

**POLICY ON STUDENTS & STUDENT APPLICANTS  
WITH INFECTIOUS DISEASES**

**FACULTY OF DENTISTRY  
DALHOUSIE UNIVERSITY**

**Principles:**

The Faculty of Dentistry at Dalhousie University is committed to protecting and maintaining the rights of patients and health care workers as well as the integrity of the educational process of dental professionals.

The Accreditation Requirements for each of the clinical programs associated with or within the Faculty of Dentistry at Dalhousie University stipulate the direct provision of patient care by our students to attain sufficient clinical experiences that permit students to meet the defined competencies for a beginning practitioner. These clinical experiences include exposure-prone procedures (1-4). These exposure-prone procedures have been determined to pose an increased risk of bloodborne disease transmission due to their nature and the type of instruments and devices typically used for exposure-prone procedures (5-7). Therefore, students cannot avoid providing care that involves exposure-prone procedures. For this reason, the Faculty of Dentistry has determined that the performance of exposure-prone procedures places patients at increased risk.

Entry into the healthcare professions is a privilege offered to those who are prepared for a lifetime of service to the public. Students, faculty and health care workers have a fundamental responsibility to provide care to all patients assigned to them without prejudice and to ensure that care is delivered competently and safely. A failure to accept this responsibility violates a basic tenet of the dental profession – to place the patient’s interest and welfare first. For this reason, we believe that healthcare workers have an ethical obligation to their patients to know their own infectious disease status.

Students in healthcare professions are at risk of contracting infectious diseases during the course of patient care activities (8). A policy of mandatory immunizations can protect students from some of these infectious diseases.

A patient’s right to informed consent may outweigh the worker’s right to privacy when a risk of disease transmission is present (9).

**Terms**

*“Clinical Programs” includes but is not limited to Dentistry, Qualifying Program, Dental Hygiene, Bachelor of Dental Hygiene, Graduate Prosthodontics and OMFS. This also includes any courses, short programs, relicensure or re-entry programs within these jurisdictions.*

*“HCW” means health care worker.*

*“Exposure-prone procedures” is used for the purpose of managing the risk of bloodborne pathogens transmitted in Canada. They are procedures during which transmission of HBV, HCV or HIV from a HCW to patients is most likely to occur and includes the following:*

*a. digital palpation of a needle tip in a body cavity (a hollow space within the body or one of its organs) or the simultaneous presence of the HCW’s fingers and a needle or other sharp instrument or object in a blind or highly confined anatomic site, e.g. during major abdominal, cardiothoracic, vaginal and/or orthopedic operations, or*

*b. repair of major traumatic injuries, or*

*c. major cutting or removal of any oral or perioral tissue, including tooth structures,*

*during which there is a potential for the patient’s open tissues to be exposed to the blood of an injured HCW (5).*

The Canada Communicable Disease Report (CCDR)- Supplement Volume 24S4- July 1998 (5) further states that this definition is quite broad in its scope and recommends that an expert panel make an informed decision based on factors in a specific case.

*“Non-responders” or “individuals with inadequate antibody titres” refer to individuals susceptible to Hepatitis B due to inadequate antibody titres. Such individuals have a titre  $\leq 10$  mIU/mL for anti-HbsAg (7).*

## **1.0 Immunization and Immunity status of applicants to Faculty of Dentistry Clinical Programs**

Acceptance into any of the Clinical Programs is conditional upon receipt of a completed copy of the Capital Health "Infectious Diseases and Immunization Checklist for Healthcare Worker Students" form (OMFS students) (**Appendix 1**) or the Dalhousie University, Faculty of Dentistry Student Immunization record (all other students) (**Appendix 2**) that provides evidence of required immunizations.

This document must be submitted to the **Dean's office** by the applicants when confirming their acceptance into the clinical program.

