



## POLICY ON STUDENTS INFECTED WITH BLOOD-BORNE PATHOGENS

**Dated:** *January 1, 2018*

**Supersedes:** *Policy on Students Infected With Blood-borne Pathogens* dated November 17, 2015

**References:** *Policy on Blood and Body Fluid Exposure (Needle Stick)* dated January 1, 2018 and *Policy on Students with Disabilities* dated August 22, 2014

### I. POLICY

It is the policy of New York Medical College (NYMC) and Touro College of Dental Medicine at NYMC (TCDM) to have standardized procedures for the management of students infected with blood borne pathogens because of the history of the potential risk of provider-to-patient transmission of blood borne pathogens.

### II. PURPOSE

To define the procedures for the management of students infected with blood borne pathogens.

### III. SCOPE

Students in the School of Medicine and in TCDM.

### IV. DEFINITIONS

- Blood borne pathogen: Blood borne pathogen is a microorganism in the blood that can cause illness in humans. For this policy, blood borne pathogens are limited to human immunodeficiency virus (HIV-1), hepatitis C virus (HCV) and hepatitis B virus (HBV).
- Standard Precautions: Infection prevention guidelines by the Centers for Disease Control and Prevention (CDC) based on the principle that all blood, body fluids, secretions (except sweat), excretions, non-intact skin and mucous membranes may contain transmissible infectious agents (ref 1). Standard precautions defines a set of practices for hand hygiene, safe injection practices and use of gloves, gown, mask, eye protection or face shield depending upon anticipated exposure.
- Provider to patient transmission risk: The risk that an infection will be acquired by a patient due to transmission of a pathogen from a health care provider. For blood borne pathogens, this risk depends upon 3 conditions: (a) the health care provider must have sufficient virus circulating in their bloodstream, (b) the health care provider must have an injury (e.g. puncture wound) or condition (e.g. non intact skin) that allows exposure of his/her blood to other infectious body fluids, (c) the provider's blood or infectious body fluid must come in direct contact with a patient's wound, traumatized

tissue, mucous membrane, or similar portal of entry during an exposure-prone procedure (ref 2).

- Exposure prone procedures: Procedures known or likely to pose an increased risk of percutaneous injury to a healthcare provider and thus pose a risk of blood borne virus transmission. Procedures have been classified as Category 1: minimal risk of blood-borne virus transmission; Category 2: procedures in which blood-borne virus transmission is theoretically possible but unlikely; Category 3: procedures in which there is a definite risk of blood-borne virus transmission (ref 3) (see Appendix 1).

## V. PROCEDURE(S)

1. Mandatory Infection Prevention and Control Training:
  - a. Before working with patients, all medical and dental students must complete course work or training in infection control practices in accordance with NYSDOH Public Health Law 239 (ref 4). The course must be a New York State Education Department approved syllabus and course provider.
  - b. The requirement above (section 1a) is particularly relevant to this policy because appropriate use of Standard Precautions and Infection Prevention practices is considered adequate to prevent transmission of blood borne pathogens from health care workers infected with blood borne pathogens. Situations requiring additional measures are detailed below in section 3.
2. Students identified with HIV-1, HCV or HBV:
  - a. In accordance with NYSDOH policy (3), mandatory screening of healthcare personnel for blood borne pathogens is not recommended.
  - b. Students may be identified as infected with HIV-1, HCV or HBV through disclosure in the medical history.
  - c. As part of the medical and vaccination history, all students are required to show documented immunity to HBV or to receive HBV vaccination. Students without serologic immunity to HBV who have received HBV vaccination are given a second series of HBV vaccination or evaluated for chronic HBV infection, in accordance with CDC guidelines (ref 5).
  - d. In the event of a possible exposure, students are tested for HIV-1, HCV and HBV infection in accordance with the Policy on Blood and Body Fluid Exposure (Needlestick).
  - e. Students may request voluntary testing for HIV-1 HCV and HBV infection at any time and are encouraged to seek testing if there is any potential exposure to a blood borne pathogen.
  - f. Students may disclose the presence of HIV-I, HCV or HBV infection to a NYMC Associate Dean of Student Affairs or TCDM Director of Student Affairs. In such a case, the student is informed that the

information will be disclosed to Health Services for further evaluation and management.

