

<b>Institutional Handbook of Operating Procedures</b>	
<b>Policy 8.1.1</b>	
Section: Health, Safety, and Security	Responsible Vice President: Executive Vice President/CEO Health System
Subject: Health and Safety	Responsible Entity: Healthcare Epidemiology

**I. Title**

*Policy and Guidelines on HIV, Hepatitis B, and Hepatitis C*

**II. Policy**

*Section 1: General*

The University of Texas Medical Branch at Galveston (UTMB) recognizes Human Immunodeficiency Virus (HIV) and Hepatitis B Virus (HBV) and Hepatitis C Virus (HCV) as serious public health threats and is committed to encouraging an informed and educated response to issues and questions concerning these infections.

The guidelines for [Health Care Workers](#) outlined in this document are based on The [Society for Healthcare Epidemiology of America \(SHEA\) Guideline \(1\) published in March, 2010](#):

Infected Health Care Workers who adhere to Standard Precautions and who do not perform invasive procedures pose virtually no risk for transmitting HIV, HBV or HCV to patients.

Infected Health Care Workers who adhere to Standard Precautions and who perform certain exposure-prone procedures may pose a small risk for transmitting HIV, HBV or HCV to patients.

HIV is transmitted much less readily than HBV or HCV.

There are 20 published studies that indicate a total of over 300 patients were infected with HBV in association with treatment by an HBV-infected Health Care Worker. These studies conclude that a combination of risk factors accounted for transmission of HBV from Health Care Workers to patients. Of the Health Care Workers whose hepatitis B e antigen (HBeAg) status was determined, all were HBeAg positive. The presence of HBeAg in blood serum is associated with higher levels of circulating virus and therefore with greater infectivity of hepatitis-B positive individuals; the risk of HBV transmission to Health Care Workers after a percutaneous (i.e., puncture through the skin) exposure to HBeAg-positive blood is approximately 30%.

The risk of HIV transmission to a Health Care Worker after percutaneous exposure to HIV-infected blood is considerably lower than the risk of HBV or HCV transmission after percutaneous exposure (0.3%). Thus, the risk of transmission of HIV from an infected Health Care Worker to a patient during an invasive procedure is likely to be proportionately lower than the risk of HBV or HCV transmission from an positive Health Care Worker to a patient during the same procedure.

*Section 2: Purpose and Scope*

2.01. This policy provides guidance for UTMB in complying with statues concerning human

immunodeficiency virus, and hepatitis B virus and hepatitis C virus. In addition, the medical, educational, legal, administrative, and ethical issues related to specific situations involving persons with HIV, HBV or HCV infections in the following areas are addressed:

- a. Administrative policies;
- b. Residence life;
- c. Health education;
- d. Testing for HIV, HBV or HCV infection;
- e. Confidentiality of information related to persons with HIV, HBV or HCV infection; and
- f. Patient care.

2.02. This policy is applicable to students, faculty, and employees of UTMB and shall be made available to students, faculty, and staff members by its inclusion in the student, faculty and personnel guides if practicable, or by any other method. All catalogs should state that the educational pamphlet described in Subsection 3.10(a) is available to students.

### III. General Policies

**3.01 Admissions to Schools.** The existence of HIV, HBV or HCV infection should not be considered in admissions decisions unless current scientific information indicates required academic activities will likely expose others to risk of transmission.

**3.02 Residential Housing.** Residential housing staff will not exclude HIV infected, HBV infected or HCV infected students from University housing and will not inform other students that a person with HIV, HBV or HCV infection lives in University housing.

**3.03 Employment.** The existence of HIV, HBV or HCV infection will not be used to determine suitability for employment by UTMB. If the position requires performance of [Category III](#) procedures as identified by the UTMB Expert Review Panel, the person would be permitted to perform [Category III](#) procedures if viral concentrations in their serum are at a safe level (see [Table 3](#)) and the UTMB Expert Review Panel has determined that the applicant can safely perform [Category III](#) procedures based on their assessment using the elements of safe practice in Table 3.

