



# Max Rady College of Medicine, Rady Faculty of Health Sciences Policy

<b>Policy Name:</b>	Medical Learners with Bloodborne Pathogens
<b>Application/Scope:</b>	All applicants and registered learners in the MD, MD/Ph.D., MPAS, and Postgraduate Medical Trainees
<b>Approved (Date):</b>	April 2019
<b>Review Date:</b>	June 2023
<b>Revised (Date):</b>	October 2018
<b>Approved By:</b>	College Council, Oct 2018 Faculty Council of Graduate Studies, December 2018 Senate April 2019

## 1. PURPOSE

To outline the required communication and necessary procedures in the situation where an applicant or learner is known to be seropositive for a bloodborne pathogen.

## 2. DEFINITIONS

- 2.1 **Bloodborne Pathogens** – communicable diseases including but not limited to the hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).
- 2.2 **Bloodborne Pathogens Subcommittee** – a subcommittee of the Central Standards Committee of the College of Physicians and Surgeons of Manitoba.
- 2.3 **CPSM** – College of Physicians and Surgeons of Manitoba.
- 2.4 **Learners** – students in the MD, MD/Ph.D., MPAS Program and Trainees at the Max Rady College of Medicine.
- 2.5 **MD Degree** – four-year program leading to the doctorate of medicine degree.
- 2.6 **MD/Ph.D.** - graduate education and advanced research training in a specific discipline of the candidate's choice, for individuals who are currently pursuing an MD degree and who wish to develop a career as a clinician scientist.
- 2.7 **MPAS** – Master of Physician Assistant Studies.
- 2.8 **Student Affairs** – the Office of the Associate Dean, Student Affairs, Max Rady College of Medicine (UGME or PGME, as applicable).
- 2.9 **Trainee** - a postgraduate resident, fellow, or AFC student participating in a training program of an accredited university based in one or more of the training sites and who is appropriately licensed by the College of Physicians and Surgeons of Manitoba (CPSM) or other applicable licensing authority.
- 2.10 **UGME** - Undergraduate Medical Education.
- 2.11 **PGME** – Postgraduate Medical Education.
- 2.12 **Visiting Student or Visiting Trainee** – an external learner from another university participating in an approved elective.

## 3. POLICY STATEMENTS

- 3.1 No applicant shall be denied consideration of acceptance into a Max Rady College 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.

- 3.2 Individuals who are known to be seropositive for a bloodborne 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.
- 3.3 Learners who are known to be seropositive for any bloodborne pathogen must notify Student Affairs at the time of admission.

#### **4. PROCEDURES**

- 4.1 Learners who become seropositive for any bloodborne pathogen at any time while registered in their training program must notify Student Affairs as soon as practicable after the seropositive status is confirmed.
- 4.2 Learners who are known to be seropositive for HBV, and/or HCV, and/or HIV must notify the CPSM of their serological status at the time of registration with CPSM and annual renewal of such registration.
- 4.3 Student Affairs shall advise the CPSM of Learners who are known to be to be seropositive for HBV, and/or HCV, and/or HIV.
- 4.4 Student Affairs shall liaise with the CPSM and the Learner regarding the implementation of recommendations and/or requirements from the Bloodborne Pathogens Subcommittee of the CPSM. Student Affairs 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 bloodborne pathogen.
- 4.5 Confidentiality of the assessment by the Bloodborne Pathogens Subcommittee or its expert panel 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.
- 4.6 Student Affairs shall provide counseling for all Learners who are seropositive for bloodborne pathogens regarding the selection of elective rotations. Student Affairs shall liaise with their counterparts at the host university for electives external to the University of Manitoba.
- 4.7 The Student Affairs shall provide career counseling for all MD, MD/Ph.D., and MPAS learners who are seropositive for bloodborne pathogens and shall assist in identifying postgraduate program(s) and/or future field(s) of practice suitable for the Learners' specific health condition(s).
- 4.8 Visiting Students who are seropositive for bloodborne 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 by the visiting student's home institution and the respective professional regulatory body. The decision to accept a Visiting Student who is seropositive for bloodborne pathogens shall be made by the Electives Director in consultation with the Clerkship Director and others as may be required.
- 4.9 A Visiting Trainee who is known to be seropositive for bloodborne pathogens, at the time of approval of the elective must notify Student Affairs, who shall advise the CPSM regarding recommendations and/or requirements of the Bloodborne Pathogens Subcommittee that may impact learning objectives and clinical activities of the visiting resident.
- 4.10 Learners will notify Student Affairs of any significant change in his/her health status and/or practice circumstances to allow for a further review by the Bloodborne Pathogens

Subcommittee, if necessary to assess whether any further modifications and/or restrictions to his/her clinical practice are required.

- 4.11 MD, MD/Ph.D., MPAS Learners, and Trainees are all members of the CPSM and therefore must be familiar with, and abide by, the CPSM regulations including without limitation By-Law 11: Schedule J – Bloodborne Pathogens, at the link provided in the references section.

## **5. REFERENCES**

- 5.1 College of Physicians and Surgeons of Manitoba By-Law 11: Schedule J – Bloodborne Pathogens
- 5.2 Roth V, and Worthington J. Implementing a Policy for Practitioners Infected with Blood-Borne Pathogens. Health Care Quarterly: Volume 8, October 2005.

## **6. POLICY CONTACT:**

- 6.1 Associate Dean, Student Affairs, PGME Associate Dean, Student Affairs, UGME



## 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/ccdr-rmtc/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<sup>1</sup>;
    - 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.<sup>2</sup>

First Print STNDS/05-92  
 Revision STNDS/04-99  
 Revision STNDS/10-02  
 Revision COUNCIL/

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

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<sup>1</sup> 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.

<sup>2</sup> 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.