3. Management of Students Infected with HIV-1, HCV or HBV: Role of Health Services
  - a. Health Services will advise the student to have a viral load performed and, in the case of HBV infection, a Hepatitis e Antigen and Hepatitis e Antibody.
  - b. The student will be referred to an Infectious Diseases physician for ongoing management of HIV-1, HCV, or HBV or to a hepatologist for management of HCV, HBV if the student is not already under the care of such a provider.
  - c. In accordance with NYSDOH law, the infection will be reported as required by the Communicable Disease Reporting Requirements (ref 7).
  - d. The student will be advised to have a viral load performed every six months, to monitor the status of potential infectivity, in accordance with national guidelines (ref 2, 3).
  - e. Health Services will provide the student with a copy of the current NYSDOH policy statement (ref 6) and guidelines from the CDC (ref 2) and the Society of Health Care Epidemiologists of America (SHEA)
    - 3) regarding serial viral load tests and potential practice restrictions. In summary the current guidance is:
      1. In accordance with the NYSDOH, HIV-1, HCV or HBV infection alone does not justify limiting a healthcare worker's professional duties (ref 6).
      - u. Restriction of a healthcare worker's professional duties due to infection with HIV-1, HCV, or HBV infection is recommended based upon a viral load consistent with an increased risk of transmission, the performance of exposure-prone procedures, and other factors that may increase the risk of provider-to patient transmission such as poor infection control technique, exudative skin lesions, lack of adherence to proper technique, mental confusion, or a prior incident of transmission of a blood borne pathogen to a patient (ref 2,3,6).
  - f. Health Services will inform the student that there is a professional and ethical obligation to evaluate how the presence of a chronic HIV-1, HCV or HBV infection may affect clinical training, the care of patients and future career choice.
    1. Health Services will inform the student that all cases of students with HIV-1, HCV or HBV infection are disclosed to the NYMC Senior Associate Dean for Student Affairs or TCDM Director of Student Affairs in a de-identified manner. Disclosure of a de-identified student will lead to convening an Expert Review Panel. The responsibilities of the Expert Review

Panel is to review the viral load results and general clinical responsibilities of the student to determine if there is a need for any clinical practice modification or restriction, in accordance with published guidelines (ref 2,3).

- n. If the Expert Review Panel determines that a student will need a restriction of clinical activity, Health Services will inform the student of the need to disclose the student's name to the NYMC Senior Associate Dean for Student Affairs or TCDM Director of Student Affairs and will be required to submit an application for accommodations in accordance with the NYMC Policy on Students with Disabilities.

111. Students with a chronic blood-borne infection are required to seek career counseling. This process can be initiated when the student discloses the presence of HIV, HCV or HBV infection to the NYMC Senior Associate Dean for Student Affairs or TCDM Director of Student Affairs.

- 4. Role of Student Affairs, School of Medicine and TCDM:
  - a. To assist with provision of a clear understanding of the current state NYSDOH policy and national guidelines regarding health care workers with HIV-1, HCV, or HBV infection.
  - b. To convene an Expert Review Panel to review de-identified information regarding the student's viral load or other markers or clinical conditions indicative of infectivity and the clinical activities of the student. Members of such a panel may include, but are not limited to, persons who perform exposure prone procedures, contact personnel in particular clinical departments that perform exposure prone procedures, an Infection Control expert, an Infectious Diseases physician, a hepatologist, Health Services.
  - c. To provide appropriate career counseling and to provide guidance for any potential impact on clinical training in accordance with current guidelines.
  - d. General recommendations regarding participation in clinical activities:
    - i. Students should not be prohibited from participating in patient care activities solely on the basis of HIV-1, HCV or HBV infection.
    - ii. Restriction of a clinical activity may be required based upon high viral load in situations of exposure prone procedures (see Appendix 1).
    - iii. A documented lack of adherence to Standard Precautions may lead to a restriction in clinical activity.
  - e. On a cases by case basis, when needed, advise the student regarding the NYMC Policy on Students with Disabilities.
- 5. Responsibilities of the Student with HIV-I HCV or HBV infection:
  - a. To inform Health Services of the presence of HIV-1, HCV or

HBV infection.