**3.04 Class Attendance.** A student with HIV, HBV or HCV infection should be allowed to attend all classes without restrictions, as long as the student is physically and mentally able to participate, perform assigned work, and poses no health risk to others.

**3.05 Health Care Workers and Students Assigned to Work Within Clinical Settings** Current information from investigations of HIV, HBV and HCV transmission from Health Care Workers to patients indicates that, when Health Care Workers adhere to recommended infection control procedures, the risk of transmitting HIV, HBV or HCC from an infected Health Care Worker to a patient is small, and the risk of transmitting HIV is likely to be even smaller; however, the likelihood of exposure of the patient to a Health Care Worker's blood is greater for certain invasive procedures designated as [Category III](#) procedures ([Table 1](#)). [Category III](#) procedures present a recognized risk of percutaneous injury to the Health Care Worker, and - if such an

injury occurs – the Health Care Worker’s blood is likely to contact the patient’s body cavity, subcutaneous tissues, and/or mucous membranes. To minimize the risk of HIV, HBV and HCV transmission from an infected Health Care Worker to a patient, the following measures will be followed:

- (a) All Health Care Workers must adhere to Standard Precautions, including the appropriate use of hand washing, protective barriers, and care in the use and disposal of needles and other sharp instruments. Health Care Workers who have exudative (oozing) lesions or weeping dermatitis (oozing inflammation of the skin) must refrain from all direct patient care and from handling patient-care equipment and devices used in performing invasive procedures until the condition resolves. Health Care Workers will also comply with current guidelines for disinfection and sterilization of reusable devices used in invasive procedures. UTMB shall provide annual training on the use of Standard Precautions.
- (b) Currently available data provide no basis for recommendations to restrict the practice of Health Care Workers infected with HIV, HBV or HCV who perform invasive procedures not identified as [Category III](#) procedures provided the infected Health Care Workers practice recommended surgical or dental technique and comply with Standard Precautions and current recommendations for sterilization/disinfection.
- (c) [Category III](#) procedures will be identified at UTMB by definitions in [Table 1](#).
- (d) Health Care Workers who perform [Category III](#) procedures should know their HIV, HBV and HCV status.

**3.06 Access to Facilities.** A person with HIV, HBV or HCV infection should not be denied access to UTMB because of HIV, HBV or HCV infection.

**3.07 Testing for HIV, HBV and HCV Infection.**

- (a) **Mandatory Testing.** No programs for mandatory HIV, HBV or HCV testing of employees, students, or patients will be undertaken without their consent unless authorized or required by law, court order, or as specified in this Subsection 3.07(a) or Subsection 3.07(h). A patient may be required to undergo HIV testing if the patient is scheduled for a medical procedure that the Texas Board of Health has determined may expose health care personnel to HIV infection if there is sufficient time to receive the test results before the procedure is conducted. A person may be required to undergo HIV testing to screen blood, blood products, body fluids, organs or tissues to determine suitability for donation.
- (b) **Voluntary Testing for HIV and Counseling.** UTMB should offer or refer students, faculty, and staff members for confidential or anonymous HIV counseling and testing services. All testing conducted by UTMB will include counseling before and after the test. Unless required by law, test results should be revealed to the person tested only when the opportunity is provided for immediate, individual, face-to-face counseling about:
  1. the meaning of the test result;

2. the possible need for additional testing;
3. measures to prevent the transmission of HIV;
4. the availability of appropriate health care services, including mental health care, and appropriate social and support services in the geographic area of the person's residence;
5. the benefits of partner notification; and
6. the availability of partner notification programs.

If a person with a positive HIV test result requests that his/her partner(s) be made aware of the possibility of exposure through a partner notification program, the post-test counselor will have the HIV-infected person sign a statement requesting assistance of a partner notification program. This statement will be made a permanent part of the person's medical record. A representative of UTMB will then request the local health department to contact the partner(s) identified by the HIV-infected person.

