Faculty of Medicine
Policy

<table>
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<tr>
<th>Policy Name:</th>
<th>Medical Learners with Blood-borne Pathogens</th>
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<td>Application/Scope:</td>
<td>All applicants and registered learners in the MD, MD/PhD, MPAS and Postgraduate Trainees</td>
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<td>Approved (Date):</td>
<td>February 2011 (UGME); May 14, 2013 (PGME Executive Committee)</td>
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<td>June 2012; June 2015</td>
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<td>Approved By:</td>
<td>Faculty Executive Council, Sept. 10, 2013</td>
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1. PURPOSE

To outline the required communication and necessary procedures in the situation where a learner is known to be seropositive for a blood-borne pathogen.

2. DEFINITIONS

2.1 Blood-borne Pathogens – in the context of the policy, blood-borne pathogens refers to, but is not limited to the Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV).

2.2 CPSM – College of Physicians and Surgeons of Manitoba.

2.3 Blood-Borne Pathogens Subcommittee – a subcommittee of the Central Standards Committee of the College of Physicians and Surgeons of Manitoba.

2.4 Advisory Service Panel (ASP) – a group of individuals appointed by the CPSM Blood-Borne Pathogens Subcommittee that makes recommendations to the College of Physicians and Surgeons of Manitoba regarding the clinical activities of a member of the College or a visiting physician on an approved elective.

2.5 MD degree- four year program leading to the medical doctor degree

2.6 MD/PhD- graduate education and advanced research training in a specific discipline of the candidate’s choice to individuals who are currently pursuing an MD degree and who wish to develop a career as a clinician scientist. (from the MD/PhD website/Dr. Kent Hayglass- kh)

2.7 MPAS – Master of Physician Assistant Studies

2.8 UGME - Undergraduate Medical Education

2.9 PGME – Postgraduate Medical Education

2.10 Visiting Student or Postgraduate Trainee – an external learner from another university participating in an approved elective.
3. POLICY STATEMENTS

3.1 No medical learner shall be denied consideration of acceptance into a Faculty of Medicine program on the basis of HIV, HBV, or HCV serostatus. Evaluation for admission and continuation in the programs will focus on whether the individual in his or her current state of health, with reasonable accommodations will be able to successfully complete the essential elements of the educational program.

3.1.1 Individuals who are known to be seropositive for a blood-borne pathogen and who are contemplating application to medical school for an undergraduate or postgraduate program should seek counsel regarding their intention. Counsel could be received from a medical doctor with expertise in infectious diseases or hepatology, or the Office of Student Affairs in a university with medical and doctoral programs.

3.2 MD, MD/PhD, MPAS and postgraduate trainees who are known to be seropositive for any blood-borne pathogen must notify the Office of Student Affairs – Medicine at the time of admission.

4. PROCEDURES

4.1 MD, MD/PhD, MPAS and postgraduate trainees who become seropositive for any blood-borne pathogen at any time while registered in their training program must notify the Office of Student Affairs – Medicine as soon as practicable after the seropositive status is confirmed. [do the PAs report to the same office?]

4.2 MD, MD/PhD, MPAS and postgraduate trainees who are known to be seropositive for any blood-borne pathogen must notify the CPSM of their serological status at the time of registration and annual renewal of registration.

4.3 The Office of Student Affairs – Medicine shall advise the CPSM of learners who are known to be seropositive for any blood-borne pathogen.

4.4 The Office of Student Affairs – Medicine shall liaise with the CPSM and the learner regarding the implementation of recommendations and/or requirements from the Advisory Service Panel of the Blood Borne Pathogens Subcommittee of the CPSM. The Office of Student Affairs – Medicine shall work with the relevant Program (UGME, MPAS, PGME) regarding recommendations of the CPSM that impact on learning objectives and clinical activities for the learner with a blood-borne pathogen.

4.4.1 Confidentiality of the assessment by ASP shall be maintained in accordance with the Personal Health Information Act (PHIA), Freedom of Information and Protection of Privacy Act (FIPPA) and Personal Information Protection and Electronic Documents Act.

4.5 The Office of Student Affairs, Medicine, shall provide counseling for all learners who are seropositive for blood-borne pathogens regarding selection of elective rotations. Student Affairs, Medicine shall liaise with their counterparts at the host university for electives external to the University of Manitoba.

4.6 The Office of Student Affairs, Medicine, shall provide career counseling for all MD, MD/PhD and MPAS learners who are seropositive for blood-borne pathogens, and shall assist in identifying postgraduate program(s) and future field(s) of practice suitable for the learners’ specific health condition(s).

4.7 Visiting undergraduate students who are seropositive for Blood-borne Pathogens may be considered for electives; however they must notify the UGME Electives Director at the time of application. Recommendations on clinical activities must be provided from the Visiting
Student’s home institution and the respective professional regulatory body. The decision to accept a Visiting Student who is seropositive for Blood-borne Pathogens shall be made by the Electives Director in consultation with the Clerkship Director and others as may be required.

4.8 An external/visiting resident who is known to be seropositive for blood bourne pathogens, at the time of approval of the elective must notify the Office of Student Affairs — Medicine, who shall advise the CPSM regarding recommendations and/or requirements of the CPSM ASP Committee that may impact on learning objectives and clinical activities of the visiting resident.

4.9 Learners will notify the Office of the Associate Dean, Student Affairs of any significant change in his/her health status and/or practice circumstances to allow for a further ASP review, if necessary to assess whether any further modifications and/or restrictions to his/her clinical practice are required.

