



College of Physicians and Surgeons of British Columbia

# Professional Standards and Guidelines

## Blood-borne Pathogens in Registrants

### Preamble

This document is a standard of the Board of the College of Physician and Surgeons of British Columbia.

A standard reflects the minimum standard of professional behaviour and ethical conduct on a specific topic or issue expected by the College of all registrants in British Columbia. Standards also reflect relevant legal requirements and are enforceable under the *Health Professions Act*, RSBC 1996, c.183 (*HPA*) and College Bylaws under the *HPA*.

### College's Position

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

Health-care regulators, including the College of Physicians and Surgeons of British Columbia, have a statutory mandate to protect the public including protection from the transmission of BBPs from registrants.

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 BBPs in surgical and other clinical settings despite recommendations to adopt appropriate infection prevention and control practices.

Under circumstances of routine medical care, registrants infected with a BBP pose no or a negligible risk to the public. Modern treatment can now control or cure most BBPs. Registrants 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 registrant is infected and their viremia is controlled, they will be allowed to perform EPPs.

Registrants also have ethical, professional and legal responsibilities to adhere to facility or health authority protocols following body fluid exposures. The College recommends 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 registrants to safeguard the health of both patients and other health-care workers by minimizing the risk of transmission of BBPs during the provision of medical care.

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

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

## Scope

These professional standards apply to all College registrants (including physicians, medical students, postgraduate trainees, clinical trainees and visiting registrants) who perform or assist in performing EPPs. This includes registrants who perform or assist in performing procedures that may be converted to an EPP, and registrants 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 pathogens

Blood-borne pathogen (BBP) 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 BBP to occur during an EPP, three conditions are necessary:

- i. HCW must be sufficiently viremic
- 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

Registrants 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 BBP:

- 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 Table 2, Category III of this document:

[http://www.shea-online.org/images/guidelines/BBPathogen\\_GL.pdf](http://www.shea-online.org/images/guidelines/BBPathogen_GL.pdf)

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

Routine practices and additional precautions (RPAP) refers to a set of practices designed to protect health-care workers and patients from infection caused by a broad range of infectious agents including BBPs. 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 the College tasked with evaluating the published literature, health information and practice of registrants infected with one or more BBPs for the purpose of recommending to the College what restrictions, if any, should be applied to an infected registrant's practice. The committee is comprised of registrants with expertise in the transmission and management of blood-borne infections as well as other experts as required.

### **5. Treating physician**

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

### **6. Health monitoring**

Health monitoring refers to the process by which the College's health monitoring department receives periodic health reports from treating physicians, as recommended by the committee, to confirm that a registrant infected with a BBP is safe to practise.

## **Standards**

### **1. Safeguarding health**

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

All registrants, whether they are infected with a BBP or not, must adhere to routine practices and additional precautions in accordance with the guideline of the Public Health Agency of Canada.

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

All registrants 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**

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

### **b. Routine testing**

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

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

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

Registrants 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 BBPs.

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

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

## **3. Reporting infectious status**

a. Registrants who perform or assist in performing EPPs and are infected 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 the College as soon as possible after learning of their previously unreported positive serological and infectious status.

b. Registrants who perform or assist in performing EPPs must report any previously unreported infection with a BBP at the time of licence application or annual licence renewal.

c. Registrants must report to the College another registrant who is known to be practising in contravention of these professional standards.

## **4. Health monitoring of registrants infected with BBP**

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

Registrants infected with a BBP who wish to perform or assist in performing EPPs must consent to engage in health monitoring by the College. 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 registrant.

#### **5. Special considerations for medical students and trainees**

The College considers medical students and postgraduate year 1 trainees as registrants who perform or may potentially perform EPPs.

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

- Medical students, postgraduate trainees and other medical trainees who perform or assist in performing EPPs and who do not have a blood-borne infection must be tested for BBPs as outlined in the standards above both before beginning their clinical training, post-exposure and at the stated intervals.
- Medical students, postgraduate trainees and other medical trainees 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 the College 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.

#### **References**

Public Health Agency of Canada. Guideline on the prevention of transmission of blood-borne viruses from infected healthcare workers. Ottawa: Public Health Agency of Canada. Forthcoming.

Henderson DK, Dembry L, Fishman NO, Grady C, Lundstrom T, Palmore TN, Sepkowitz KA, Weber DJ; Society for Healthcare Epidemiology of America. SHEA guideline for management of healthcare workers who are infected with hepatitis B virus, hepatitis C virus, and/or human immunodeficiency virus. *Infect Control Hosp Epidemiol* [Internet]. 2010 Mar [cited 2016 Nov 8];31(3):203-32. Available from: [http://www.shea-online.org/images/guidelines/BBPathogen\\_GL.pdf](http://www.shea-online.org/images/guidelines/BBPathogen_GL.pdf)

British Columbia Centre for Disease Control. Communicable disease control - blood and body fluid exposure management [Internet]. Vancouver: British Columbia Centre for Disease Control; 2016 [cited 2016 Nov 8]. 26 p. Available from: [http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%201%20-%20CDC/CPS\\_CDManual\\_BBFExpManage.pdf](http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%201%20-%20CDC/CPS_CDManual_BBFExpManage.pdf)

Public Health Agency of Canada [Internet]. Ottawa: Public Health Agency of Canada; [updated 2014 Sep 5]. Routine practices and additional precautions for preventing the transmission of infection in healthcare settings [cited 2016 Nov 8]. 1 screen. Available from: <http://www.phac-aspc.gc.ca/nois-sinp/guide/summary-sommaire/tihs-tims-eng.php>

British Columbia Centre for Disease Control. Communicable disease control - blood and body fluid exposure management [Internet]. Vancouver: British Columbia Centre for Disease Control; 2016 [cited 2016 Nov 8]. 26 p. Available from: [http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%201%20-%20CDC/CPS\\_CManual\\_BBExpManage.pdf](http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%201%20-%20CDC/CPS_CManual_BBExpManage.pdf)

College of Physicians and Surgeons of British Columbia. Disclosure of adverse or harmful events [Internet]. Vancouver: College of Physicians and Surgeons of British Columbia; 2014 [cited 2016 Nov 8]. 3 p. (Professional standards and guidelines). Available from: <https://www.cpsbc.ca/files/pdf/PSG-Disclosure-of-Adverse-or-Harmful-Events.pdf>

**Approved by Board:** November 23, 2016

**Effective:** November 28, 2016