AIDS, HIV & Hepatitis B

**Audience**
All personnel in the Pulmonary Laboratories: Pulmonary Function Clinic, Bronchoscopy Service, Sleep Disorder Center and Center for Pulmonary Rehabilitation.

**Purpose**
To outline a plan for the prevention of exposure of hospital personnel to patients with either AIDS, HIV & Hepatitis B.

**Section 1: General**
The University of Texas Medical Branch at Galveston (UTMB) recognizes Human Immunodeficiency Virus (HIV) and Hepatitis B Virus (HBV) 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 (HCW’s) outlined in this document are based on the following statements from the recommendations issued by the Centers for Disease Control (CDC) on July 12, 1991:
- Infected HCW’s who adhere to universal precautions and who do not perform invasive procedures pose no risk for transmitting HIV and HBV to patients.
- Infected HCW’s who adhere to universal precautions and who do not perform invasive procedures pose no risk for transmitting HIV or HBV to patients.
- Infected HCW’s who adhere to universal precautions and who perform certain exposure-prone procedures may pose a small risk for transmitting HBV to patients.
- HIV is transmitted much less readily than HBV.

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 HCW. These studies conclude that a combination of risk factors accounted for transmission of HBV from HCW’s to patients. Of the HCW’s whose hepatitis Be 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 HCW’s after a percutaneous (i.e., puncture through the skin) exposure to HBeAg positive blood is approximately 30%.

The risk of HIV transmission to a HCW after percutaneous exposure to HIV-infected blood is considerably lower than the risk of HBV transmission after percutaneous exposure to HBeAg positive blood (0.3% versus approximately 30%). Thus, the risk of transmission of HIV from an infected HCW to a patient during an invasive procedure is likely to be proportionately lower than the risk of HBV transmission from an HBeAg positive HCW to a patient during the same
procedure. Unlike HBV infection, however, there is currently no readily available laboratory test for increased HIV infectivity.

Investigation of incidents of HIV infections among patients in the practice of one dentist with AIDS strongly suggested that HIV was transmitted to five of the approximately 850 patients evaluated through June 1991. The investigation indicates that HIV transmission occurred during dental care, although the precise mechanisms of transmission have not been determined. In two other studies, when patients who had been treated by a general surgeon and surgical resident who had AIDS were tested, all patients tested negative for HIV infection. In another study, patients treated by a dental student with HIV infection and who were later tested were all negative for HIV infection. Another investigation of patients whose surgical procedures had been performed by a general surgeon within 7 years before the surgeon was diagnosed as having AIDS failed to document transmission of HIV from the surgeon to the patients.

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Section 2: Purpose, Scope and Definitions

2.01 – This policy provides guidance for UTMB in complying with statues concerning AIDS, HIV and Hepatitis B. In addition, the medical, educational, legal, administrative and ethical issues related to specific situations involving persons with HIV or HBV infections in the following areas are addressed:

- Administrative policies;
- Residence life;
- Health education;
- Testing for HIV or HBV infection;
- Confidentiality of information related to persons with AIDS, HIV or HBV infection;
- 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.

2.03 – Definitions

(a) **Invasive procedure** – Surgical entry into tissues, cavities or organs; repair of major traumatic injuries; cardiac catheterization and angiographic procedures; a vaginal or cesarean delivery or other invasive obstetric procedures during which bleeding may occur; or the manipulation, cutting or removal of any oral or perioral tissues, including tooth structure, during which bleeding occurs or the potential for bleeding exists.

(b) **Exposure-prone procedure** – A procedure involving the contact of a HCW’s finger with a needle tip in a body cavity or the simultaneous presence of the HCW’s fingers and a needle of other sharp instrument or object in a poorly
visualized or highly confined area of the body. Such procedures pose a recognized risk of injury to the HCW that is likely to result in the HCW’s blood contacting the patient’s body cavity, subcutaneous tissues or mucous membranes.

(c) **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.