## **2.0 Hepatitis B immunization requirements for applicants and registered students in Faculty of Dentistry Clinical Programs**

Hepatitis B vaccination is one of the requirements set out in **Appendices 1 and 2** upon which acceptance is conditional, subject to the guidelines in **Table 1** which sets out the course of action to be followed based on the hepatitis B serological results (10, 11). These are summarized below:

### **2.1 HBsAg positive and a viral load greater than $10^3$ genome equivalents/mL**

Applicants who (**Appendix 1 or 2**) indicate that they are HBsAg positive and have a viral load greater than  $10^3$  genome equivalents/mL will not be accepted into a Clinical Program. Dalhousie University will reassess eligibility for admission should the applicant's status change.

Note: A viral load greater than  $10^3$  genome equivalents/mL is a key marker indicating a high risk of infectivity (8, 11-14). The risk of transmission of HBV to patients in cases of needle-stick injury is estimated to be 30%, which is sixty times greater than when the individual is HBsAg positive with a viral load less than  $10^3$  genome equivalents/mL (13, 15). There is evidence of a greater risk of injury from students in the developmental stage of their clinical skills compared to an experienced practitioner. Students must be directly involved in clinical activities which include exposure-prone procedures in order to meet the defined competencies for a beginning practitioner. Modification of the clinical programs to eliminate some clinical procedures would not allow a student to graduate. The purpose of excluding students that are HBsAg positive with a viral load greater than  $10^3$  genome equivalents/mL from clinical programs is to protect patients from the increased risk of transmission. There is precedence for such a policy of exclusion in Canada (16, 17), the United States (9, 18) and outside North America (19-23). The Public Health Agency of Canada also supports a policy of exclusion (5).

### **2.2 Non-responders to Hepatitis B vaccine**

Individuals who have been vaccinated but are either non-responders or have inadequate antibody titres are not considered immune (11). The final acceptance of such individuals into a Clinical Program is conditional upon the applicant signing the **Agreement Form for Hepatitis B Antibody, Antigen and Viral DNA Testing (Appendix 3)**.

At the time of admission, such students are to be counseled (24) by the Assistant Dean of Student Affairs, the Director of Clinics and the Infection Control Coordinator, of the following additional requirements to be met throughout their course of study, all of which are conditions of continuation in the Clinical Program:

- the student's Hepatitis B surface antibody, surface antigen and viral DNA status must be reported to the Faculty annually or as required due to an exposure incident, until graduation from the program.
- the student must be revaccinated.
- if the student becomes HBsAg and has a viral load greater than  $10^3$  genome equivalents/mL during the course of their studies, they will be removed from patient care activities, which modification of the Clinical Program could prevent a student from meeting graduation requirements.

Students who become HBsAg and whose viral load is greater than  $10^3$  genome equivalents/mL, have an ethical obligation to report their status to the **Ad-hoc Committee on Bloodborne Pathogens** (contact Ms. MacDonald at the College of Physicians and Surgeons of Nova Scotia at 421-2209) or to the Infection Control Coordinator, Director of Clinics, Assistant Dean of Student Affairs or Assistant Dean, Academic at the Faculty of Dentistry. If the recommendation of the Committee is to refrain from any aspect of patient care activities, the student shall provide the Committee consent to advise the Dean of Dentistry so that appropriate modifications or limitations can be made to the student's participation in the program.

### 2.3 Declination of Hepatitis B vaccine

Applicants declining to be immunized against Hepatitis B on religious or similar grounds are to be counseled by the Assistant Dean of Student Affairs, the Director of Clinics and the Infection Control Coordinator prior to admission and their request for accommodation in the nature of a waiver of this admission requirement will be assessed on case-by-case basis (5, 25, 26).

Any final acceptance of such applicants shall be conditional upon such applicant signing **The Agreement Form for Hepatitis B Antibody, Antigen and Viral DNA Testing (Appendix 3)** and the **Hepatitis B Vaccine Declination Statement (Appendix 4)**.

Students becoming HBsAg positive and whose viral load exceeds  $10^3$  genome equivalents/mL during the course of their studies will be removed from patient care activities, which modification of the Clinical Program could prevent a student from meeting graduation requirements (27). Such students shall report their status in accordance with the process set out in section 2.2.

