



January 2017

ADG POLICY ON: Blood tests, Immunisations and Needle Stick Injury

As per advice and consultation from the ADA and AHPRA together with their recommended guidelines, ADG has the following policy in relation to blood testing/serology, immunisations and in the event of a Needle stick Injury occurring within the workplace;

- Any new staff joining our team would be expected to have blood tests to check the serology for Blood-borne viruses including; Hep B, Hep C and HIV. Pending the results of these blood tests, we recommend gaining immunisations for these viruses as a means of protection and will be covered at the staff members own cost.
- All registered AHPRA staff (OHT and Providers) need to test their serology annually and have this registered on our database and would be considered as part of their registration requirements and therefore at their own costs and can be placed as a tax deduction
- Needle stick injuries occurring at work would be considered as a workplace incident and blood tests recommended on the day, at 3 months and 6 months later should be claimed as part of workers compensation if there is a fee and all necessary workers compensation documents filled (please ask Gilda at the time if this occurs) We will have centralised insurance policies in the upcoming months but at this stage policies may vary from clinics

Applicants for initial registration or renewal of registration as a dental practitioner or student will be required to make a declaration that they are aware of their infection status for bloodborne viruses a

Blood-borne viruses (BBVs) include Hepatitis B (HBV), Hepatitis C (HCV) and human immunodeficiency (HIV) viruses. These viruses are transmitted by blood-to-blood contact or, in some instances, with bodily fluids contacting blood or mucosa. Exposure-prone procedures in dentistry are those oral surgical procedures where there is potential for direct contact between the skin, usually finger or thumb of the dental practitioner, and sharp surgical instruments, needles, or sharp body parts in the oral cavity. In these situations there is a higher risk of injury to the dental practitioner and thus greater potential risk of transmission of blood-borne disease between practitioner and patient because of blood-to-blood contact.