- (c) **Partner Notification.** A health care professional who knows a patient is HIV positive and now has actual knowledge of possible transmission of the virus to a third party will notify a partner notification program established by Texas Department of State Health Services (DSHS).
- (d) **Informed Consent for HIV Testing.**
- (i) Unless otherwise authorized or required by law, no HIV test should be performed without informed consent of the person to be tested.
  - (ii) Consent will be written on a separate form, or the medical record will document that the test has been explained and consent has been obtained. The consent form will state that post-test counseling will be offered or the medical record will note that the patient has been informed that post-test counseling will be offered.
- (e) **Reporting of Test Results.** HIV, HBV and HCV test results will be reported in compliance with all applicable statutory requirements, including the Communicable Disease Prevention and Control Act, Texas Health and Safety Code, §81.001.
- (f) **Conditions of HIV Testing of Employees at UTMB's Expense.** Employees will be informed that they may request HIV testing and counseling at UTMB's expense, if (1) The employee documents possible exposure to HIV while performing duties of employment; and (2) The employee was exposed to HIV in a manner that is capable of transmitting the infection as determined by guidelines developed in accordance with statements of the DSHS and Centers for Disease Control (CDC).
- (g) **Qualifying for Workers' Compensation Benefits.** State law requires that an employee who bases a workers' compensation claim on a work related exposure to HIV must provide a written statement of the date and circumstances of the exposure and document that within ten (10) days after the exposure, the employee had a test result that indicated absence of HIV infection. An employee who may have been exposed to HIV while performing duties of employment may not be required to be tested, but refusal to be tested may jeopardize workers' compensation benefits.
- (h) **Testing Following Potential Exposure to HIV, HBV or HCV.** UTMB should develop guidelines and protocol for employees and students who have been exposed to material that has a potential for transmitting HIV, HBV or HCV as a result of employment or educational assignments. Testing of employees or students exposed to such material should be done within ten (10) days after exposure and

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should be repeated after one (1) month. Testing for HIV also should be done after three (3) and six (6) months. These guidelines should follow DSHS, U.S. Public Health Service, and CDC guidelines.

In cases of exposure of an employee or student to another individual's ("Individual" in this paragraph) blood or body fluid, UTMB, at UTMB's expense, may test that Individual for HIV, HBV and HCV infection with or without the Individual's consent, provided that the test is performed under approved UTMB guidelines and procedures included in the UTMB Institutional Handbook of Operating Procedures that provide criteria for testing and that respect the rights of the person being tested. This includes post-test counseling as specified in Section 3.07(b).

If an HIV test is done without the Individual's consent, the guidelines must ensure that any identifying information concerning the Individual's test will be destroyed as soon as the testing is complete and the person who may have been exposed is notified of the result. Test results will be reported in compliance with all applicable statutory requirements, as specified in Section 3.07(d).

A UTMB law enforcement officer may request DSHS or a health authority duly authorized pursuant to the Local Public Health Reorganization Act, Tex. Health & Safety Code Ann., Chapter 121 (Vernon 1992), to order testing of another person who may have exposed the law enforcement officer to a reportable disease, including HIV infection. The request for such testing may be made only if the law enforcement officer experienced the exposure in the course of employment, if the law enforcement officer believes the exposure places the law enforcement officer at risk of the reportable disease, and the law enforcement officer presents to DSHS or the health authority a sworn affidavit that delineates the reasons for the request.

- 3.08 Confidentiality of Records.** Except where release is required or authorized by law, information concerning the HIV status of students, employees, or patients, and any portion of a medical record will be kept confidential and will not be released without written consent. HIV status in personnel files and Workers' Compensation files is to remain confidential and have the confidentiality status of medical records.
- 3.09 Education and Safety Precautions for Health Care Workers.** UTMB shall develop guidelines for Health Care Workers and students in the health professions concerning prevention of transmission of HIV, HBV and HCV and concerning Health Care Workers who have HIV, HBV and HCV infection. All Health Care Workers shall be provided instruction on Standard Precautions. Each Health Care Worker who is involved in direct patient care should complete an educational course about HIV, HBV or HCV infection based on the model education program and workplace guidelines developed by the DSHS and the guidelines of this policy.
- 3.10 Education.**
- (a) **General Employee Educational Pamphlet.** UTMB should provide each employee an educational pamphlet about methods of transmission and prevention of HIV infection. The pamphlet will be the DSHS educational pamphlet or a pamphlet based on the model developed by the DSHS. The pamphlet should be provided to new employees on the first day of employment and to all employees annually.
  - (b) **Information On Prevention Provided To Students.** UTMB should routinely offer students programs based on the model HIV education and

