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HEALTH SCIENCES CENTER
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El Paso - Ambulatory Clinic Policy and Procedure

Title: PREVENTION OF TRANSMISSION OF HEPATITIS B, C AND HIV FROM HCW TO PATIENT	Policy Number: EP 7.10
Regulation Reference: Joint Commission IC.02.03.01	Effective Date: 9/03/2009

Policy Statement:

TTUHSC EP provides guidance for the prevention of transmission of the blood borne pathogens (BBP): Hepatitis B, C and HIV during those invasive procedures considered to be exposure prone. This policy is not intended to prevent Health Care Workers (HCW) from participating in patient care activities solely based on their BBP infection.

Scope and Distribution:

This policy applies to and will be distributed to all TTUHSC- EP School of Medicine staff, students and clinics, also known as Texas Tech Physicians.

Definitions:

Health Care Worker: A person who furnishes direct patient care services under a license, certificate or registration issued by the state or a person providing direct patient care in the course of training or education.

Exposure Prone Procedure: A specific invasive procedure that poses a direct and significant risk of transmission of Hepatitis B, C, or HIV. Performance of exposure prone procedures presents a recognized risk of percutaneous injury to the Health Care Worker (HCW) and if such injury occurs, the HCW's blood is likely to contact the patient's body cavity, tissue, blood or mucous membranes.

Certain invasive surgical or dental procedures are already implicated in the transmission of blood borne infections from infected HCW's to patients. Examples include certain Cardiothoracic, Colorectal, Oral and Obstetric/ Gynecologic procedures. (i.e.: Vaginal Hysterectomy, Major Pelvic Procedure, Cardiac Surgery, etc.)

Characteristics of Exposure Prone Procedures

Include Digital Palpitation of a needle tip in a body cavity or the presence of the HCW's fingers and a needle or other sharps instrument or object in a poorly visualized or highly confined anatomic site.



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Invasive Procedure: A surgical entry into tissues, cavities or organs. Repair associated with: an operating or delivery room, emergency department or outpatient setting including a physician's or dentist's office; Cardiac Catheterization or angiographic procedures; vaginal or cesarean delivery or invasive obstetric procedure 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 has the potential to occur.

Procedure:

All Health Care Workers will adhere to Standard Precautions during all direct patient care encounters. HCW's with exudative lesions or weeping dermatitis will refrain from all direct patient care and handling of patient care equipment and devices used in performing invasive procedures until the condition resolves or the worker is cleared by Occupational Health.

- I. A HCW who is infected with Hepatitis B, C or HIV and is HBeAg positive may perform exposure prone procedures ONLY if the HCW has sought counsel from an expert review panel and been advised under what circumstances, if any, they may continue to perform exposure prone procedures.
 - A. HIV infected HCW's present an extremely small risk of transmission from provider to patient, therefore practice restrictions appear unwarranted. However, if a practitioner is implicated in a case or clusters of HIV transmission, he or she should be restricted from performing invasive procedures.
 - B. HBV infected HCW's who are e-antigen positive will be counseled by the expert panel about their heightened risk of transmission of the HBV. Double gloving should be done routinely. They should not perform exposure prone procedures.
 - C. HCV infected HCW's may be allowed to practice without restriction unless medical complications impair performance.
 - D. An expert panel will review the individual HCW's job description and provide counseling and requirements. The expert panel will include the Infection Control Committee Chairman, Occupational Health Nurse, a staff member knowledgeable regarding procedures performed by the HCW and any other staff member chosen by the Infection Control Committee Chairman. A second Infectious Disease Specialist and an outside consultant may be added to the panel at the discretion of the IC



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Chairman. The HCW's personal physician may be part of the panel if requested by the HCW or IC Chairman.

- (1) The expert panel review may require that the HCW receive medical management from a specialist in the field at their own expense with the intent to assure reduction of transmission risk.
 - (2) The expert panel may require follow up information from the treating physician regarding the infected HCW's current disease activity and fitness to perform job duties. At the time of the first expert panel review the decision to require follow up information will be made and explained.
 - (3) Discussion will be held with the HCW regarding notification of the need to know staff members regarding ability to perform the duties of the job and risk of infectivity to patients.
 - (4) The expert panel review and decision form (attachment A) will be completed to document the meeting discussion and decisions. A copy of this form will be given to the HCW and original placed in the HCW's confidential Occupational Health file.
- II. A HCW who is infected with Hepatitis B, C, or HIV [and is HBeAg positive?] who will not be performing Exposure Prone Procedures may be requested to meet with an Expert Panel or with Occupational Health staff. All items from ID may be required of the HCW. Patient notification following exposure by the HCW may be required.
- III. All proceedings and communications of the expert review panel and OH are confidential and release of information relating to HCW's BBP status will comply with current state law. The expert panel will notify the HCW if patient notification and consent prior to exposure prone procedures is required.
- IV. A HCW who knows or suspects that they are the source of a patient exposure will be obligated to report the incident and undergo BBP's testing.
- A. The HCW will report to the Infection Control Chairman, if available, or to the Infectious Disease Physician Consultant on call, the name of the patient exposed and circumstances of the exposure within one hour or less of the exposure.



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- B. The patient will be promptly notified about the exposure without disclosure of the HCW's name or exact circumstances of the exposure by the IC Chairman or designee.
 - C. The exposed patient will be notified about the source HCW's BBP test results by the IC Committee Chairman or designee.
 - D. The exposed patient will receive expert counseling regarding the implications of the exposure by the IC Committee Chairman or designee.
 - E. Patient will be offered effective post exposure prophylaxis as available.
 - F. Patient notification will be documented on attachment B: Patient Notification form. (Original to OH file, copy to patient)
- V. To promote continued use of the talents, knowledge and skills of HCW's whose practice is modified because of BBP infection the HCW will be provided opportunities to continue patient care activities if possible and will receive career counseling.
- VI. A HCW whose practice is modified because of BBP infection may request periodic redetermination by the expert review panel of any changes in their HBeAg status due to resolution of infection or as a result of treatment.
- VII. A HCW infected with a BBP who performs invasive procedures Not Identified as Exposure Prone will not have their practice restricted as long as the HCW adheres to Infection Control Standards.

*Attachments: A: Expert Panel Review and Decisions
B: Patient Notification of Exposure
C: Physician Attestation
D: Exposure Prone Procedures Listing*



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