4.10 Learners should refer to the appended College of Physicians and Surgeons of Manitoba: Statement No. 1580 - Physicians with Blood Borne Pathogens [Including Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV)]. October, 2002. (Appendix 1)

5. REFERENCES

5.1 College of Physicians and Surgeons of Manitoba: Statement No. 1580 - Physicians with Blood Borne Pathogens [Including Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV)]. October, 2002.


6. POLICY CONTACT:  Associate Dean, Students
STATEMENT 1580

Statement No. 1580 - Physicians with Blood Borne Pathogens
[Including Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV)]

BACKGROUND

Purpose

The purpose of this Statement is to inform members of their ethical obligations and the standards of practice expected of them in respect to managing and preventing the risk of transmission of blood borne communicable diseases to patients.

Terminology

The following terms are defined for the purpose of this Statement. The definitions do not necessarily reflect the meaning of the terms used in other contexts.

Physician(s) – member(s) of the College providing medical care to patients, including medical students and clinical assistants.

Exposure Prone Procedures (EPP) - Interventions where there is a risk that injury to the physician may result in the exposure of the patient’s open tissues to blood and body fluids of the physician (bleedback). These include procedures where the physician’s gloved hand may be in contact with sharp instruments, needle tips or sharp tissues (spicules of bone or teeth) inside a patient’s open body cavity, wound, or confined anatomical space where the hands or finger tips may not be completely visible at times.

Routine Practices – A series of recommendations for the care of all patients incorporating the precautions necessary to prevent the transmission of microorganisms between patients and health care workers across the continuum of care, including previous precautions against bloodborne pathogens (Universal Precautions) – see http://www.phac-aspc.gc.ca/publicat/ecdrr-mutc/99vol25/25s4/

Medical, Legal and Ethical Context

Physicians and their patients are concerned about the risk of transmission of blood borne pathogens from one to another.

Physicians have a right to privacy and are entitled to confidentiality. These issues must be addressed in the context of the College’s mandate to protect the public and physicians’ ethical obligation to their patients to “consider first the well-being of the patient”. This obligation
requires physicians to consider any state of personal health which may pose risk to their patients and take all necessary steps to minimize transmission of blood borne infections to their patients.

The scientific literature indicates that, in respect to transmission of blood borne pathogens:
- the overall risk of transmission from physician to patient is low and varies dependant on several factors, including:
  - characteristics of the pathogen itself;
  - nature of the procedure being performed;
  - health status of the physician and patient;
  - infectious status of the physician;
  - susceptibility of the patient;
  - nature of the trauma to the physician;
- immunization reduces transmission of disease;
- no measure can guarantee “zero risk” of transmission;
- rigorous application of routine practices is the best available means of protecting patients and physicians from transmission from one to another.

The Blood Borne Pathogens Subcommittee (BBPSC) is a subcommittee of the Central Standards Committee of the College, with a mandate to advise on appropriate policies, principles and process for the safe practice of medicine by physicians infected with a blood borne pathogen. On referral from the Deputy Registrar, the Chair of the BBPSC is required to strike an Advisory Service Panel (ASP), the composition of which shall be at the discretion of the BBPSC Chair, taking into account the type of medical practice at issue. The ASP will assess the medical practice activities of a physician infected with a blood borne pathogen and provide individualized advice and recommendations to the College and to the infected physician within the following principles:

1. The advice must be based on recent scientific, ethical and epidemiological principles.
2. The ASP members must maintain confidentiality and protect the anonymity of those physicians requiring advice.
3. The ASP must assess whether modifications to the physician’s practice are warranted based upon the test of public protection.
4. Reporting shall be non-nominal and statistical only.

SCOPE

This Statement applies to all members of the College.

REQUIREMENTS

- All Physicians:
  - have an ethical responsibility to be aware of their serological status with respect to blood borne communicable diseases, including HBV, HCV and HIV, if they are at personal or occupational risk and engaging in EPP;
• must take all necessary steps to minimize the transmission of blood borne infections to patients, including conscientious and rigorous adherence to routine practices in their practice;
• should be immunized for HBV before possible occupational exposure and should have their antibody status assessed and documented after immunization;
• should seek re-testing of their serological status following a significant exposure to human blood or other body fluids.

• A physician who is known to have active infection with HBV and/or HCV and/or HIV must:
  ▪ consult a physician to receive appropriate medical care and follow-up care;
  ▪ directly or through a treating physician, contact the Deputy Registrar of the College, who will refer the matter to the Chair of the BBPSC for a confidential review by an ASP;
  ▪ cooperate with the College to facilitate the ASP review;
  ▪ cooperate with the College in making modifications and/or adhering to restrictions to his/her clinical practice, pending and/or on completion of the ASP review, including ceasing to practice EPP, if required, in order to protect the public;¹;
  ▪ notify the Deputy Registrar of the College of any significant change in his/her health status and/or practice circumstances to allow for a further ASP review, if necessary to assess whether any further modifications and/or restrictions to his/her clinical practice are required.

• A physician who comes in contact with the blood or other body fluids of an individual who is known to carry a blood borne pathogen must consult a physician to receive appropriate medical care and follow-up care.

• A physician who is aware of another member being positive for HBV and/or HCV and/or HIV must report the matter to the Deputy Registrar of the College.²

First Print STNDS/05-02
Revision STNDS/04-99
Revision STNDS/10-02
Revision COUNCIL/

A statement is a formal position of the College with which members shall comply.

¹ If required, the College will establish a monitoring mechanism, such as accepting an undertaking from the physician and/or the imposition of restrictions or conditions on the physician’s licence. If the infected physician refuses to accept the recommendations or comply with any recommended monitoring mechanism, the College shall take appropriate action.
² The College considers being positive for HBV and/or HCV and/or HIV to be a medical condition which may affect the ability of that member to practice safely and members have as a legal obligation under The Medical Act, ss 39(1) to report the matter to the College.