

EAST CAROLINA UNIVERSITY

INFECTION CONTROL POLICY

HIV and /or Hepatitis B Infected Healthcare Workers

Former Policy name: ECU School of Medicine Policies Regarding HIV-Infected Employee or Students

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3.3.09

Approved By:

Chairman, Infection Control Committee

Infection Control Nurse

Vice Chancellor for Health Sciences

Director Office of Prospective Health

I. Purpose

- A. To establish compliance with North Carolina Administrative Code (10A NCAC 41A.0207) (Appendix A).
- B. To manage risk to ECU patients and employees.

II. Definitions used

- A. Surgical or obstetrical procedures means vaginal deliveries or surgical entry into tissues, cavities, or organs. The term does not include phlebotomy, administration of intramuscular, intradermal, or subcutaneous injections, needle biopsies, needle aspirations, lumbar punctures, angiographic procedures, endoscopic and bronchoscopic procedures, or placing or maintaining peripheral or central intravascular lines.
- B. Dental procedure means any dental procedure involving manipulation, cutting, or removal of oral or perioral tissues, including tooth structure during which bleeding occurs or the potential for bleeding exists. The term does not include the brushing of teeth.
- C. Healthcare worker means a licensed or unlicensed healthcare worker; or a student who performs surgical, obstetrical or dental procedures in training.
- D. Hepatitis B means chronic Hepatitis, typically of duration greater than 6 months.
- E. High-risk procedure includes those described in A & B.

III. Reporting of HIV or Hepatitis B

- A. Healthcare workers who perform surgical or obstetrical procedures or dental procedures and/or who assist with surgical or obstetrical procedures or dental procedures and who know themselves to be infected with HIV or Hepatitis B shall notify the State Health Director directly. The newly recognized persons may be referred by Prospective Health/Infection Control.
- B. The notification to the State Health Director shall be made in writing to the
Chief Communicable Disease Control Branch 1902
Mail Service Center
Raleigh, NC 27699-1902
Envelope should be marked **Confidential**.
- C. If the State Health Director determines that practice restrictions are necessary, an isolation order will be issued.

IV. Procedure For Follow-up of infected Health Care Workers

- A. Any healthcare worker who performs and assists with high risk procedure and knows themselves to be infected HIV or Hepatitis B, or who has received an isolation order from the NC State Health director or equivalent from any other

state shall notify ECU Prospective Health (ECU PH) and /or ECU Infection Control.

- B. If their expected or usual duties involve high risk surgical or obstetrical procedures or dental procedures as defined in the North Carolina Administrative Code, the employee or student will be counseled that an East Carolina University Panel may be convened to view their employment or curricular duties and to ensure that the NC Administration Code restrictions are implemented. The local panel will implement the isolation order and assess whether additional controls may be indicated due to local factors or institution-specific consideration.
- C. An ECU panel may include:
 - 1. ECU Prospective Health Physician or designee.
 - 2. Chairman of the ECU Infection Control Committee and/or member of the Infectious Diseases Section (Medicine or Pediatrics).
 - 3. ECU Infection Control Nurse.
 - 4. Department Chair or Supervisor.
 - 5. University Attorney or BSOM Risk Management.
 - 6. Academic officer of the school of an infected student.
 - 7. Curriculum Committee of an infected student.
 - 8. Others as needed.
- D. The ECU panel will:
 - 1. Review the isolation order, if any, from the State Health Director.
 - 2. Ensure that conditions set out in the order will be met at ECU.
 - 3. Review factors such as:
 - a. Risk of transmission to patients.
 - b. Practice, skills, and clinical condition of the infected healthcare worker.
 - c. Infection control techniques used in these procedures.
 - 4. Determine whether additional institutional restrictions are needed.
 - 5. Identify one or more healthcare professionals to periodically review the clinical condition and practice of the healthcare worker, when local review and follow up is requested in the State Health Director's isolation order.
- E. The healthcare worker will:
 - 1. Comply with the practice parameters set by the ECU panel.
 - 2. Contact the State Health Director and obtain approval before making a change in practice involving surgical, obstetrical or dental procedures; or when graduating from school.
 - 3. Inform ECU of any changes or modifications made by the State Health Director regarding their isolation order or plan.
- F. Other institutional policies may apply if the healthcare worker practices high risk procedures at Vidant Health or other non-ECU setting which requires disclosure. The ECU panel or Prospective Health may assist in the

interface with such institutions, as indicated especially for students.

- G. Required ECU immunization schedule may be modified based on the healthcare workers clinical condition.

V. Other Issues

- A. If the employee or student's condition should progress to the point that they are no longer able to perform their essential job functions, or meaningfully participate in training, or if they require additional accommodations, Human Resources or School-specific policies regarding illness and medical leave should be followed.
- B. If any employee or student has concerns about HIV or Hepatitis in the workplace, they may request general information from ECU Infection Control or Prospective Health.
- C. The confidentiality of the infected healthcare worker will be maintained consistent with applicable laws, statutes and institutional policy. Protected health information will be limited to those with a valid need to know. Information released will be limited to the minimal extent required to ensure implementation of the isolation order or institutional restrictions. For example, a supervisor may need to know that certain practices will be followed, but not the specific details of the medical condition triggering that requirement.

