



The College of Physicians and Surgeons of Prince Edward Island

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Blood Borne Viral Infections

The College of Physicians and Surgeons of PEI (the College) has a statutory mandate to protect the public, including, where possible, protection from the transmission of blood borne pathogens from registrant physicians.

The transmission of blood borne viral infections poses a risk to the health of both patients and physicians during the provision of medical care. This Policy is intended to safeguard the health of both patients and physicians in relation to blood borne viruses (BBVs).

The risk of transmission of BBVs from physicians to patients and vice versa is actually low. Under circumstances of routine medical care, registrants infected with a BBV pose no or a negligible risk to the public. The risk may be increased however, when a physician's BBV is unrecognized and untreated. This is why it is so important for physicians to know their status in regard to whether or not they are infected with a BBV, to help safeguard both physician and patient health, and public trust in the profession.

This Policy applies to all college registrants (including physicians, medical students, and postgraduate trainees) who perform exposure prone procedures (EPPs), who assist in performing EPPs and those who may be required to perform or assist in performing EPPs (e.g. emergency physicians) as these are procedures where there is a higher risk of BBV transmission.

This Policy sets the expectations for physicians with respect to reducing the risk of acquiring or transmitting a BBV, as well as expectations for physicians if they are exposed to a BBV, and if they test positive for a BBV.

Definitions:

Blood Borne Viruses (BBVs): Blood Borne Viruses specifically refer to hepatitis B virus (HBV), hepatitis C virus (HCV) and/or human immunodeficiency virus (HIV). However, as other blood borne viruses emerge in the future as pathogens that pose a risk of transmission to the patient and a risk to the health of the patient, they also should be included.

Exposure prone procedures (EPPs): Exposure prone procedures are invasive procedures where there is a risk that injury to the infected 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 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.

EPPs with documented risk of transmission include:

- 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, trans-vaginal, 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 the **Shea Guidelines – Health Canada's Guideline on the Prevention of Transmission of Blood Borne Viruses from Infected HealthCare Workers in Healthcare Settings 2019.**

Routine Practices: Routine practices and additional precautions refer to a set of practices designed to protect health-care workers and patients from infection caused by a broad range of pathogens including BBVs. These practices must be followed when caring for all patients at all times regardless of the patient's diagnosis. Key elements of routine practices include: point of care risk assessment, hand hygiene, use of barriers (e.g., personal protective equipment, such as 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.

Treating Physician: For the purpose of this Policy, the treating physician refers to the physician who is managing the care of the seropositive physician with respect to their infection with a BBV.

Policy:

1. All registrants (seropositive or seronegative for BBVs) must adhere to routine practices and additional precautions.
2. All registrants who participate in EPPs and who are not immune to HBV, and who have no medical contraindications to immunization, **must** be immunized against HBV. Post-vaccination testing for anti-HBs at one to twelve months is recommended. Physicians who do not respond to the vaccine are advised to seek expert advice on alternative measures to be taken to prevent infection with HBV.

Testing for BBVs

3. All registrants who intend to perform or assist in performing EPPs, and those who may be required to perform or assist in performing EPPs in the course of their day-to-day care (e.g., emergency room physicians), **must** be tested for HCV, HBV, and HIV **before** they commence, performing, or assisting in performing EPPs and after any exposure.
4. All registrants who participate in EPPs, or whose scope of practice may require them to participate in EPPs, **must** know their serological status and be tested at appropriate intervals: every 3 years for HCV and HIV, annually for HBV unless the physician has been confirmed immune to HBV, and whenever an unknown exposure occurs.
5. Registrants who have been exposed to bodily fluids of unknown status through an exposure (e.g., needle prick, splash onto mucous membranes or non-intact skin) must report such exposure so that appropriate tests, prophylaxis, counseling, treatment, vaccinations, and follow-up can be provided. Registrants also **must** seek and **must** follow appropriate expert advice regarding the nature and frequency of testing that is required to determine if they have been infected with one or more BBVs, and whether any post-exposure prophylaxis is necessary. Registrants are reminded of their ethical, professional and legal responsibilities to follow facility or health authority protocols following an exposure. The registrant should ensure that any person who may have

been exposed to their bodily fluids through the provision of medical care is informed of the transmission risks and offered appropriate testing and follow-up medical care. The individual who may have been the source of the transmission should not be identified.

Reporting Serological Status

6. All registrants who participate in EPPs and have tested positive for a BBV **must** report to the College as soon as is reasonably practical after learning of their status. It is not acceptable to wait to report their status on the next application for Annual Renewal. It is also recommended that those registrants who have tested positive for a BBV contact the Physician Health Program of the Medical Society of PEI.

Seropositive Physicians

7. Registrants who test positive for a BBV **should** seek medical care from a treating physician with expertise in the management of their infection. Those registrants who test positive for a BBV, who wish to perform or assist in performing EPPs **must** be under the care of a treating physician who has expertise in the management of their infection. This would also include registrants who perform procedures that may become EPPs and registrants who may be required to perform or assist in performing EPPs in the course of their day, even though they may not currently be performing them.
8. Registrants who have tested positive for a BBV must undergo regular testing, including viral loads, as recommended by their treating physician. The College may ask advice from an Expert Review Panel to assess whether modifications to the member's practice are warranted based upon the test of public protection.

Duty to Report

9. Treating physicians and other registrants are reminded of their mandatory duty to report to the Registrar those registrants who participate in EPPs, in circumstances where there are reasonable grounds to expect a risk of infection to patients or the public. When risk is uncertain, treating physicians may wish to seek the advice of an Infectious Disease specialist. If a seropositive physician were found to be putting patients at risk, the registrant would have to be reported to the College by the attending/treating physician(s), or by another registrant.

Confidentiality and Privacy

10. The right to privacy of the registrant should be upheld. The College respects the confidentiality and privacy of all information it receives or creates in the course of fulfilling its regulatory functions, including information about BBVs and physician health. All those who have access to information regarding a seropositive physician must know and understand their obligations regarding confidentiality and privacy. The right to privacy still applies if the infected HCW has died or has already been identified publicly. Every effort will be made to avoid revealing the identity or information that would allow deductive identification of the healthcare worker infected with a BBV.

Document History:

Revised and approved by the Council of the College of Physicians & Surgeons of Prince Edward Island: **February 15, 2022**

Approved by the Council of the College of Physicians & Surgeons of Prince Edward Island: **November 4, 2019**