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prevention program developed by the TDH and tailored to the students' cultural, educational, language, and developmental needs. (2) UTMB student health center should provide information on prevention of HIV infection including:

1. The value of abstinence and long-term mutual monogamy
  2. Information on the efficacy and use of condoms
  3. State laws relating to the transmission of HIV and to conduct that may result in such transmission
- (c) The employee educational pamphlet will be available to students in request.
- (d) **Guidelines for Laboratory Courses.** UTMB should adopt safety guidelines to be applied in laboratory courses requiring exposure to material that has potential for transmitting HIV, HBV or HCV, and these guidelines should be distributed to students and staff prior to their coming in contact with such material.
- (e) **Education of Students Entering Health Professions.** UTMB medical, dental, nursing, health professions, counseling, and social work program curricula should include information about:
- (1) Methods of transmission and methods of prevention of HIV, HBV and HCV infection, including Standard Precautions;
  - (2) Federal and state laws, rules and regulations concerning HIV infection;
  - (3) The physical, emotional and psychological stress associated with the care of patients with terminal illnesses
- (f) All Health Care Workers providing direct patient care should have a complete series of hepatitis B vaccine prior to the start of direct patient care or complete the series as rapidly as is medically feasible, or should be able to show serologic confirmation of immunity to hepatitis B virus.
- (g) A Health Care Worker who is infected with HIV, HBV or HCV may not perform, or engage in activities that might require him or her to perform exposure-prone procedures unless the UTMB Expert Review Panel has counseled the Health Care Worker and has prescribed the circumstances under which such procedures may be performed.
- (h) A Health Care Worker infected with HIV, HBV or HCV who performs invasive, but not exposure-prone procedures as identified by the UTMB Expert Review Panel shall not have her or his practice restricted solely on the basis of HIV, HBV or HCV infection provided she or he adheres to Standard Precautions for infection control.
- (i) The actions and recommendations of the UTMB Expert Review Panel shall be reported to the President and to the Executive Vice Chancellor for Health Affairs and shall be presented to the System Review Panel.
- (j) Academic institutions without the human resources to establish component expert review panels may seek assistance from U.T. System Administration or a U.T. health component.
- (k) To permit the continued use of talents, knowledge, and skills of a Health Care Worker whose practice is modified due to infection with HIV, HBV or HCV, the worker should: (1) be offered opportunities to continue appropriate patient care activities, if practicable; (2) receive career counseling and job retraining; or (3) to the extent reasonable and practicable, be counseled to

enter an alternative curriculum, if the Health Care Worker is a student.

- (l) A Health Care Worker whose practice is modified because of HBV infection may request periodic redeterminations by the UTMB Expert Review Panel based upon change in the worker's GE/ml for HBV status due to resolution of infection or as a result of treatment.
- (m) All Health Care Workers should be advised that failure to comply with Section 3.05 will subject them to disciplinary procedures by their licensing entities, as well as by UTMB.

**3.11 Unemployment Compensation Benefits.** UTMB will inform employees via employee and faculty guides or other appropriate methods that state law provides that an individual will be disqualified for unemployment compensation benefits:

- (a) If the Texas Workforce Commission (TWC), formerly Texas Employment Commission (TEC), finds that the employee left work voluntarily rather than provide services included within the course and scope of employment to an individual infected with a communicable disease, including HIV. This disqualification applies if the employer provided facilities, equipment, training, and supplies necessary to take reasonable precautions against infection; or
- (b) If the TWC finds that the employee has been discharged from employment based on a refusal to provide services included within the course and scope of employment to an individual infected with a communicable disease, including HIV. This disqualification applies if the employer provided facilities, equipment, training and supplies necessary to take reasonable precautions against infection.