Appendix A

10A NCAC 41A .0207 HIV AND HEPATITIS B INFECTED HEALTH CARE WORKERS

- (a) The following definitions shall apply throughout this Rule:
- (1) "Surgical or obstetrical procedures" means vaginal deliveries or surgical entry into tissues, cavities, or organs. The term does not include phlebotomy; administration of intramuscular, intradermal, or subcutaneous injections; needle biopsies; needle aspirations; lumbar punctures; angiographic procedures; endoscopic and bronchoscopic procedures; or placing or maintaining peripheral or central intravascular lines.
 - (2) "Dental procedure" means any dental procedure involving manipulation, cutting, or removal of oral or perioral tissues, including tooth structure during which bleeding occurs or the potential for bleeding exists. The term does not include the brushing of teeth.
- (b) All health care workers who perform surgical or obstetrical procedures or dental procedures and who know themselves to be infected with HIV or hepatitis B shall notify the State Health Director. Health care workers who assist in these procedures in a manner that may result in exposure of patients to their blood and who know themselves to be infected with HIV or hepatitis B shall also notify the State Health Director. The notification shall be made in writing to the Chief, Communicable Disease Control Branch, 1902 Mail Service Center, Raleigh, NC 27699-1902..
- (c) The State Health Director shall investigate the practice of any infected health care worker and the risk of transmission to patients. The investigation may include review of medical and work records and consultation with health care professionals who may have information necessary to evaluate the clinical condition or practice of the infected health care worker. The attending physician of the infected health care worker shall be consulted. The State Health Director shall protect the confidentiality of the infected health care worker and may disclose the worker's infection status only when essential to the conduct of the investigation or periodic reviews pursuant to Paragraph (h) of this Rule. When the health care worker's infection status is disclosed, the State Health Director shall give instructions regarding the requirement for protecting confidentiality.
- (d) If the State Health Director determines that there may be a significant risk of transmission of HIV or hepatitis B to patients, the State Health Director shall appoint an expert panel to evaluate the risk of transmission to patients, and review the practice, skills, and clinical condition of the infected health care worker, as well as the nature of the surgical or obstetrical procedures or dental procedures performed and operative and infection control techniques used. Each expert panel shall include an infectious disease specialist, an infection control expert, a person who practices the same occupational specialty as the infected health care worker and, if the health care worker is a licensed professional, a representative of the appropriate licensure board. The panel may include other experts. The State Health Director shall consider for appointment recommendations from health care organizations and local societies of health care professionals.
- (e) The expert panel shall review information collected by the State Health Director and may request that the State Health Director obtain additional information as needed. The State Health Director shall not reveal to the panel the identity of the infected health care worker. The infected health care worker and the health care worker's attending physician shall be given an opportunity to

present information to the panel. The panel shall make recommendations to the State Health Director that address the following:

- (1) Restrictions that are necessary to prevent transmission from the infected health care worker to patients;
- (2) Identification of patients that have been exposed to a significant risk of transmission of HIV or hepatitis B; and
- (3) Periodic review of the clinical condition and practice of the infected health care worker.

(f) If, prior to receipt of the recommendations of the expert panel, the State Health Director determines that immediate practice restrictions are necessary to prevent an imminent threat to the public health, the State Health Director shall issue an isolation order pursuant to G.S. 130A-145. The isolation order shall require cessation or modification of some or all surgical or obstetrical procedures or dental procedures to the extent necessary to prevent an imminent threat to the public health. This isolation order shall remain in effect until an isolation order is issued pursuant to Paragraph (g) of this Rule or until the State Health Director determines the imminent threat to the public health no longer exists.

(g) After consideration of the recommendations of the expert panel, the State Health Director shall issue an isolation order pursuant to G.S. 130A-145. The isolation order shall require any health care worker who is allowed to continue performing surgical or obstetrical procedures or dental procedures to, within a time period specified by the State Health Director, successfully complete a course in infection control procedures approved by the Department of Health and Human Services, General Communicable Disease Control Branch, in accordance with 10A NCAC 41A .0206(e). The isolation order shall require practice restrictions, such as cessation or modification of some or all surgical or obstetrical procedures or dental procedures, to the extent necessary to prevent a significant risk of transmission of HIV or hepatitis B to patients. The isolation order shall prohibit the performance of procedures that cannot be modified to avoid a significant risk of transmission. If the State Health Director determines that there has been a significant risk of transmission of HIV or hepatitis B to a patient, the State Health Director shall notify the patient or assist the health care worker to notify the patient.

(h) The State Health Director shall request the assistance of one or more health care professionals to obtain information needed to periodically review the clinical condition and practice of the infected health care worker who performs or assists in surgical or obstetrical procedures or dental procedures.

(i) An infected health care worker who has been evaluated by the State Health Director shall notify the State Health Director prior to a change in practice involving surgical or obstetrical procedures or dental procedures. The infected health care worker shall not make the proposed change without approval from the State Health Director. If the State Health Director makes a determination in accordance with Paragraph (c) of this Rule that there is a significant risk of transmission of HIV or hepatitis B to patients, the State Health Director shall appoint an expert panel in accordance with Paragraph (d) of this Rule. Otherwise, the State Health Director shall notify the health care worker that he or she may make the proposed change in practice.

(j) If practice restrictions are imposed on a licensed health care worker, a copy of the isolation order shall be provided to the appropriate licensure board. The State Health Director shall report violations of the isolation order to the appropriate licensure board. The licensure board shall report to the State Health Director any information about the infected health care worker that may be relevant to the risk of transmission of HIV or hepatitis B to patients.

*History Note: Authority G.S. 130A-144; 130A-145;
Eff. October 1, 1992;
Amended Eff. April 1, 2003.*