Physicians with Blood Borne Pathogens

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LEGISLATIVE REFERENCES: Regulated Health Professions Act, 1991
COLLEGE CONTACT: Physician Advisory Service
INTRODUCTION

Health care professionals and patients are concerned about the risk of transmission of infectious diseases from one to the other. The scientific literature indicates that the risk of transmission from health care worker to patient is low. However, there are known cases of transmission even after world-wide efforts to adopt universal precautions in surgical and medical settings.

For health-care regulators, this raises the question — what mechanisms should be put in place to decrease the risk of transmission to protect the health of the patient and the health professional?

PRINCIPLES

• Patients have a reasonable expectation that they will not knowingly be exposed to blood borne pathogens during the delivery of health care.
• Health care providers have a duty not to subject their patients to unacceptable risks.
• Health care providers who perform procedures in which there is a risk of transmission have a duty to know their serologic status.
• The estimation and assessment of risk must be founded on the best scientific evidence available.
• Individuals have fundamental human rights that limit the choice of measures to reduce the risk of transmission, such as the right to privacy and individual autonomy.
• Information about the serological status of individuals must be treated in strictest confidence.
• Individuals must not be subject to discrimination on the basis of their serological status.

SCOPE

This policy applies only to Hepatitis B, Hepatitis C and HIV at the present time. As new information becomes available, this policy may apply to other blood borne pathogens.

This policy applies only to physicians who are performing exposure-prone procedures. However, all physicians are strongly encouraged to undertake the prevention measures listed below.

Definitions

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.

**Prevention Mechanisms**

All practising physicians in Ontario should conscientiously and rigorously adhere to the principles of universal precautions in their practice. The College has prepared a practical guide for physicians entitled *Infection Control in the Physician’s Office* which is available free of charge from the College.

All practising physicians should be immunized against Hepatitis B, unless a contraindication exists. This is for their own protection and that of their patients.

A small number of individuals may not respond to the vaccine. Those individuals are strongly encouraged to seek additional or higher doses of vaccine or a different vaccine to make every effort to achieve seroconversion.

**Serologic Status**

All physicians performing exposure-prone procedures are ethically obligated to know their personal serologic status with regard to HBV, HIV and HCV. Physicians should know their status for their own health and to prevent exposing patients to unacceptable risks. Periodic testing is smart medicine.

**Testing Positive**

If a physician who performs exposure-prone procedures learns that he or she is positive for HBV, HIV or HCV, he or she is ethically obligated to contact the College for a review of whether his or her serologic status will have an effect on his or her medical practice. The College will take such steps as are necessary, as authorized by the legislation, to ensure that practice modifications, if any, that are appropriate to the situation are made. In doing so, the College will consult and receive advice from experts in the field.

It is the physician’s ethical obligation to follow these steps if he or she is performing exposure prone procedures: when a physician does not follow these steps, he or she is behaving unprofessionally.