

Policy 2.720
Graduate Medical Education Committee
Section
Resident Support/Conditions for Appointment
Subject
Residents with HIV, HCV, and infectious HBV
Policy Requirements
ACGME Institutional: IV.B. UAMS: Academic Affairs 2.2.6UAMS Medical Center Policies and Procedures: HR.4.02 and HR.4.03 UAMS Integrated Clinical Enterprise Communicable Disease Reporting: IP.PP.1.6
Version History
Date developed: 12/00 Replaces: policy of same, name, dated 12/00 Revisions Approved: 5/2003, 2/2005, 10/2007, 7/2010, 5/2014, 10/2020, 10/2021 Legal Review: 10/2020

Purpose

To delineate the procedure that a resident/fellow must follow when a resident/fellow is infected with human immunodeficiency virus (HIV), hepatitis B virus (HBV) or hepatitis C virus (HCV).

Definitions

Expert Review Committee: a group of physicians, including experts in the field of HIV, HBV or HCV, plus practitioners in the resident/fellow's specialty, plus any other physicians determined by the Arkansas State Medical Board. This committee acts on behalf of the Arkansas State Medical Board to clarify the infection control practices required and to determine a process for monitoring the infected individual.

Exposure-prone procedure: characteristics of exposure-prone procedures include an invasive procedure in which there is a risk of percutaneous injury to the practitioner by virtue of digital palpation of needle tip of other sharp instrument in a body cavity or the simultaneous presence of the practitioner's finger and a needle or other sharp instrument or object in a poorly visualized or highly confined anatomic site, or any other invasive procedure in which there is a risk of contact between blood or body fluids of the patient. Performance of exposure-prone procedures presents a recognized risk of percutaneous injury to the individual, and if such an injury occurs, the individual's blood may contact the patient's body cavity, subcutaneous tissues, and/or mucous membranes.

Policy

1. Reporting: Residents/fellows who are infected with HIV, HCV or who are HBV surface-antigen-positive must notify their Program Director and the Designated Institutional Official (DIO)/Associate Dean for Graduate Medical Education (GME). The resident/fellow must follow the procedures for reporting such information as outlined in the policies, rules, and regulations of the hospitals in which the resident/fellow rotates for his/her clinical education.

2. Health of the Resident: The resident/fellow must obtain medical evaluation, counseling and appropriate treatment concerning their own health status from their treating physician at least every 6 months. The counseling should include education as to the modes of transmission of blood borne pathogens, the risk of transmission, appropriate standards of personal hygiene, maintenance of health of the infected individual. Residents/fellows must permit the physician to provide a report to the Program Director about their health status.

Restrictions: Immediately upon notification that a resident is HIV, HCV or infectious HBV positive, the Program Director must contact the DIO/Associate Dean for GME. The DIO/ Associate Dean for GME will assemble the Expert Review Committee under the auspices of the Arkansas State Medical Board. The Program Director, in consultation with the Expert Review Committee, will establish guidelines for involvement in exposure-prone procedures and the restrictions to be placed on the resident/fellows' s work activities. The guidelines for participation in exposure-prone procedures must include:

- a. Advising the patient that the resident/fellow is seropositive for HBV, HCV or HIV;
- b. Advising the patient of the risk of transmission to the patient during the procedure;
- c. Obtaining the patient's written informed consent for the specific procedure to be performed and the patient's acknowledgement of 'a' and 'b' above; and,
- d. Disclosure of the seropositivity to each health practitioner who participates or assists in the exposure-prone procedure.

The Program Director, after reviewing the program requirements, will determine if the resident/fellow will be able to fulfill the requirements of the residency/fellowship program.

4. Confidentiality: If an infected resident/fellow reports their status as outlined in this policy, the persons who receive such report shall maintain the information in confidence, with further disclosure being limited to those with a need to know, who shall have the same duty of confidentiality. The resident/fellow should be aware that even though the disclosure will be limited, other residents, fellows and staff might become aware of the resident/fellow's health status due to the restrictions placed on their activities.

5. Attestation: The resident/fellow must sign an acknowledgment that he/she received, read, understands, and agrees to abide by this policy, as well as the policies of the campus and the hospitals through which the resident/fellow rotates.

6. Disciplinary Action: An infected resident/fellow who places any other person at risk for infection shall be subject to appropriate disciplinary measures, including dismissal.

7. Clinical activities outside of the residency/fellowship training program: When the resident/fellow receives an Arkansas State Medical license, the resident/fellow will be subject to the Regulations of the Medical Practices Act, which specify a similar process of counsel by an expert panel directed by the Arkansas State Medical Board for monitoring the individual's practice. In the event that the resident/fellow "moonlights", he/she must inform the expert panel and the clinical facility where those moonlighting activities are performed and abide by all HIV/HBV/HCV policies of that facility.