(d) **UTMB committee** – A task force or institution-wide committee appointed by UTMB to oversee the development and implementation of educational programs related to HIV and HBV, and to advise the administration on policies regarding HIV and HBV. 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.

(e) **UTMB expert review panel** – A panel appointed by the President of UTMB to review instances of HIV or HBV infection in HCW’s and to identify exposure-prone procedures and to determine those circumstances, if any, under which a HCW who is infected with HIV or is HBeAg positive may perform such procedures. The panel should be composed of experts who provide a balanced perspective and might include:

- HCW’s personal physician(s);
- An infectious disease specialist with expertise in the epidemiology of HIV and HBV transmission;
- A health professional with expertise in the procedures performed by the affected HCW;
- A member of UTMB’s infection control committee, preferably a hospital epidemiologist;
- An occupational health specialist

(g) **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 and HBV) from each health component institution appointed by the President and representatives from the UT System Office of Health Affairs, Office of Academic Affairs and Office of General Counsel.

(h) **HBeAg** – That portion of the hepatitis B virus, whose presence in the blood of a person correlates with higher levels of circulating virus and therefore with greater infectivity of that person’s blood; the presence of HBeAg in blood can be detected by appropriate testing.

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**Section 3: General Policies**
3.01 – **Admissions to Schools.** The existence of HIV or HBV 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 or HBV-infected students from university housing and will not inform other students that a person with HIV or HBV infection lives in university housing.

3.03 – **Employment.** The existence of HIV or HBV infection will not be used to determine suitability for employment by UTMB unless the position requires performance of exposure-prone procedures as identified by the UTMB Expert Review Panel.

3.04 – **Class Attendance.** A student with HIV or HBV 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 (HCW’s).** Current information from investigations of HIV and HBV transmission from HCW’s to patients indicates that when HCW’s adhere to recommended infection-control procedures the risk of transmitting HBV from an infected HCW 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 HCW’s blood is greater for certain invasive procedures designated as exposure-prone. Performance of exposure-prone procedures presents a recognized risk of percutaneous injury to the HCW, and – if such an injury occurs – the HCW’s blood is likely to contact the patient’s body cavity, subcutaneous tissues and/or mucous membranes. To minimize the risk of HIV or HBV transmission from an infected HCW to a patient, the following measures will be followed:

- All HCW’s must adhere to universal infection control precautions, including the appropriate use of hand washing, protective barriers and care in the use and disposal of needles and other sharp instruments. HCW’s who have exudative (oozing) lesions or weeping dermatitis (oozing inflammation of the skin) must refrain from direct patient care and from handling patient-care equipment and devices used in performing invasive procedures until the condition resolves. HCW’s will also comply with current guidelines for disinfection and sterilization of reusable devices used in the invasive procedures. UTMB shall establish procedures for monitoring compliance with universal precautions.
- Currently available data provide no basis for recommendations to restrict the practice of HCW’s infected with HIV or HBV who perform invasive procedures.
procedures not identified as exposure-prone, provided the infected HCW’s practice recommended surgical or dental technique and comply with universal infection control precautions and current recommendations for sterilization/disinfection.

- Exposure-prone procedures will be identified as TUMB by the UTMB Expert Review Panel.
- HCW’s who perform exposure-prone procedures should know their HIV and HBV status. Those infected with HBV also should know their HBeAg status.
- All HCW’s 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.
- A HCW who is infected with HIV or HBV (and is HBeAg positive) 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 HCW and has prescribed the circumstances under which such procedures may be performed. Continued performance of such procedures must include notifying a prospective patient or person legally authorized to consent for an incompetent patient that the HCW is infected with HIV or HBV and obtaining consent to perform a procedure before the patient undergoes an exposure-prone procedure. Such notification is not required in a medical emergency when there is insufficient time to locate another HCW to perform the exposure-prone procedure and to obtain consent without endangering the patient’s health.
- A HCW infected with HIV or HBV who performs invasive, but not exposure-prone procedures as identified by the UTMB Expert Review Panel shall not have his or her practice restricted solely on the basis of HIV or HBV infection provided he or she adheres to the universal precautions for infection control.
- 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.
- Academic institutions without the human resources to establish component expert review panels may seek assistance from UT System Administration or a UT health component.
- To permit the continued use of the talents, knowledge and skills of a HCW whose practice is modified due to infection with HIV or HBV, the worker should:
  o Be offered opportunities to continue appropriate patient care activities, if practicable;
  o Receive career counseling and job retraining;
  o To the extent reasonable and practicable, be counseled to enter an alternative curriculum, if the HCW is a student.
- A HCW 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 HBeAg status due to resolution of infection or as a result of treatment.
- All HCW’s 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.

