



Aboriginal and Torres Strait
Islander Health Practice
Chinese Medicine
Chiropractic
Dental
Medical
Medical Radiation Practice
Nursing and Midwifery
Occupational Therapy
Optometry
Osteopathy
Pharmacy
Physiotherapy
Podiatry
Psychology

Australian Health Practitioner Regulation Agency

Dental Health Services Victoria's Submission

1. Are the draft guidelines necessary?

A standardised approach to BBV across the dental profession is welcomed. Experience shows us that the risk of a dental practitioner acquiring a BBV from a patient is far greater than a patient acquiring from a dental practitioner and reducing with improvements in effective prevention and treatments. However, there are cases of transference, the risk does exist, and protection of the public is vital.

In Victoria there is no legal obligation to disclose a BBV or to take a medical test. Therefore, DHSV agrees that guidelines are necessary with Option 2 as the preferred option.

2. Is the content of the draft guidelines helpful, clear and relevant?

Yes

The guidelines provide clarity also include consideration for professional trust and confidentiality for the dental practitioners.

We are of the opinion that dental practitioners with a BBV should be able to work normally, unless they become ill and unfit to do their job. These guidelines clarify the obligations and methodology for dental practitioners with a BBV to continue as useful members of the workforce.

3. Is there any content that needs to be changed, added or deleted in the draft guidelines?

DHSV does not see the need to change the draft guidelines.

4. Do you agree with the proposal that the Boards expect registered health practitioners and students to comply with CDNA guidelines? That includes testing requirements set in the CDNA guidelines.

Yes.

Mandatory testing for a dental practitioner with a BBV is supported by evidence however to date mandatory and regular testing has been a grey area for dentistry with most organisations requiring a blood test of up to date immunisations and BBV prior to employment; there is variance from employer to employer if regular testing is necessary except in the case of a sharps incident where there is general compliance with blood testing.

Regular blood tests and reporting reduces the likelihood that an BBV acquired via nondental transmission is missed.

5. Do you have any other comments on the draft guidelines?

Under the definition most dental procedures could be classed as EPP as it occurs within a body cavity or confined space, we would argue that the risk can be reduced, mitigated and managed compared to medical procedures within the same classification. It may be possibly with more detailed analysis of the various dental procedures may be viewed as lower risk?