

## PRACTICE STANDARD

# Blood-borne Viruses in Licensees

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**Related topic(s):** [Disclosure of Adverse or Harmful Events](#); [Infection Prevention and Control \(IPAC\) in Physician's Offices](#)

A **practice standard** reflects the minimum standard of professional behaviour and ethical conduct on a specific topic or issue expected by CPSBC of its licensees (all physicians and surgeons who practise medicine in British Columbia). Standards also reflect relevant legal requirements and are enforceable under the *Health Professions and Occupations Act, SBC 2022, c.43 (HPOA)* and the CPSBC Bylaws under the *HPOA*.

## Preamble

This document is a practice standard of the Board of the College of Physicians and Surgeons of British Columbia (CPSBC).

## CPSBC's position

Health-care workers and the public are aware of, and concerned about, the risk of transmission of blood-borne viruses (BBVs), specifically hepatitis B virus (HBV) hepatitis C virus (HCV), and/or human immunodeficiency virus (HIV).

Health-care regulators, including CPSBC, have a statutory mandate to protect the public including protection from the transmission of BBVs from licensees.

Based on the published literature, the risk of transmission from health-care workers to patients and vice versa is low. However, there continue to be reported cases of transmission of BBVs in surgical and other clinical settings despite recommendations to adopt appropriate infection prevention and control practices.

Under circumstances of routine medical care, licensees infected with a BBV pose no or a negligible risk to the public. Modern treatment can now control or cure most BBVs. Licensees who are infected but have undetectable or a low-level viral load pose a negligible risk to the public even if they perform exposure-prone procedures (EPPs—see definition below). Therefore, if a licensee is infected and their viremia is controlled, they will be allowed to perform EPPs.

Licensees also have ethical, professional and legal responsibilities to adhere to facility or health authority protocols following body fluid exposures. CPSBC requires that any patient or other person who may have been exposed to their body fluids through the provision of medical care is informed of the transmission risks and offered appropriate testing and follow-up medical care, without identifying the individual who may have been the source of transmission.

This document outlines the professional standard for licensees to safeguard the health of both patients and other health-care workers by minimizing the risk of transmission of BBVs during the provision of medical care.

The professional standards in this document are based on the following principles:

1. All licensees must provide safe, compassionate, competent and ethical care.
2. All licensees must maintain their own wellness, which includes knowing their own serological and infectious status and being appropriately immunized and/or receiving treatment and testing every three years.
3. All licensees must only perform or assist in performing EPPs when their health and viral loads make it safe.
4. All licensees must follow relevant post-exposure protocols of the BC Centre for Disease Control.

## Scope

These professional standards apply to all CPSBC licensees (including physicians, medical students, postgraduate trainees, clinical trainees and visiting licensees) who perform or assist

in performing EPPs. This includes licensees who perform or assist in performing procedures that may be converted to an EPP, and licensees who do not currently perform, but have the potential to perform or assist in performing, EPPs (e.g. emergency room physicians).

## Definitions

### 1. Blood-borne viruses

Blood-borne viruses (BBV) refers specifically to hepatitis B virus (HBV), hepatitis C virus (HCV) and/or human immunodeficiency virus (HIV).

### 2. Exposure-prone procedures

Exposure-prone procedures are invasive procedures where there is a higher-than-average risk that injury to the health-care worker (HCW) may result in the exposure of the patient's open tissues to the blood or body fluid of the worker. For transmission of a BBV to occur during an EPP, three conditions are necessary:

- i. HCW must be sufficiently viraemic
- ii. HCW must sustain an injury or have a condition that allows for exposure
- iii. HCW's blood or infectious body fluid must come in contact with a patient's wound, traumatized tissue, mucous membranes, or similar portal of entry

Licensees are considered to be performing an EPP if it involves one or more of the following procedures during which blood from a HCW has the potential to expose the patient's open tissue to a BBV:

- 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. as may occur during major abdominal, cardiothoracic, transvaginal, pelvic 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 the patient's open tissues may be exposed to the blood of an injured HCW.

Further description of what procedures may be considered exposure-prone can be found in Chapter 5 of the Public Health Agency of Canada's *Guideline on the Prevention of Transmission of Bloodborne Viruses from Infected Healthcare Workers in Healthcare Settings*.

### 3. Routine practices and additional precautions

Routine practices and additional precautions (RPAP) refer to a set of practices designed to protect health-care workers and patients from infection caused by a broad range of infectious agents including BBVs. These practices apply when caring for **all patients at all times** regardless of the patient's diagnosis. Key elements of RPAP include: performing a risk assessment at the time of patient contact; hand hygiene; use of barriers (e.g. gloves, mask, eye protection, face shield and/or gowns) as per the risk assessment; safe handling of sharps; and cleaning and disinfection of equipment and environmental surfaces between uses for each patient.

#### 4. **Blood Borne Communicable Diseases Committee**

The Blood Borne Communicable Diseases Committee is a committee of CPSBC tasked with evaluating the published literature, health information and practice of licensees infected with one or more BBVs for the purpose of recommending to CPSBC what restrictions, if any, must be applied to an infected licensee's practice. The committee is comprised of licensees with expertise in the transmission and management of blood-borne infections as well as other experts as required.

This aligns with the recommendation for an Expert Review Panel outlined in section 11.2.2 of the Public Health Agency of Canada's *Guideline on the Prevention of Transmission of Bloodborne Viruses from Infected Healthcare Workers in Healthcare Settings*.

