

# General Dental Services – Monthly News Sheet

September 2017

## Flu Clinics for Healthcare Workers

Flu clinics for healthcare workers have been organised by Occupational Health teams in all five Health and Social Care Trusts. The vaccine is available free of charge to all staff who provide direct patient care.

It is very important that all staff are vaccinated against flu to protect vulnerable patients. Please encourage your staff to take advantage of the opportunity to protect themselves and others against flu by getting their flu vaccination as soon as possible.

Further information is available at: <http://www.hscbusiness.hscni.net/services/2626.htm>

## Risks associated with waste Nitrous Oxide gases

The NI Adverse Incident Centre issued an alert on 6 September 2017 in relation to risks associated with nitrous oxide waste gas. The HSCB has issued this alert to all dentists on the dental list. It is important that the actions in this alert are followed by those dentists who use Nitrous Oxide in their practices.

Nitrous Oxide gas can present a health risk to staff, when control measures do not reduce the level of gas to or below the Workplace Exposure Limits (WELs), required to comply with the COSHH regulations. All areas where Nitrous Oxide gas is used should be subject to a Multi-Disciplinary Risk Assessment to identify the risks and control measures required. The Alert letter can be downloaded at: <http://www.hscbusiness.hscni.net/services/2442.htm>

## Guidance for correct use and disposal of batteries

The use and incorrect disposal of batteries may result in equipment /devices emitting smoke and fumes, not functioning normally, quickly running out of power, being permanently damaged and, in certain circumstances, there may be a fire. Further information can be found at: <https://applications.health-ni.gov.uk/NICAS/Public/Alerts.aspx>

## Indemnity – all dentists advised to check the small print

The BDA has warned dentists to check the small print on their indemnity policies to ensure they are appropriately covered. The warning follows the latest GDC registrants' newsletter which highlights a case where the adequacy of the registrant's indemnity provision was considered (link: <https://www.gdc-uk.org/newsarticle?id=908>). The policy contained some exclusions relating to the transmission of blood-borne diseases that led the panel to conclude that the policy did not fulfil Standard 1.8 within the GDC Standards for the Dental Team:

*'You must have appropriate arrangements in place for patients to seek compensation if they suffer harm'*. The GDC is therefore encouraging registrants to 'read the small print' within their policies and decide whether they are appropriately covered. The BDA is also advising practitioners to look carefully at wider areas of exclusion or the conditions of cover and question the true impact of the conditions and exclusions.

**Feedback:** We would appreciate your comments and/or queries regarding the Monthly News Sheet. Please send them by email to: [GDSEMonthlyNewsSheet@hscni.net](mailto:GDSEMonthlyNewsSheet@hscni.net) or telephone 028 9536 2823.

## Global Shortage of Hepatitis B Vaccine

There is a global shortage of hepatitis B vaccine including the combined hepatitis A/B vaccines, which has severely impacted UK supplies. It is envisaged that the shortage will last until early 2018.

Further information in relation to this matter is detailed in HSS(MD) 12/2017 '*Global Shortage of Hepatitis B Vaccine Including Combined Hepatitis A/B Vaccines – Prioritisation Of Groups*' and HSS(MD) 15/2017 '*Hepatitis B Temporary Recommendation For Vaccine Prioritisation – Updated Table*'. These can be downloaded from the Department of Health website:

<https://www.health-ni.gov.uk/publications/letters-and-urgent-communications-2017>

The prioritisation table is detailed below:

**Table 1 Prioritisation of individuals / groups**

Prioritisation	Exposure type		Examples of individuals in this category
1 Highest risk and urgency	Post exposure	Substantial exposure to infected blood from a known hepatitis B infected source	Infants born to hepatitis B infected mothers
2	Post exposure	Other exposure to a known hepatitis B infected source	Needlestick or other sharps injury from known positive person, sexual exposure to an acute case of hepatitis B
3	Post exposure	Exposure to an unknown source	Needlestick injury from discarded needle in community, sexual assault, mass casualties from a major incident
	Pre-exposure	Priming for unavoidable, high and imminent risk	Clinical health care workers with regular blood exposure, particularly those performing exposure prone procedures (e.g. surgeons, dentists), and those working in certain settings (e.g. renal units, hospital laboratory workers).
	Pre-exposure	Priming for unavoidable, high and imminent risk, with high risk of onward transmission and co-circulating viruses e.g. HIV, HDV	Sex workers, MSM with multiple partners, PWID, prisoners, people travelling to endemic countries for medical treatment, patients on renal dialysis units.
4	Pre-exposure	Priming for those at lower risk and those that can access advice in the event of a recognised exposure	Household contacts of people with hepatitis B, most other health care workers and ancillary staff in UK healthcare settings, other occupations at risk of percutaneous exposures.
	Pre-exposure	Priming for those at lower risk or where risk may be avoided or delayed	Other travel to medium and high endemicity countries.
5 Lowest risk and urgency	Pre-exposure	Boosting and reinforcing doses	For healthy individuals who have completed a primary course of immunisation (three doses)

Dentists and dental care professionals who are involved in exposure prone procedures are included in priority group 3. The HSCB has recently been made aware that there are instances where members of the dental team have experienced difficulty in accessing the hepatitis B vaccine from their local Occupational Health Service. The HSCB has been liaising with the Department of Health to ensure that Occupational Health departments include all dental team members who are classified as 'at occupational risk' in the priority 3 group. Trust Occupational Health Departments are endeavouring to provide immunisation to staff in category 3 where possible in line with stock allocations.

If any members of the dental team are experiencing difficulty in accessing the Hepatitis vaccine, please report the matter to the HSCB at: [Donncha O'Carolan@hscni.net](mailto:Donncha.O'Carolan@hscni.net)

The Department of Health plan to issue further advice to the dental profession in relation to the shortage of the hepatitis B vaccine.