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

3.07 – **Testing for HIV and HBV Infection. Mandatory Testing.** No programs for mandatory HIV or HBV testing of employees, student or patients will be undertaken without their consent unless authorized or required by law, court order or as specified in the 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 AIDS or 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.

**Voluntary Testing for HIV and Counseling.**

UTMB should offer or refer student, 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:

- The meaning of the test results;
- The possible need for additional testing;
- Measures to prevent the transmission of HIV;
- 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;
- The benefits of partner notification;
- 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.
Partner Notification.
A health care professional who knows a patient is HIV positive and who has actual knowledge of possible transmission of the virus to a third party will notify a partner notification program established by TDH.

Informed Consent for HIV Testing.
Unless otherwise authorized or required by law, no HIV test should be performed without informed consent of the person to be tested.

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.

Reporting of Test Results.
HIV and HBV 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.

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:
- The employee documents possible exposure to HIV while performing duties of employment;
- 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 Texas Department of Health (TDH) and Centers for Disease Control (CDC).

Qualifying for Worker’s 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 worker’s compensation benefits.

Testing Following Potential Exposure to HIV or HBV.
UTMB should develop guidelines and protocol for employees and students who have been exposed to material that has a potential for transmitting HIV or HBV 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 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 TDH, US Public Health Service and CDC guidelines. In case 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 and HBV infection with or with 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. 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.

A UTMB law enforcement officer may request TDH or a health authority duty 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 TDH 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 HCW’s and students in the health professions concerning prevention of transmission of HIV and HBV and concerning HCW’s who have HIV and HBV infection. All HCW’s shall be provided instruction on universal infection control precautions. Each HCW who is involved in direct patient care should complete an educational course about HIV and HBV infection based on the model education program and workplace guidelines developed by the TDH and the guidelines of the policy.

3.10 – Education. 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 TDH
educational pamphlet or a pamphlet based on the model developed by the TDH. The pamphlet should be provided to new employees on the first day of employment and to all employees annually.

**Information on Prevention Provided to Students.**
UTMB should routinely offer students programs based on the model HIV education and prevention program developed by the TDH and tailored to the students’ cultural, educational, language and developmental needs.

UTMB student health center should provide information on prevention of HIV infection including:
- The value of abstinence and long-term mutual monogamy;
- Information on the efficacy and use of condoms;
- State laws relating to the transmission of HIV and to conduct that may result in such transmission.

The employee educational pamphlet will be available to students in request.

**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 or HBV, and these guidelines should be distributed to students and staff prior to their coming in contact with such material.

**Education of Students Entering Health Professions.**
UTMB medical, dental, nursing, allied health, counseling and social work program curricula should include information about:
- Methods of transmission and methods of prevention of HIV and HBV infection, including universal infection control precautions;
- Federal and state laws, rules and regulations concerning HIV infection and AIDS;
- The physical, emotional and psychological stress associated with the care of patients with terminal illnesses.

**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:
- 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;
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.

**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.

**References**


This form documents the approval and history of the policies and procedures for the Pulmonary Function Laboratory. The Medical Director signs all policies verifying initial approval. Annually thereafter, the Director and/or designee may approve reviews and revisions.

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