### 2.4 HBsAg positive and a viral load less than $10^3$ genome equivalents/mL

Applicants whose immunization record (**Appendix 1 or 2**) indicates that they are HBsAg positive and whose viral load is less than  $10^3$  genome equivalents/mL will be not be denied a position in a Clinical Program on the basis of their infectious disease status subject to counseling by the Assistant Dean of Student Affairs, the Director of Clinics and the Infection Control Coordinator which must take place prior to the beginning of the academic year.

Once admitted, such students will be assessed on a case-by-case basis and their viral load will be measured on an annual basis.

Note: This carrier state represents a low risk of transmission of hepatitis B from HCW to patient. Between 1972 and 1999, a there were a total of 46 reported transmissions of HBV from HCW to patient (28). Nine of these transmissions involved dentists. All of these reported transmissions involved HCWs who were HBeAg positive (14, 29-33). No transmissions were reported from HCWs who were HBsAg positive and HBeAg negative (14, 27-34). These applicants represent a significantly lower risk for transmission of hepatitis B to their patients (5, 30).

### 2.5 Hepatitis C carriers

Applicants who are carriers of Hepatitis C can be admitted into clinical programs subject to counseling by the Assistant Dean of Student Affairs, the Director of Clinics and the Infection Control Coordinator, which must take place prior to the beginning of the academic year.

Once admitted, such students will be assessed on a case-by-case basis.

Note: There is insufficient evidence at this time that identifies “a risk that would justify restrictions on practitioners” (5) and the “risk for HCV transmission from an infected health-care worker to patients appears to be very low” (35).

### **3.0 HIV Testing**

Students with risk factors for HIV are to be counseled to seek HIV testing on a voluntary basis (36-40).

Note: The low risk of transmission from HCW to patient due to a percutaneous injury of HIV compared to hepatitis B is well documented. The risk of transmission for hepatitis B is 2-40% depending on the antigen status and number of copies of viral DNA present. HIV transmission ranges from 0.2-0.5% (13, 39).

### **4.0 Communicable Disease Status**

Any applicant with any active infectious disease is required, on acceptance to inform the Assistant Dean for Student Affairs to discuss whether this condition could impact on his or her ability to successfully complete their clinical program.

Students who develop an infectious disease during the course of their clinical program must follow the same protocol.

Students who become HBsAg and whose viral load is greater than  $10^3$  genome equivalents/mL, have an ethical obligation to follow the reporting requirements set out in section 2.2.

Each situation will be assessed on a case-by-case basis.

With respect to medical conditions, work related illness and work restrictions, students in the Faculty of Dentistry are responsible for monitoring their own health status. Students who have acute or chronic medical conditions that render them susceptible to opportunistic infection should discuss with their personal physicians and the Director of Clinics whether the condition might affect their ability to safely perform their duties. It is the ethical obligation of the student to report such conditions to the Chair of the Committee on Infectious Diseases. The Clinic Director has the authority and responsibility to exclude students from work or patient contact to prevent further transmission of infection. Decisions concerning work restrictions will be based on the mode of transmission and the period of infectivity of the disease (see Table 2) (25, 27, 41-43).

This policy is consistent with the Canadian Dental Association’s Code of Ethics which states, under Article 2, Competency (44):

*“A practitioner should inform the dental licencing authority when a serious injury, dependency, infection or other condition has either immediately affected, or may affect over time, his or her ability to practice safely and competently.”*

The reporting obligations will be consistent with the requirements of the Nova Scotia government.

