



TDIC: Follow a Post-Exposure Plan After Needlestick Injury

By TDIC Risk Management Staff

The Dentists Insurance Company (TDIC) reports needlestick injuries as its No. 1 Workers' Compensation claim, and with this claim comes the concern of exposure to hepatitis B (HBV), hepatitis C (HCV) or human immunodeficiency virus (HIV), also known as bloodborne pathogens.

Because of the potentially serious nature of a needlestick accident, TDIC recommends that dental practices have a post-exposure plan in place. Post-exposure plan necessities include:

- Immediate reporting of a needlestick injury to the dentist.
- Forms documenting the exposure and, when necessary, employee or source patient refusal of medical evaluation or testing.
- A sharps injury log.
- A preselected physician from the medical provider network (a referral list provided by the workers' compensation carrier) who can evaluate the exposed dental professional within 24 hours.

TDIC advises dentists to report needlestick incidents to their workers' compensation and professional liability insurance carriers for coverage of employee testing and source patient testing. Employers are required to pay for the employee's evaluation. However, all workers' compensation policies, including TDIC's, cover testing for employees in the event of a needlestick injury, said Deborah Boyd, Workers' Compensation Claims Manager for TDIC.

In the event of a needlestick exposure, a wound that has been in contact with blood or bodily fluids should be washed with soap and water; mucous membranes should be flushed with water. If an employee declines a post-exposure medical evaluation, complete an "employee informed refusal of post exposure medical evaluation" form. This form is located on thedentists.com under the Risk Management/Recordkeeping link.

The best practice is to also send the source patient for testing.

"Depending on the result, this can eliminate the need for the exposed employee to take precautionary antiviral medications," Boyd said.

TDIC covers insureds for source testing under TDIC's Professional and Business Liability Policy.

TDIC Risk Management analysts are available to assist dentists with the appropriate language to use when asking a patient to have a blood test following a needlestick exposure to an employee. However, the source patient is within his or her rights to refuse testing.

TDIC reminds dental professionals that avoiding occupational exposures to blood is the best way to prevent transmission of HBV, HCV and HIV. Methods used to reduce such exposures in dental settings include hepatitis B vaccinations, engineering and work practice controls and the use of personal protective equipment.

The Occupational Safety and Health Administration's Bloodborne Pathogen Standard is available online at osha.gov. OSHA's standard applies to all employers with employees who have occupational exposure to blood or other potentially infectious materials, regardless of how many workers are employed.

Needlestick injuries are TDIC's most frequent Workers' Compensation claim. Practice owners should have a plan in place to address these incidents including a post-exposure plan for both the employee and source patient to follow.

TDIC's Risk Management Advice Line can be reached at 800.733.0634.

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