- b. To complete the tests recommended by Health Services for further evaluation of HIV-1, HCV, or HBV infection. In the case of a blood or body fluid exposure, to complete the tests as outlined in the NYCM Blood and Body Fluid Exposure (Needle stick) policy.
- c. To seek appropriate career counseling.
- d. To meet with the NYMC Senior Associate Dean for Student Affairs or TCDM Director of Student Affairs if the Expert Review Panel determines any restriction of clinical activity is needed.
- e. To comply with any modification or restriction of clinical activity.

## VI. REFERENCES

### LCME Standard 12.8: Student Exposure Policies /Procedures

A medical school has policies in place that effectively address medical student exposure to infectious and environmental hazards, including:

- The education of medical students about methods of prevention.
- The procedures for care and treatment after exposure, including a definition of financial responsibility.
- The effects of infectious and environmental disease or disability on medical student learning activities.

All registered medical students (including visiting students) are informed of these policies before undertaking any educational activities that would place them at risk.

1. Siegel JD, et al. and the Healthcare Infection Control Practices Advisory Committee, 2007 Guideline for isolation precautions: Preventing transmission of infectious agents in healthcare setting.  
<http://www.cdc.gov/ncidod/dhgp/pdf/isolation>
2. Centers for Disease Control and Prevention. Updated recommendations for the management of hepatitis B virus-infected healthcare providers and students. *Morbidity and Mortality Weekly Report* 2012; 61 (RR-12): 1-12.
3. Henderson DK, Dembry L, Fishman NO, et.al. 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* 2010; 31: 3: 203-232.
4. Section 239 of the New York State Public Health Law- Course work or training in infection control practices.  
[https://www.health.ny.gov/regulations/public\\_health\\_law/section/239/](https://www.health.ny.gov/regulations/public_health_law/section/239/)
5. Centers for Disease Control and Prevention. CDC guidance for evaluating healthcare personnel for hepatitis B virus protection and for administering post exposure management. *Morbidity and Mortality Weekly Recommendations and Reports* 2013, 62:10.
6. New York State Department of Health. Appendix B; NYSDOH policy statement and guidelines to prevent transmission of blood-borne pathogens from infected health care personnel through medical/dental procedures.  
<http://www.health.ny.gov/publications/1852/appendb.htm>
7. New York State Sanitary Code (10NYCRR 2.10,2.14)

## **VII. EFFECTIVE DATE**

This policy is effective immediately.

## **VIII. POLICY MANAGEMENT**

- Responsible Executive: Dean for School of Medicine, Dean of Touro College of Dental Medicine
- Responsible Officer: Medical Director of Health Services; NYMC Senior Associate Dean for Student Affairs, TCDM Director of Student Affairs
- Responsible Office: Health Services; NYMC and TCDM Offices of Student Affairs

## APPENDIX 1

### **Categorization of Health Care-Associated Procedures According to Level of Risk for Blood-borne Pathogen Transmission (ref 3):**

#### **Category 1: Procedures with minimal risk:**

1. Regular history-taking and/or physical or dental examinations, including gloved oral examination with a mirror and/or tongue depressor and/or dental explorer and periodontal probe
2. Routine dental preventive procedures (e.g., application of sealants or topical fluoride or administration of prophylaxis), diagnostic procedures, orthodontic procedures, prosthetic procedures (e.g., denture fabrication), cosmetic procedures (e.g., bleaching) not requiring local anesthesia
3. Routine rectal or vaginal examination
4. Minor surface suturing
5. Elective peripheral phlebotomy
6. Lower gastrointestinal tract endoscopic examinations and procedures, such as sigmoidoscopy and colonoscopy
7. Hands-off supervision during surgical procedures and computer-aided remote or robotic surgical procedures
8. Psychiatric evaluations

