



Physicians with Blood Borne Pathogens Mandatory Questions for Registration Renewal

Frequently Asked Questions 2011

Why is the College asking me about my serologic status?

The College's Physicians with Blood Borne Pathogens policy requires physicians who do exposure prone procedures (EPPs) to know their serologic status with regard to HIV, HBV and HCV and it articulates that physicians are obligated to contact the College if they have tested positive for a blood borne pathogen. We ask physicians questions about their serologic status on the annual renewal form to monitor their compliance with the policy and, ultimately, to protect patients from the harm caused by infection transmission from doctor to patient. While the likelihood of contracting an infection from doctor to patient is low, this has occurred in a small number of cases world-wide and the impact on patients is potentially devastating.

How do you define “exposure-prone” procedures?

The College has adopted the following definition of “exposure-prone” procedures from the Laboratory Centre for Disease Control (1998):

1. Digital palpation of a needle tip in a body cavity (a hollow space within the body or one of its organs) or the simultaneous presence of the health care worker's fingers and a needle or other sharp instrument or object in a blind or highly confined anatomic site (e.g., during major abdominal, cardiothoracic, vaginal and/or orthopaedic operations), or
2. Repair of major traumatic injuries, or
3. Manipulation, cutting or removal of any oral or perioral tissue, including tooth structures, during which blood from a health care worker has the potential to expose the patient's open tissue to a blood borne pathogen.

Can you provide examples of “exposure-prone” procedures?

The procedures for which there is definite risk of blood borne virus transmission according to the *SHEA Guideline for Management of Healthcare Workers who are Infected with Hepatitis B Virus, Hepatitis C Virus, and/or Human Immunodeficiency Virus* have been adopted by the College as procedures that are classified as “exposure-prone”:

- General surgery, including nephrectomy, small bowel resection, cholecystectomy, subtotal thyroidectomy, other elective open abdominal surgery;
- General oral surgery, including surgical extractions, 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.

View the complete *SHEA Guidelines* at

<http://www.cpsso.on.ca/members/membership/default.aspx?id=1874>

Can you provide examples of procedures that would NOT be considered “exposure-prone”?

The following are procedures with de minimis risk of blood borne virus transmission or for which transmission is theoretically possible but unlikely according to the *SHEA Guidelines* (excluding the dental-related procedures):

- Regular history-taking and/or physical examinations;

- Routine rectal or vaginal examination;
- Minor surface suturing;
- Elective peripheral phlebotomy – if done emergently, (e.g., during acute trauma or resuscitation efforts), peripheral phlebotomy is classified as an “exposure-prone” procedure;
- 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 (if there is no risk present of biting or of otherwise violent patients);
- Locally anesthetized ophthalmologic surgery;
- Locally anesthetized operative and prosthetic procedures;
- 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 (making and suturing an episiotomy is classified as an “exposure-prone” procedure);
- Laparoscopic procedures;
- Thoracoscopic procedures (if unexpected circumstances require moving to an open procedure – e.g., laparotomy or thoracotomy, some of these procedures will be classified as “exposure-prone”);
- Nasal endoscopic procedures (if moving to an open procedure is required, these procedures will be classified as “exposure-prone”);

- Routine arthroscopic procedures (if opening a joint is indicated and/or use of power instruments – e.g., drills, is necessary, this procedure is classified as “exposure-prone”);
- Plastic surgery (a procedure involving bones, major vasculature, and/or deep body cavities will be classified as “exposure-prone”);
- 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.

To view the complete *SHEA Guidelines*, see:

<http://www.cpso.on.ca/members/membership/default.aspx?id=1874>

What if I perform EPPs and don’t know my serologic status?

If you respond that you perform EPPs and you have not had your blood tested for HIV, HBV and HCV since April 2003, the College will contact you to remind you of our policy which requires physicians performing EPPs to know their personal serologic status. Physicians should know their status for their own health and to prevent exposing patients to unacceptable risks.

You will be given an opportunity to come into compliance with the policy. We will follow up with you to determine whether you continue to perform EPPs and whether you have been tested for blood borne pathogens. Physicians who do not know their serologic status and continue to perform EPPs despite an opportunity to comply with the policy may be investigated. An investigation may result in a referral to the Discipline Committee for a professional misconduct proceeding or a referral to the Fitness to Practise Committee for an incapacity proceeding.

What will happen if I do not answer the questions?

Successful renewal of your certificate of registration is dependent on:

1. Completion of the annual renewal form, and
2. Full payment of all fee amounts due.

The form must be **completed in full** and failure to do so **will result in it being returned to you as incomplete**. Failure to complete the form in full may result in suspension of your certificate of registration. If you choose to renew online, you cannot complete the renewal process electronically without completing the renewal form in full.

If you do not understand the questions on the renewal form or have any other questions, please contact the College's Physician Advisory Service at (416) 967-2606 or 1-800-268-7096 ext. 606 for clarification.

What if I have tested positive for a blood borne pathogen and do exposure prone procedures?

If you perform EPPs and are positive for HIV, HBV or HCV, you are obligated to declare this on the renewal form. The most likely outcome is that further information would be sought and your practice may be considered by a panel of peers and infectious disease experts to determine whether any precautions would be necessary to ensure patient safety. This would take place under the authority of a relevant College committee.

Will physicians who respond that they have tested positive for a blood borne pathogen and do exposure prone procedures be referred to the Discipline Committee?

Anyone who reports to us that they have tested positive will be treated with the utmost consideration. This is consistent with how we manage any matter that is health-related. We have a duty to the public and the profession to provide a program that will assess, support and monitor physicians who have been infected with a blood borne pathogen as they make choices that will enable them to continue practising medicine safely.

If a physician answers that he or she has tested positive for a blood borne pathogen, a panel of experts in the fields of infection control, infectious diseases, and public health, together with a peer physician will review the circumstances and evidence and make recommendations. To evaluate the severity of risk to a patient posed by an infected physician, several factors must be considered: the nature of the disease; the threshold of risk that is considered acceptable; the physician's own serologic status; and whether the risk of transmission is small enough to allow a surgeon to continue practising. If the risk posed is considered significant, a further consideration is made whether accommodations or restrictions, such as double-gloving or refraining from performing exposure-prone procedures, will prevent transmission or reduce the risk of transmission to an acceptable level. In instances where a voluntary limit on practice has already been established through a physician's hospital affiliation, this may circumvent the need for an expert panel.

Information about a seropositive physician's health is confidential and does not appear on the public register.

I am worried about the "expert panel" - what might they do to a doctor's practice?

An expert panel will be composed of physicians who are experts in the field of infection control, infectious diseases, public health, and a peer physician. The panel will review the specific circumstances and evidence and make recommendations. We intend to

assemble the very best experts to help assess the individual circumstances and determine how best to keep the physician in practice without jeopardizing public safety. In most cases, the expert panel will not know the identity of the individual physician but will review all of the details and make recommendations about whether the physician is safe to carry on as he or she is presently, whether some modifications to increase safety can be made to existing practices or whether some modification in scope of practice is necessary to ensure public safety.

For more information, contact the **Physician Advisory Service** at the College at:
feedback@cpsy.on.ca

Telephone

416-967-2606

1-800-268-7096 ext. 606

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