

Policy 2.1.9
UAMS COM Undergraduate Medical Education
Learning Environment
Title STUDENTS KNOWN TO BE INFECTED WITH A BLOOD BORNE PATHOGEN
LCME Element(s) 12.8 Student Exposure Policies/Procedures
Approved By UAMS COM Curriculum Committee
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Policy of Non-Discrimination in Admission and Retention of Students who are known to be infected with a Blood Borne Pathogen (with or without symptoms)

(This policy is does not relate to needle sticks or other contact with potentially contaminated body fluids. For guidance in those situations, refer to UAMS Medical Center Policies HR.4.01 and HR.4.05.)

Purpose

To provide guidance regarding management of students at the College of Medicine (COM) of UAMS who are infected with a blood borne pathogen (“infected students”). These agents include, but are not limited to Human Immunodeficiency Virus (HIV), Hepatitis C (HCV) and Hepatitis B (HBV). Each of these viruses is treatable with antiviral agents and suppression of the viral load is the goal of therapy.

Policy

- The COM has a commitment to provide the following:
- Protection of the individual rights of all members of the COM.
 - Education for all students and the COM community about blood borne diseases.
 - A humane response to those with a blood borne disease.
 - Reasonable precautions in order to maintain a safe environment on campus.

This policy is consistent with state and federal laws and has been developed with guidance from various national organizations and academic health care institutions, such as the *Centers for Disease Control and Prevention*; the *American College of Health Associations*; and the *American Public Health Association*. The Society for Healthcare Epidemiology of America (SHEA) has published guidelines for management of healthcare workers who are infected with Hepatitis B

virus, Hepatitis C virus, and/or Human Immunodeficiency Virus. (Infection Control and Hospital Epidemiology 31:203-232, 2010). This policy is also in compliance with recommendations from the CDC for health care workers and students with Hepatitis B virus, the most communicable of these viruses (MMWR 61 (No. RR-3):1-12, July 6, 2012).

Definitions:

Blood Borne Pathogen is an agent that is transmitted via blood and body fluid route. Most often HIV, HBV, and HCV are involved but other pathogens might include malaria, syphilis, human T-cell lymphotropic viruses, certain hemorrhagic fever viruses, or leptospirosis.

Blood Borne Disease is an infection known to be transmitted by blood, including but not limited to pathogens or agents as HBV, HCV, and HIV. Three factors must be present for transmission of these viruses in the health care setting, First, the health-care provider must be sufficiently viremic (i.e., have infectious virus circulating in the bloodstream). Second, the health-care provider must have an injury (e.g., a puncture wound) or a condition (e.g., non-intact skin) that allows exposure to his/her blood or other infectious body fluids. Third, the provider's blood or infectious body fluid must come in direct contact with a patient's wound, traumatized tissue, mucous membranes, or similar portal of entry during an exposure-prone procedure. The vast majority of HBV-infected health-care personnel pose no risk for patients because they do not perform activities in which both the second and third conditions are met. (MMWR 61 (No. RR-3):1-12, July 6, 2012).

Exposure Prone Invasive Procedures (EPIP) include those in which access for surgery is difficult or those in which needle stick injuries are likely to occur, typically in very closed and un-visualized operating spaces in which double gloving and the skin integrity of the operator might be compromised. These procedures are limited to major abdominal, cardiothoracic, and orthopedic surgery, repair of major traumatic injuries, abdominal and vaginal hysterectomy, vaginal deliveries, and major oral or maxillofacial surgery. Techniques that have been demonstrated to increase the risk of provider percutaneous injury and provider-to-patient exposure include digital palpation of a needle tip in a body cavity and/or simultaneous presence of a health care provider's fingers and a needle or other sharp device or object (e.g., bone spicule) in a poorly visualized or highly confined anatomic site. EPIPs are not ordinarily performed by students fulfilling the functions of a medical school education and should not be performed by students with a blood borne pathogen regardless of viral load unless otherwise instructed by the expert panel described below.

All Other Invasive and Noninvasive Procedures include those that pose low or no risk for percutaneous injury to a health care provider or, if a percutaneous injury occurs, it usually happens outside of a patient's body and generally does not pose a risk for provider-to-patient exposure. These include surgical and Ob /Gyn procedures that do not involve techniques for EPIPs as well as the use of needles or other sharp devices when the health care provider's hands are outside a body cavity (e.g., phlebotomy, placing peripheral and central intravascular lines, administering medication by injection, performing needle biopsy, or lumbar puncture).

Also included would be dental procedures other than major oral or maxillofacial surgery, insertion of tubes (e.g., nasogastric, endotracheal, rectal or urinary catheters), endoscopic or bronchoscopic procedures, internal examination with a gloved hand that does not include the use of sharp devices (e.g., vaginal, oral, and rectal examination), and procedures that involve physical touch (e.g., general physical or eye examinations or blood pressure checks).