#### **Category 2: Procedures for which blood-borne virus transmission is theoretically possible but unlikely:**

1. Locally anesthetized ophthalmologic surgery
2. Locally anesthetized operative, prosthetic, and endodontic dental procedures
3. Periodontal scaling and root planning
4. Minor oral surgical procedures (e.g., simple tooth extraction [i.e., not requiring excess force], soft tissue flap or sectioning, minor soft tissue biopsy, or incision and drainage of an accessible abscess)
5. Minor local procedures (e.g., skin excision, abscess drainage, biopsy, and use of laser) under local anesthesia (often under bloodless conditions)
6. Percutaneous cardiac procedures (e.g., angiography and catheterization)
7. Percutaneous and other minor orthopedic procedures
8. Subcutaneous pacemaker implantation
9. Bronchoscopy
10. Insertion and maintenance of epidural and spinal anesthesia lines
11. Minor gynecological procedures (e.g., dilatation and curettage, suction abortion, colposcopy, insertion and removal of contraceptive devices and implants, and collection of ova)
12. Male urological procedures (excluding transabdominal intrapelvic procedures)
13. Upper gastrointestinal tract endoscopic procedures
14. Minor vascular procedures (e.g., embolectomy and vein stripping)

15. Amputations, including major limbs (e.g., hemipelvectomy and amputation of legs or arms) and minor amputations (e.g., amputations of fingers, toes, hands, or feet)
16. Breast augmentation or reduction
17. Minimum-exposure plastic surgical procedures (e.g., liposuction, minor skin resection for reshaping, face lift, brow lift, blepharoplasty, and otoplasty)
18. Total and subtotal thyroidectomy and/or biopsy
19. Endoscopic ear, nose, and throat surgery and simple ear and nasal procedures (e.g., stapedectomy or stapedotomy, and insertion of tympanostomy tubes)
20. Ophthalmic surgery
21. Assistance with an uncomplicated vaginal delivery
22. Laparoscopic procedures
23. Thoracoscopic procedures
24. Nasal endoscopic procedures
25. Routine arthroscopic procedures
26. Plastic surgery
27. Insertion of, maintenance of, and drug administration into arterial and central venous lines
28. Endotracheal intubation and use of laryngeal mask
29. Obtainment and use of venous and arterial access devices that occur under complete antiseptic technique, using universal precautions, "no-sharp" technique, and newly gloved hands

**Category 3: Procedures for which there is definite risk of blood-borne virus transmission or that have been classified previously as "exposure-prone":**

1. General surgery, including nephrectomy, small bowel resection, cholecystectomy, subtotal thyroidectomy other elective open abdominal surgery
2. General oral surgery, including surgical extractions, hard and soft tissue biopsy (if more extensive and/or having difficult access for suturing), apicoectomy, root amputation, gingivectomy, periodontal curettage, mucogingival and osseous surgery, alveoplasty or alveoectomy, and endosseous implant surgery
3. Cardiothoracic surgery, including valve replacement, coronary artery bypass grafting, other bypass surgery, heart transplantation, repair of congenital heart defects, thymectomy, and open-lung biopsy
4. Open extensive head and neck surgery involving bones, including oncological procedures
5. Neurosurgery, including craniotomy, other intracranial procedures, and open-spine surgery
6. Non-elective procedures performed in the emergency department, including open resuscitation efforts, deep suturing to arrest hemorrhage, and internal cardiac massage
7. Obstetrical/gynecological surgery, including cesarean delivery,

hysterectomy, forceps delivery, episiotomy, cone biopsy, and ovarian cyst removal, and other transvaginal obstetrical and gynecological procedures involving hand-guided sharps

8. Orthopedic procedures, including total knee arthroplasty, total hip arthroplasty, major joint replacement surgery, open spine surgery, and open pelvic surgery
9. Extensive plastic surgery, including extensive cosmetic procedures (eg, abdominoplasty and thoracoplasty)
10. Transplantation surgery (except skin and corneal transplantation)
11. Trauma surgery, including open head injuries, facial and jaw fracture reductions, extensive soft-tissue trauma, and ophthalmic trauma
12. Interactions with patients in situations during which the risk of the patient biting the physician is significant; for example, interactions with violent patients or patients experiencing an epileptic seizure
13. Any open surgical procedure with a duration of more than 3 hours, probably necessitating glove change