**Table 1. HBV infectivity by serologic marker status and curriculum restrictions for the students in clinical programs (11)**

<b>HBsAg</b>	<b>*Anti-HBc</b>	<b>HBeAg</b>	<b>**HBV DNA</b>	<b>Curriculum Restrictions.</b>
Negative	Negative	Negative	N/A	No curriculum restrictions or modifications necessary. Such individuals would be considered susceptible to hepatitis B and should receive immunization. <b>Agreement Form for Hepatitis Ab and Ag Testing</b> (Appendix 3) must be signed to assess HBsAg and HBsAb yearly.
Negative	<b>Positive</b>	Negative	N/A	No curriculum restrictions. Immune status should be confirmed by HBsAb testing. If HBsAb negative, such individuals receive hepatitis B immunization. <b>Agreement Form for Hepatitis Ab and Ag Testing</b> (Appendix 3) must be signed to assess HBsAg and HBsAb yearly if the individual remains non-immune.
<b>Positive</b>	<b>Positive</b> or Negative	Negative	Negative	No curriculum restrictions or modifications necessary.
<b>Positive</b>	<b>Positive</b> or Negative	<b>Positive</b> or Negative	<b>Positive</b>	Serological status results in non-acceptance into clinical program. Cease all clinical activity if in clinical program. Refer to <b>Ad-hoc Committee on Bloodborne Pathogens</b> for counseling. Consider antiviral therapy. Seroconversion to non-infective state can allow for a reapplication to clinical program or re-admittance to clinical program as appropriate.

\*HBc antibody (Anti-HBc) is not routinely reported in test results. However, this column is included for completeness.

\*\*HBV DNA testing would only be performed if indicated by a positive test result for HBsAg.

Antiviral therapy can be considered successful when serology is HBsAg negative or HBV DNA negative [ $<10^3$  copies/mL (27)]. **Table 1 is modified from Luu, NS “Dental Students with Hepatitis B: Issues to Be Considered When defining Policies”, JDE 2004;68(3):306-315.**

*Table 2. Work Restriction Guidelines for HCWs with Infectious Diseases*

<b>Table 2</b>		
<b>Work restrictions for students in clinical programs infected with or exposed to major infectious diseases in health care settings.</b>		
<b>Disease/Problem</b>	<b>Clinical Restriction</b>	<b>Duration</b>
<b>Conjunctivitis</b>	Restrict from patient contact and contact with patient's environment.	Until discharge ceases.
<b>Cytomegalovirus Infection</b>	No restriction	
<b>Diarrheal Disease</b> Acute stage (diarrhea with other symptoms)  Convalescent stage Salmonella species	Restrict from patient contact, contact with patient's environment, and food handling  Restrict care of patients at high risk	Until symptoms resolve.  Until symptoms resolve; consult with local and provincial health authorities regarding need for negative stool cultures.
<b>Enteroviral Infection</b>	Restrict from care of infants, neonates, and immunocompromised patients and their environments	Until symptoms resolve.
<b>Hepatitis A</b>	Restrict from patient contact, contact with patient's environment, and food handling.	Until 7 days after onset of jaundice.
<b>Hepatitis B</b> Personnel with acute or chronic hepatitis B surface antigenemia who do not perform exposure-prone procedures.  Personnel with acute or chronic hepatitis B with antigenemia who perform exposure-prone procedures.	No restrictions, refer to provincial regulations. Routine practices are always to be followed.  Do not perform exposure-prone procedures until counsel from the <b>Ad-hoc Committee on Bloodborne Pathogens</b> has been sought; Committee should review and recommend procedures that personnel can perform, taking into account specific procedures as well as skill and technique. Routine practices are always to be followed.	Until HBe antigen is negative and viral DNA <10 <sup>3</sup> copies/mL.
<b>Hepatitis C</b>	No restrictions on professional activity. HCV-positive health care personnel should follow aseptic technique and routine practices .	