General Guidelines and Procedures

Non-discrimination: In compliance with Sections 503 and 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, students living with blood borne diseases are to be treated like anyone else having a "disability" for purposes of admission and retention by the COM. The COM is committed to non-discrimination of disabled individuals and makes reasonable accommodations to enable them to complete their medical education. The COM has determined that students with suppressed viral load for HBV, HCV, and/or HIV may participate (as described below) in all activities other than EIPs. For students without suppression, the COM will make reasonable accommodations in the M.D. degree program for infected students so that they will be able to complete requirements for an M.D. degree. All students must meet the "Technical Standards for Admissions" detailed in the Annual Announcements and Curriculum (Bulletin) of the COM.

Screening for Blood Borne Pathogen Infections: The COM does not mandate testing for any student. However, the COM does encourage voluntary testing¹, because early identification of infection may minimize its transmission and allow early treatment which may prolong life expectancy and enhance quality of life.

Health of the Student: A student with a blood borne disease must report the infection to the Executive Associate Dean for Academic Affairs (or designee) for an evaluation. The student then must have physician for medical follow up as part of his/her medical care. The cost of laboratory or medical studies would be the responsibility of the student as would any medical illness during medical school. The student would be responsible for having the reports of laboratory or medical studies supplied to the Executive Associate Dean for Academic Affairs (or designee). The SHEA recommendations will be followed by the COM until or unless modifications by this body or the CDC are forthcoming. Students infected with HBV, HCV, and/or HIV must follow standard precautions including double gloving for procedures known to compromise glove integrity.

For students with HBV viral load of less than 5×10^3 GE (Genomic Equivalents) per ml, no restrictions (other than EIPs as above) apply as long as testing is performed twice a year and reported to the Executive Associate Dean for Academic Affairs of the COM (or designee). For students with HBV viral load of greater than 5×10^3 GE per ml, an expert panel as described below should review the practice of the student and the student should not perform procedures using sharps.

¹ Which may be obtained through confidential and anonymous testing facilities.

For students with HCV viral load of less than 5×10^3 GE per ml, no restrictions (other than EIPs as above) apply as long as testing is performed twice a year and reported to the Executive Associate Dean for Academic Affairs of the COM (or designee).

For students with HCV viral load of greater than 5×10^3 GE per ml, an expert panel as described below should review the practice of the student and the student should not perform procedures using sharps.

For students with HIV viral load of less than 5×10^2 GE per ml, no restrictions (other than EIPs as above) apply as long as testing is performed twice a year and reported to the Executive Associate Dean for Academic Affairs of the COM (or designee).

For students with HIV viral load of greater than 5×10^2 GE per ml, an expert panel as described below should review the practice of the student and the student should not perform procedures using sharps.

The student must waive physician/patient confidentiality and permit his/her private physician or Medical Director of Student/Employee Health (or designee) to provide a report to the Executive Associate Dean for Academic Affairs of the COM (or designee) containing information pertinent to the appropriateness of the student's continued clinical activities in the College, including information on viral load. For students with a blood borne pathogen, as described above, an expert panel must meet (regardless of the viral load) to review the practice of the student and must meet with the student to reinforce the need for Standard Precautions (e.g., double gloving, regular glove changes, use of blunt surgical needles, etc.). The panel may appropriately provide counseling about alternate procedures or specialty paths, especially for providers, students, residents, and others early in their careers, as long as this is not coercion or limitation (perceived or actual) of the provider or student. The members of the expert review panel may be selected from, but should not necessarily be limited to, the following (as appropriate for the specific student's situation): one or more persons with expertise in the student's desired specialty (if known); infectious disease and hospital epidemiology specialists; hepatitis specialists (if appropriate); the infected providers' occupational health, student health, or primary care physicians; ethicists; human resource professionals; hospital or school administrators; and legal counsel. Certain members of the panel should be familiar with issues relating to blood borne pathogens and their infectivity. This expert panel will give advice to the Executive Associate Dean for Academic Affairs of the COM (or designee) regarding any restrictions to be placed on the student's clinical activities, and which individuals supervising the student (whether at UAMS or at away rotations) should be told about the student's diagnosis and other health information concerning the student.

The student must consent to release of records related to the student's medical history to the program directors for the residency program(s) he/she enters following graduation. This information will include the nature of the illness, information on treatment and follow-up (to include compliance with prescribed treatment), results of relevant laboratory tests obtained during and after treatment, and any recommendations for ongoing treatment by the student's caregiver. Additionally, in the student's dean's letter, the following statement will appear: "This student had a medical issue during medical school. The student will provide details of this medical issue."

Treatment and Counseling Services: Students with blood borne diseases will be informed of the availability for voluntary and confidential treatment and counseling services through the COM. The COM encourages these students to seek regular counseling services, as well as regular appropriate health care treatments.

In order to remain enrolled in the COM, the student must sign the Statement of Agreement form stating that they have received, read, understand, and agree to abide by this policy, as well as the policies of the Campus and of the Hospital.



Executive Associate Dean for Academic Affairs

December 5, 2022

Date