



## Operating Policy and Procedure

SOM OP: 40.08, Blood Borne Pathogen Infection Policy for Medical Students

PURPOSE: The purpose of this School of Medicine (SOM) Policy and Procedure is to promote patient safety while providing risk management and practice guidance to blood borne pathogen infected medical students.

REVIEW: This SOM Policy and Procedure will be reviewed within each even-numbered fiscal year by the Student Affairs Committee.

### POLICY/PROCEDURE:

1. General . This policy complies with the most current evidence contained within the SHEA (Society for Healthcare Epidemiology of America) and Centers for Disease Control (CDC) guidelines and recommendations for management of health care providers and students infected with Hepatitis B Virus, Hepatitis C Virus, and/or Human Immunodeficiency Virus.
2. Definitions .

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contact between the skin (usually a finger or thumb) of the student and sharp instruments,

- c. Students are ethically responsible to know their serological status with respect to blood borne pathogens and must report a positive test to the Associate Dean for Student Affairs who will inform appropriate SOM and TTUHSC personnel based on a “need to know” basis, and as outlined in this policy.
  - 1) Confidentiality regarding a student’s health status will be maintained to the greatest extent possible. An Expert Review Panel (defined in paragraph 6) may be consulted for guidance.
  - 2) Disclosure of student’s health status may be necessary if there is reason to believe the infected student has declined or failed to follow the provisions of this policy with respect to notification of appropriate personnel or otherwise fails to respond within a reasonable amount of time to a SOM recommendation in accordance with this policy.
- d. Students are expected to be in a state of health such that they may competently fulfill SOM curricular requirements, including patient care duties, without posing a risk to themselves or others.
- e. Students are obligated to comply with Hepatitis B immunization policies and other immunization requirements as outlined by the TTUHSC Office of Institutional Health.

Students are required to receive the Hepatitis B vaccine series and test positive on subsequent quantitativ.

6. Expert Review Panel.

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- e. Infected students may conduct exposure prone procedures (EPPs) if a low or undetectable viral load is documented through regular testing by the provider monitoring the student's disease status at least every six (6) months unless higher viral levels or other health circumstance requires more frequent testing (e.g. addition or modification of drug therapy testing). Viral load testing results should be submitted to the Expert Review Panel by the monitoring provider. Learning environment adjustments, restrictions, and subsequent monitoring, if warranted, will be recommended by the Expert Review Panel in accordance with the guidelines outlined in this policy and that information will be conveyed to the student by the Associate Dean of Student Affairs and/or the monitoring provider.
- f. No additional restrictions are recommended for infected medical students under the following circumstances (other than those outlined herein):
  - 1) The infected medical student follows the policies and procedures outlined by the SOM regarding clinical practice.
  - 2) The infected medical student maintains regular follow-up care and treatment as directed by a provider who has expertise in the management of his/her infection, (e.g. Infectious Disease physician or Hepatologist), allows his/her provider to communicate with the Expert Review Panel about the student's health status, and undergoes testing every six (6) months or as otherwise prescribed to demonstrate the maintenance of a viral b2.2 (l)3.(e )-12pen( of)-13.1 ( a12.1 (hi)3.1 ls)-8.1 ( a)1 ( e )-12. (ha)-12.3 (n t)213.2 (ho12.3 (e

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- 4) Percutaneous cardiac procedures (e.g., angiography and catheterization).
- 5) Percutaneous and other minor orthopedic procedures.
- 6) Subcutaneous pacemaker implantation.
- 7) Bronchoscopy.
- 8) Insertion and maintenance of epidural and spinal anesthesia lines.
- 9) Minor gynecological procedures (e.g. dilation and curettage, suction abortion, colposcopy, insertion and removal of contraceptive devices and implants, and collection of ova).
- 10) Male urological procedures, excluding transabdominal intrapelvic procedures.
- 11) Minor vascular procedures (embolectomy and vein stripping).
- 12) Amputations, including major limbs (e.g. hemipelvectomy and amputation of legs or arms) and minor amputations of fingers, toes, hands or feet.
- 13) Breast augmentation or reduction.
- 14) Minimum exposure plastic surgical procedures (e.g., liposuction, minor skin resection for reshaping, face lift, brow lift, blepharoplasty, and otoplasty) total and subtotal thyroidectomy and/or biopsy.
- 15) Endoscopic ear, nose and throat surgery and simple ear and nasal procedures such as stapedectomy, stapedotomy, and insertion of tympanotomy tubes.
- 16) Ophthalmic surgery.
- 17) Assistance with uncomplicated vaginal delivery.
- 18) Laparoscopic procedures.
- 19) Thoracoscopic procedures.
- 20) Nasal endoscopic procedures.
- 21) Routine arthroscopic procedures.
- 22) Plastic surgery.
- 23)

- 2) Cardiothoracic surgery, including valve replacement, coronary artery bypass grafting,



expected that the risk of a transmission event occurring is low and if an event were to occur, remedial action can further minimize the risk to the patient.

11. Resources.

- a. CDC recommendations for the Management of Hepatitis B Virus Infected Providers and Students. MMWR