<b>Table 2 (continued)</b>		<b>Work restrictions for students in clinical programs infected with or exposed to major infectious diseases in health care settings.</b>	
<b>Disease/Problem</b>	<b>Clinical Restriction</b>	<b>Duration</b>	
<b>Herpes simplex</b> Genital	No restrictions		
Hands ( herpetic whitlow)	Restrict from patient contact and contact with patient's environment.	Until lesions heal.	
Orofacial	Evaluate need to restrict from care of patients at high risk.	See Faculty Guidelines on Management of Patients with Herpetic Lesions.	
<b>Human immunodeficiency virus</b>	Do not perform exposure-prone procedures until counsel from the <b>Ad-hoc Committee on Bloodborne Pathogens</b> has been sought; Committee should review and recommend procedures that personnel can perform, taking into account specific procedures as well as skill and technique. Routine practices are always to be followed.		
<b>Measles</b> Active	Exclude from clinical activity	Until 7 days after the rash appears.	
Post exposure (susceptible personnel)	Exclude from clinical activity	From fifth day after first exposure through twenty-first day after last exposure or 4 days after rash appears.	
<b>Meningococcal infection</b>	Exclude from clinical activity	Until 24 hours after start of effective therapy.	
<b>Mumps</b> Active	Exclude from clinical activity	Until 9 days after onset of parotitis.	
Post exposure (susceptible personnel)	Exclude from clinical activity	From twelfth day after first exposure through twenty-sixth day after last exposure, or until 9 days after onset of parotitis.	

<b>Table 2 (continued)</b>		<b>Work restrictions for students in clinical programs infected with or exposed to major infectious diseases in health care settings.</b>	
<b>Disease/Problem</b>	<b>Clinical Restriction</b>	<b>Duration</b>	
<b>Pediculosis</b>	Exclude from clinical activity	Until treated and observed to be free of adult and immature lice.	
<b>Pertussis</b> Active	Exclude from clinical activity	From beginning of catarrhal stage through third week after onset of paroxysms or until 5 days after start of effective antibiotic therapy.	
Post exposure (asymptomatic personnel)	No restriction, prophylaxis recommended		
Post exposure (symptomatic personnel)	Exclude from clinical activity	Until 5 days after start of effective antibiotic therapy.	
<b>Rubella</b> Active	Exclude from clinical activity	Until 5 days after rash appears.	
Post exposure (susceptible personnel)	Exclude from clinical activity	From 7th day after first exposure through twenty-first day after last exposure.	
<b>Staphylococcus aureus infection</b> Active, draining skin lesion	Exclude from clinical activity	Until lesions have resolved	
Carrier state	No restriction unless personnel are epidemiologically linked to transmission of the organism.		
<b>Streptococcal Infection, group A</b>	Exclude from clinical activity	Until 24 hours after adequate treatment is started.	
<b>Tuberculosis</b> Active disease	Exclude from clinical activity	Until proven non-infectious	
Positive TST (latent TB)	No restriction		

Table 2 (continued)	Work restrictions for students in clinical programs infected with or exposed to major infectious diseases in health care settings.	
Disease/Problem	Clinical Restriction	Duration
<b>Varicella (Chicken pox)</b>		
Active disease	Exclude from clinical activity	Until all lesions dry and crust.
Post exposure (susceptible personnel)	Exclude from clinical activity	From tenth day after first exposure through twenty-first day (twenty-eighth day if varicella-zoster immune globulin [VZIG] administered) after last exposure.
<b>Zoster (shingles)</b>		
Localized, in healthy person	Cover lesions, restrict from care of patients at high risk	Until all lesions dry and crust.
Generalized or localized in immunosuppressed person	Exclude from clinical activity	Until all lesions dry and crust.
Post exposure (susceptible personnel)	Exclude from clinical activity	From tenth day after first exposure through twenty-first day (twenty-eighth day if varicella-zoster immune globulin [VZIG] administered) after last exposure or if varicella occurs when lesions crust and dry.
Viral respiratory infection, acute febrile	Consider excluding from care patients at high risk, or contact with such patients' environment during community outbreak of respiratory syncytial virus and influenza	Until acute symptoms resolve.

Table 2 is modified from *Morbidity and Mortality Weekly Report (MMWR) RR-17 Guidelines for Infection Control in Dental Health Care Settings- 2003* (25)

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