**3.12 Health Benefits.** No student or employee will be denied benefits or provided reduced benefits under a health plan offered through UTMB on the basis of a positive HIV test result.

#### **IV. Definitions**

Health Care Worker: A person who provides direct patient health care services pursuant to authorization of a license, certificate, or registration, or in the course of a training or education program.

UTMB Committee: A task force or institution-wide committee appointed by UTMB to oversee the development and implementation of educational programs related to HIV, HBV and HCV, and to advise the administration on policies regarding HIV, HBV and HCV. It is suggested that the committee include, as a minimum, representation from the faculty, the student body, and administrative areas such as housing services, health services, counseling services, and food services.

UTMB Expert Review Panel: A panel appointed by the President of UTMB to review instances of HIV, HBV or HCV infection in Health Care Workers and to identify exposure-prone procedures and to determine those circumstances, if any, under which a Health Care Worker who is infected with HIV, HBV or HCV may perform such procedures. The panel should be composed of experts who provide a balanced perspective and might include:

1. Health Care Worker's personal physician(s);
2. An infectious disease specialist and a hepatologist with expertise in the epidemiology of HIV, HBV and HCV transmission;
3. A health professional with expertise in the procedures performed by the affected Health Care Worker;

4. A hospital epidemiologist;
5. An occupational health specialist;
6. Human resources professional;
7. Person with legal and/or ethics expertise.

The functions of the Expert Review Panel are listed in [Table 2](#). Categorization of risk based on laboratory test results for healthcare personnel is shown in [Table 3](#). Specific issues that the Expert Review Panel should consider when providing advice to the infected healthcare provider are shown in [Table 4](#).

Elements of the Contract between an Infected Healthcare Provider and the Expert Review Panel are listed in [Table 5](#).

**System Review Panel:** A panel responsible for reviewing the actions of each UT System’s component’s expert review panel to assure uniform and consistent compliance with these guidelines and applicable statutes and regulations. The panel shall be composed of an expert in blood-borne infections (including HIV, HBV and HCV) from each health component institution appointed by the President and representatives from The U.T. System Office of Health Affairs, Office of Academic Affairs, and Office of General Counsel.

**V. Related UTMB Policies and Procedures**

[UTMB Healthcare Epidemiology Policies & Procedures Manual Policy 1.2, Bloodborne Pathogens \(BBP\) - Occupational Post-Exposure Chemoprophylaxis](#)

**VI. Additional References**

Henderson DK, Dembry L, Fishman NO, Grady C, Lundstrom T, Palmore TN, Sepkowitz KA, Weber DJ, for the Society for Healthcare Epidemiology of America. Infect Control Hosp Epidemiol 2010; 31:203-232

**VII. Dates Approved or Amended**

<i>Originated: 7/14/1998</i>	
<i>Reviewed with Changes</i>	<i>Reviewed without Changes</i>
1/31/2001	
3/18/2015	

**VIII. Contact Information**

Healthcare Epidemiology  
 (409) 772-3192  
 skshores@utmb.edu



Table 1.

### **Categorization of Healthcare-Associated Procedures According to Level of Risk for Bloodborne Pathogen Transmission**

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#### **Category I: Procedures with de minimis risk of bloodborne virus transmission**

- 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
- Routine dental preventive procedures (e.g., application of sealants or topical fluoride or administration of prophylaxis<sup>a</sup>), diagnostic procedures, orthodontic procedures, prosthetic procedures (e.g., denture fabrication), cosmetic procedures (e.g., bleaching) not requiring local anesthesia
- Routine rectal or vaginal examination
- Minor surface suturing
- Elective peripheral phlebotomy<sup>b</sup>
- Lower gastrointestinal tract endoscopic examinations and procedures, such as sigmoidoscopy and colonoscopy
- Hands-off supervision during surgical procedures and computer-aided remote or robotic surgical procedures
- Psychiatric evaluations<sup>c</sup>

Table 2.

