.C.) Section 12181; Mass. General Laws c.272, Sec. 98.

Bednarsh, H., Eklund, K. and Klein, B., Courts Strike Down HIV Discrimination in Dental Offices. Access (ADHA), March 1996.

**UPDATED U.S. PUBLIC HEALTH SERVICE GUIDELINES
FOR THE MANAGEMENT OF OCCUPATIONAL EXPOSURES
TO HBV, HCV, and HIV
and RECOMMENDATIONS for POSTEXPOSURE PROPHYLAXIS**

On June 29, 2001 the CDC released updated guidelines for postexposure management (PEP) in the event of occupational exposures to bloodborne pathogens. These guidelines replace all previously published guidelines and reflect improvements in technology, new antivirals, and current information on managing exposures. The most effective means of preventing infection is to prevent injuries. However, should an injury or exposure occur, it is critical to take immediate measures to minimize the risk of disease transmission. This includes, but is not limited to, primary first aid, reporting, and appropriate medical follow-up by a qualified health care professional in accordance with the most recent U.S. Public Health Service Guidelines. Copies of the document may be obtained through:

1. The CDC website at <http://www.cdc.gov/mmwr>
2. From the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402. Telephone (202) 512-1800
3. The HIVDENT website at www.HIVDENT.org. If you access HIVDENT please go to the table of contents, click on the Infection Control section, then click on Recommended Infection Control Practices and Postexposure Protocols. HIVDENT is free of charge to users.
4. The Organization for Safety and Asepsis Procedures (OSAP) website: www.osap.org

**DENTAL HEALTH CARE WORKER
WITH HIV, HBV AND /OR HCV**

The Massachusetts Department of Public Health (DPH) has developed *Recommendations and Action Plan to Prevent the Transmission of HIV and HBV in Delivery of Health Care Services*. Although the 1991 guidelines did not address HCV, the concerns may be similar to those for HIV and HBV as it is also a bloodborne pathogen. These guidelines: 1) encourage health care workers who perform invasive procedures to undergo voluntary testing; 2) reject mandatory disclosure of HIV-positive status to patients; and 3) provide for the creation of expert review panels to which health care workers with HIV and or HBV/HCV may have voluntarily access for confidential guidance. Every dental office should have a copy of this document, which is can be obtained by calling the DPH AIDS Bureau at (617) 624-5300. Since these guidelines are recommendations, rather than legal mandates, health care workers with HIV, HBV and/or HCV who have questions about their rights and/or obligations should consult an attorney or public health advocate.

TUBERCULOSIS (TB)

Dental health care workers should be familiar with the signs and symptoms of active TB, including productive, prolonged coughing (<3 weeks), chest pains and bloody sputum. A patient with active TB seeking routine dental care should be deferred until he/she is rendered non-infectious (following a prescribed time on an anti-TB medication regimen and having 3 negative sputum tests). Most dental facilities pose minimal or low risk for TB transmission. We are not aware of any documented cases of TB transmission to a dental health care worker from a patient.

An increase in the reported cases of TB in the U.S. over the past decade has raised concerns over transmission risk to all health care providers. Dental health care workers should evaluate risk based on the level of TB in their community and the number of patients with active TB treated. Protective measures can be implemented in accordance with a facility's risk level for TB transmission

1. CDC Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health Care Facilities. MMWR 1994 (no.RR-13)
 2. Cleveland, J.L., et al. TB Infection Control Recommendations from the CDC, 1994: Considerations for Dentistry. Journal of the American Dental Association (JADA), May 1995; 26.
 3. DOL.OSHA. Instruction CPL 2. 106 Enforcement Procedure and Scheduling for Occupational Exposures to Tuberculosis, Feb.9, 1996.
- For further information on –line, visit the CDC home page at www.cdc.gov and its related Hospital Infections Program (HIP) and the National Center for Infectious Diseases (NCID) home pages.

THE HIV DENTAL PROGRAM

The HIV Dental Program is a comprehensive oral health access program for persons with HIV in Massachusetts and Southern New Hampshire. The program focus is on advocacy, education, referral and reimbursement. Funding is through a federal grant under the Ryan White CARE Act and from the MDPH to the Boston Public Health Commission. We need more dentists to participate in this important program. All dentists and all patients are kept confidential. Providers may participate for patients of record only, one or any number of referrals the practice determines is reasonable. We offer annual seminars on issues relative to HIV and infection control as well as mailings on timely issues of concern. Provider's manuals are available by calling the program at 617-534-4717.



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