#### 5. **Treating physician**

For the purposes of this standard, the treating physician refers to a physician who is managing the medical care of a licensee infected with a BBV.

#### 6. **Health monitoring**

Health monitoring refers to the process by which [the health monitoring department](#) receives periodic health reports from treating physicians, as recommended by the committee, to confirm that a licensee infected with a BBV is safe to practise.

## Standards

### 1. **Safeguarding health**

#### a. **Routine practices and additional precautions**

All licensees, whether they are infected with a BBV or not, must adhere to routine practices and additional precautions in accordance with the Public Health Agency of Canada's guideline, *Routine practices and additional precautions for preventing the transmission of infection in healthcare settings*.

#### b. **HBV vaccination**

All licensees in clinical practice must be immunized against HBV, unless a medical contraindication to vaccination exists or there is serological evidence that they are already immune to HBV as a result of prior vaccination and/or having had a previous HBV infection.

### 2. **Serological and infectious status**

#### a. **Beginning EPPs**

Licensees must be tested for HCV, HIV and HBV (unless confirmed immune) before beginning performing or assisting in performing EPPs.

#### b. **Routine testing**

Licensees who perform or assist in performing EPPs and who have not previously tested positive must be tested for HCV and HIV every three years.

Licensees who are immune to HBV either from past infection or immunization do not require routine HBV testing.

### c. **Testing post-exposure**

Licensees who are involved in an exposure event, such as a needle stick injury or other exposure, must seek appropriate expert advice regarding the nature and frequency of testing that is required to determine if they or others (patient or colleague) have been infected with one or more BBVs.

Following an exposure to a patient's bodily fluids, licensees must obtain the patient's voluntary consent (oral or written) in order to have the patient's serological and infectious status confirmed.

CPSBC encourages licensees to consult the blood-borne exposure management protocol for detailed information about post-exposure protocols, including post-exposure prophylaxis.

## 3. **Reporting infectious status**

- a. Licensees who perform or assist in performing EPPs and are diagnosed with HBV (as demonstrated by a detectable HBV surface antigen and/or HBV DNA), HCV (are HCV RNA positive), and/or HIV (are anti-HIV positive) must notify the health monitoring department of CPSBC as soon as possible after learning of their previously unreported positive serological and infectious status.
- b. Licensees who perform or assist in performing EPPs must report any previously unreported infection with a BBV at the time of licence application or annual licence renewal.
- c. Licensees must report to CPSBC another licensee who is known to be practising in contravention of these professional standards.

## 4. **Health monitoring of licensees infected with BBV**

Licensees infected with BBV will be able to continue to perform or assist in performing EPPs if CPSBC determines that doing so will not compromise patient safety. In making this determination, CPSBC will be informed by the expert committee, based upon published literature and advice from treating physicians.

Licensees infected with a BBV who wish to perform or assist in performing EPPs must consent to engage in health monitoring by CPSBC. This will include their consent to being under the care of an approved treating physician including monitoring of their viral loads, as recommended by their treating physician and the expert committee. The health information reviewed by the committee expert panel is de-identified to protect the privacy of the licensee.

## 5. **Special considerations for learners**

CPSBC considers medical students and postgraduate year 1 trainees as licensees who perform or may potentially perform EPPs.

CPSBC considers medical trainees in postgraduate year 2 and subsequent training years, and other medical trainees as licensees who must identify on their license applications whether or not they perform or assist in performing EPPs.

- Learners who perform or assist in performing EPPs and who do not have a blood-borne infection must be tested for BBVs as outlined in the standards

above both before beginning their clinical training, post-exposure and at the stated intervals.

- Learners who perform or assist in performing EPPS and who have tested positive for HBV, HCV, and/or HIV must comply with the above reporting requirements to CPSBC and must also comply with the advice of the expert committee regarding the reporting of their health condition to the appropriate dean of their medical school or program director.

More information on blood-borne viruses and performing exposure-prone procedures is available on the [CPSBC website](#).

## References

1. Australian national guidelines for the management of healthcare workers living with blood borne viruses and healthcare workers who perform exposure prone procedures at risk of exposure to blood borne viruses [Internet]. Version 1.1. Canberra (ACT): Communicable Diseases Network Australia; 2018 Dec. Appendix 1: definitions and examples of EPPs; [revised 2019 Sep; [cited 2022 September 19)].
2. British Columbia Centre for Disease Control. Communicable disease control: blood and body fluid exposure management [Internet]. Vancouver: British Columbia Centre for Disease Control; 2021 Apr [cited 2021 May 26]. 27 p.
3. Henderson DK, Dembry LM, Sifri CD, Palmore TN, Dellinger EP, Yokoe DS, Grady C, Heller T, Weber D, Del Rio C, Fishman NO, Deloney VM, Lundstrom T, Babcock HM. Management of healthcare personnel living with hepatitis B, hepatitis C, or human immunodeficiency virus in US healthcare institutions. *Infect Control Hosp Epidemiol* [Internet]. 2020 Oct 14 [cited 2021 May 26]:1-9.
4. Public Health Agency of Canada. Guideline on the prevention of transmission of blood-borne viruses from infected healthcare workers in healthcare settings [Internet]. Ottawa: Public Health Agency of Canada; 2019 Jul [cited 2021 May 26]. 197 p.
5. Public Health Agency of Canada. Routine practices and additional precautions for preventing the transmission of infection in healthcare settings [Internet]. Ottawa: Public Health Agency of Canada; 2013 [revised 2016 Nov; cited 2021 May 26].