#### **Functions of the Expert Review Panel**

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1. Evaluation of the infected provider's clinical status
  2. Assessment of the provider's viral burden data
  3. Assessment of the provider's experience and expertise
  4. Assessment of the procedures performed by the provider and the specific techniques used to perform these procedures
  5. Determination of the extent to which the provider adheres to accepted infection control precautions
  6. Provision of recommendations about the use of specific barriers, work practice controls, and infection prevention strategies for the conduct of specific procedures and assess the provider's willingness to adhere to these recommendations
  7. Provision of counseling to the provider about her or his ethical obligation to report a patient exposure, should one occur, and about the appropriate procedures to follow, should an exposure occur
  8. Develop and execute a contract between the infected provider and the Expert Review Panel and/or institution (see Table 2)
  9. In instances in which transmission is suspected, consider the potential for narcotics diversion
  10. Notify Risk Management should a breach in procedure or patient exposure occur
  11. Notification of the appropriate licensure board for breaches of the signed contract with the Expert Review Panel (if required by state regulations)
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Note. In instances in which an infected provider is not institutionally based, this responsibility should fall to the local or state health department (consonant with existing state laws).

**Table 3.**  
**Summary Recommendations for Managing Healthcare Providers Infected with Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and/or Human Immunodeficiency Virus (HIV)**

<b>Virus, Circulating viral burden</b>	<b>Categories of clinical activities<sup>a</sup></b>	<b>Recommendation</b>	<b>Testing</b>
<b>HBV</b>			
<10 <sup>4</sup> GE/mL	Categories I, II, and III	No restrictions <sup>b</sup>	Twice per year
≥10 <sup>4</sup> GE/mL	Categories I and II	No restrictions <sup>b</sup>	NA
≥10 <sup>4</sup> GE/mL	Category III	Restricted <sup>c</sup>	NA
<b>HCV</b>			
<10 <sup>4</sup> GE/mL	Categories I, II, and III	No restrictions <sup>b</sup>	Twice per year
≥10 <sup>4</sup> GE/mL	Categories I and II	No restrictions <sup>b</sup>	NA
≥10 <sup>4</sup> GE/mL	Category III	Restricted <sup>c</sup>	NA
<b>HIV</b>			
<5 x 10 <sup>2</sup> GE/mL	Categories I, II, and III	No restrictions <sup>b</sup>	Twice per year
≥5 x 10 <sup>2</sup> GE/mL	Categories I and II	No restrictions <sup>b</sup>	NA
≥5 x 10 <sup>2</sup> GE/mL	Category III	Restricted <sup>c</sup>	NA

Note. These recommendations provide a framework within which to consider such cases; however, each such case is sufficiently complex that each should be independently considered in context by the expert review panel (see text). GE, genome equivalents; NA, not applicable.

<sup>a</sup> See Table 1 for the categorization of clinical activities

<sup>b</sup> No restrictions recommended, so long as the infected healthcare provider (1) is not detected as having transmitted infection to patients; (2) obtains advice from an Expert Review Panel about continued practice; (3) undergoes follow-up routinely by Occupational Medicine staff (or an appropriate public health official), who test the provider twice per year to demonstrate the maintenance of a viral burden of less than the recommended threshold (see text); (4) also receives follow-up by a personal physician who has expertise in the management of her or his infection and who is allowed by the provider to communicate with the Expert Review Panel about the provider's clinical status; (5) consults with an expert about optimal infection control procedures (and strictly adheres to the recommended procedures, including the routine use of double-gloving for Category II and Category III procedures and frequent glove changes during procedures, particularly if performing technical tasks known to compromise glove integrity [e.g., placing sternal wires]), and (6) agrees to the information in and signs a contract or letter from the Expert Review Panel that characterizes her or his responsibilities (see text).

<sup>c</sup> These procedures permissible only when viral burden is <10<sup>4</sup> GE/mL.

<sup>d</sup> These procedures permissible only when viral burden is <5 x 10<sup>2</sup> GE/mL.

**Table 4.**

**Issues for the Hospital Epidemiologist and the Expert Review Panel to Consider When Providing Advice to Infected Healthcare Providers Regarding the Performance of Various Procedures**

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1. The precise procedures for which permission is sought, the historical risks for provider-to-patient bloodborne pathogen transmission associated with these procedures, the provider's experience with such procedures, and the likelihood of patient exposure to provider blood during these procedures
2. Gather evidence of the infected provider's skills, practices, and adherence to the institutional infection control plan (particularly with respect to Standard Precautions)
3. Investigate and discuss with the provider the availability of safer devices that will reduce the risk for patient exposures (eg, spring-loaded retractable needles, guards that shield dangerous tips, and blunted surgical needles)
4. Investigate and discuss the availability of barriers that will reduce the risks for exposures (eg, reinforced gloves, double gloves, gloves constructed of monofilament polymers or other materials resistant to tears, glove-liners, and other devices or materials to protect the provider's hands)
5. Discuss work process controls, such as the "hands free" technique in the operating room
6. Emphasize the need and ethical obligation to notify the hospital epidemiologist, immediate supervisor, or other individual, as detailed (or identified) in the contract, should a breach and/or patient exposure occur
7. Emphasize a detailed description of the process to be used in the event of breach of infection control procedures or a patient exposure

**Table 5.****Elements of Contract between an Infected Healthcare Provider and the Expert Review Panel**

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**Responsibilities of the healthcare provider**

1. Agrees to twice yearly follow-up by Occupational Medicine, including measurement of viral burden using tests specified by the panel
2. Agrees to twice yearly evaluations by a private physician who has expertise in the provider's specific blood-borne pathogen infection and agrees to have this physician discuss the results of these evaluations with the provider's Expert Review Panel
3. Agrees to formal training in infection control via a course identified by the infection control expert, or alternatively agrees to counseling by the infection control professional concerning the use of appropriate infection control procedures, safety devices and work practice controls
4. Agrees to follow the recommended procedures and practices identified in the previous item (responsibility 3)
5. Agrees to notify the occupational medicine or public health authority participating in the panel regarding any change in provider status that may increase risk to the patient (eg, new neurological findings, development of another contagious disease [eg, tuberculosis])
6. Acknowledges the ethical obligation to do so, and agrees to report instances immediately in which a patient exposure may have occurred to the hospital epidemiologist or to appropriate institutional/public health authorities identified in the contract, so that the potentially exposed patient may receive appropriate post-exposure management and counseling
7. If receiving treatment, agrees to continue treatment as prescribed and agrees to notify occupational medicine if the treatment regimen is modified for any reason
8. Agrees to re-evaluation by expert panel and revision of contract should clinical status or viral burden change

**Responsibilities of the institution and/or public health authorities**

1. Agrees to convene Expert Review Panel at least twice annually (see text) to assess provider's clinical and virologic status as well as the provider's ongoing performance and her or his ability to continue to perform requested procedures
2. Agrees to maintain provider's medical privacy and confidentiality
3. Agrees to develop and follow institutional or provider-based follow-up procedure for potential patient exposure that makes every effort to ensure practitioner confidentiality
4. *Panel participants should have no liability*
5. Develops process for notifying hospital Risk Management.

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**NOTE:** Some aspects of this contract may be mandated by state laws so the contract should carefully consider the legal requirements for the state in which the contract is being issued.

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**Category II: Procedures for which bloodborne virus transmission is theoretically possible but unlikely**

- Locally anesthetized ophthalmologic surgery
- Locally anesthetized operative, prosthetic, and endodontic dental procedures
- Periodontal scaling and root planing<sup>d</sup>
- 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)
- Minor local procedures (e.g., skin excision, abscess drainage, biopsy, and use of laser) under local anesthesia (often under bloodless conditions)
- Percutaneous cardiac procedures (e.g., angiography and catheterization)
- Percutaneous and other minor orthopedic procedures
- Subcutaneous pacemaker implantation
- Bronchoscopy
- Insertion and maintenance of epidural and spinal anesthesia lines
- Minor gynecological procedures (e.g., dilatation and curettage, suction abortion, colposcopy, insertion and removal of contraceptive devices and implants, and collection of ova)
- Male urological procedures (excluding transabdominal intrapelvic procedures)
- Upper gastrointestinal tract endoscopic procedures
- Minor vascular procedures (e.g., embolectomy and vein stripping)
- 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)
- Breast augmentation or reduction
- 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
- Endoscopic ear, nose and throat surgery and simple ear and nasal procedures (e.g., stapedectomy or stapedotomy, and insertion of tympanostomy tubes)
- Ophthalmic surgery
- Assistance with an uncomplicated vaginal delivery<sup>e</sup>
- Laparoscopic procedures
- Thoracoscopic procedures<sup>f</sup>
- Nasal endoscopic procedures<sup>g</sup>
- Routine arthroscopic procedures<sup>h</sup>
- Plastic surgery<sup>i</sup>
- Insertion of, maintenance of, and drug administration into arterial and central venous lines
- Endotracheal intubation and use of laryngeal mask
- 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 III: Procedures for which there is definite risk of bloodborne virus transmission or that have been classified previously as “exposure-prone”**

- General surgery, including nephrectomy, small bowel resection, cholecystectomy, subtotal thyroidectomy, other elective open abdominal surgery
- General oral surgery, including surgical extractions<sup>1</sup>, 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
- Cardiothoracic surgery, including valve replacement, coronary artery bypass grafting, other bypass surgery, heart transplantation, repair of congenital heart defects, thymectomy, and open-lung biopsy
- Open extensive head and neck surgery, involving bones, including oncological procedures
- Neurosurgery, including craniotomy, other intracranial procedures, and open-spine surgery
- Nonelective procedures performed in the emergency department, including open resuscitation efforts, deep suturing to arrest hemorrhage, and internal cardiac massage
- 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
- Orthopedic procedures, including total knee arthroplasty, total hip arthroplasty, major joint replacement surgery, open spine surgery, and open pelvic surgery
- Extensive plastic surgery, including extensive cosmetic procedures (e.g., abdominoplasty and thoracoplasty)
- Transplantation surgery (except skin and corneal transplantation)
- Trauma surgery, including open head injuries, facial and jaw fracture reductions, extensive soft-tissue trauma, and ophthalmic trauma
- 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
- Any open surgical procedure with a duration of more than 3 hours, probably necessitating glove change

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NOTE. Modified from Reitsma et al.<sup>1</sup>

<sup>a</sup> Does not include subgingival scaling with hand instrumentation.

<sup>b</sup> If done emergently (e.g., during acute trauma or resuscitation efforts), peripheral phlebotomy is classified as Category III.

<sup>c</sup> If there is no risk present of biting or of otherwise violent patients.

<sup>d</sup> Use of an ultrasonic device for scaling and root planning would greatly reduce or eliminate the risk for percutaneous injury to the provider. If significant physical force with hand instrumentation is anticipated to be necessary, scaling and root planning and other Class II procedures could be reasonably classified as Category III.

<sup>e</sup> Making and suturing an episiotomy is classified as Category III.

<sup>f</sup> If unexpected circumstances require moving to an open procedure (e.g., laparotomy or thoractomy), some of these procedures will be classified as Category III.

<sup>g</sup> If moving to an open procedure is required, these procedures will be classified as Category III.

<sup>h</sup> If opening a joint is indicated and/or use of power instruments (e.g., drills) is necessary, this procedure is classified as a category III.

<sup>i</sup> A procedure involving bones, major vasculature, and/or deep body cavities will be classified as Category III.

<sup>j</sup> Removal of an erupted or non-erupted tooth requiring elevation of a mucoperiosteal flap, removal of bone, or sectioning of tooth and suturing if needed.<sup>2</sup>