



Title: Medical Students with Blood Borne Pathogen Infection

Effective Date: April 6, 2009
Last Updated: June 7, 2013

The following are responsible for the accuracy of the information contained in this document

**Responsible Policy Administrator:
Assistant Dean for Student Advising**

**Responsible Department:
Office of Student Affairs**

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Policy Statement

The University of Massachusetts Medical School (UMMS) recognizes its duty to minimize the risk of transmission of blood-borne pathogens by individuals studying at the University. UMMS also recognizes its duty to provide a study and work environment which is free from discrimination. The policy which follows has been developed to ensure that UMMS acts in a manner consistent with these two duties.

This policy is based on currently available evidence from the medical literature and position papers from discipline-specific organizations. Revision of this policy may occur from time to time in light of new scientific evidence.

Reason for Policy

The intent of this policy is to limit the possibility of transmission of blood-borne pathogens by infected students within both the educational and clinical setting. UMMS recognizes, however, that it is not possible to completely eliminate the risk of infection.

Entities Affected By This Policy

- ◆ Medical Students
- ◆ Patients who have medical students involved in their care
- ◆ Faculty and administrators supervising the education of medical students
- ◆ Medical providers at UMMS Student Health Service

Related Documents

Henderson, D.K., Dembry, L., Fishman, N.O., et. al.; **SHEA Guideline for Management of Healthcare Workers Who Are Infected with Hepatitis B Virus, Hepatitis C Virus, and/or Human Immunodeficiency Virus**; *Infection Control and Hospital Epidemiology*; 2010; 31:3, 203-232.

Centers for Disease Control and Prevention; **Updated CDC Recommendations for the Management of Hepatitis B Virus-Infected Health-Care Providers and Students**; *MMWR*; 2012; 61: 3.

Scope

This policy applies to all medical students enrolled in UMMS sponsored educational programs, including both UMMS students as well as visiting students.

Responsibilities

- The Assistant Dean of Student Advising ensures that infected students follow this policy, monitors their academic program, and provides them with ongoing career guidance.
- The ADA Student Coordinator, working with the Assistant Dean of Student Advising, approves, implements, and monitors educational accommodations for infected students.
- The Office of Admissions requires all matriculating students to sign a statement indicating that they understand and agree to follow this policy.
- The Student Health Service confirms that all infected students are receiving appropriate medical care.

Procedures

1. General Considerations.

To decrease their risk of acquiring or transmitting blood-borne pathogens, all UMMS students involved in patient care will receive training in the principles of Standard Precautions. They will be expected to adhere to those principles at all times within educational and clinical settings. Any student who believes that they may have exposed others to their blood or bodily fluids in a clinical situation has a professional responsibility to notify the attending physician or supervising faculty member and to comply with the applicable reporting and follow-up policies and protocols of the clinical site where the incident occurred. As professionals concerned with the health of others, it is strongly recommended that students involved in such incidents consent to undergoing diagnostic testing for blood-borne pathogens as defined below.

2. Admission to the Medical School.

An applicant's HBV, HCV, or HIV serologic status will have no impact on consideration for admission to UMMS.

3. Immunization.

UMMS students are expected to undergo HBV immunization as a condition of admission unless they are (a) already known to be seropositive or (b) can provide proof of prior effective immunization-with adequate HBV surface antibody titers. If a student has undergone immunization prior to or on admission to the medical school and remains seronegative, the student will be expected to receive a single booster dose of HBV vaccine and will be retested no sooner than six weeks after that immunization. If still seronegative, the two additional doses of the HBV vaccine will be administered. Should the subsequent HBV surface antibody titer measurement remain negative, then testing for HBV surface antigen will be performed. Students who are found to be HBV surface antigen positive, will be advised to followup with the Student Health Service (see 6. UMMS Student Health Service responsibilities).

4. Visiting Students

Students from other institutions visiting UMMS for clinical rotations must submit serologic confirmation of HBV surface antibody immunity to the UMMS Office of Student Affairs at the time of application. If, despite undergoing the complete HBV immunization series, a visiting student remains seronegative for HBV surface antibody, then the student needs to provide documentation of HBV surface antigen status.

Students who are infected with a blood-borne pathogen must avoid circumstances in which they could potentially transmit their infection to others. It is therefore the professional responsibility of visiting students who are infected with blood-borne pathogens to self identify and report their infection status to the Assistant Dean for Student Advising at least 2 months prior to starting a rotation at UMMS. If, based on current established guidelines, a student is deemed as a significant risk for infecting others with a blood-born pathogen, that student will not be permitted to do rotations in any fields involving exposure-prone procedures.

5. Other Serologic Testing.

UMMS or visiting students are not required to undergo serologic testing for HIV or HCV. However, it is the professional responsibility of the student who may be at risk for HIV or HCV infection to ascertain his/her own serostatus for these infections.

6. UMMS Student Health Service Responsibilities.

UMMS students infected with a BBP may come to the attention of UMMS student health service (SHS). It is the responsibility of the SHS:

- a) To confirm that the infected student is receiving adequate medical and psychological care, either at the SHS or with the student's personal physician.
- b) To assist with providing, arranging, and coordinating such care if necessary.
- c) To advise the student of precautions to be taken to prevent transmission of their BBP infection, both in terms of patient care activities as well as general lifestyle considerations.

- d) To advise the student of signs of possible progression of their disease that would interfere with his/her physical or emotional ability to fulfill educational requirements.
- e) To review the UMMS policy regarding students with blood-borne pathogen infection including explaining the expectation that the student self-identify to the Assistant Dean of Student Advising.
- f) To explain that, as a medical provider involved with the student's health care, the SHS adheres to HIPAA guidelines and will not discuss the student's medical condition without the student's permission.

In addition, the SHS, or the student's personal physician, may be expected to perform semi-annual follow-up evaluations of infected students in order to furnish the UMMS BPP Review Panel (see section 10 below) with an update on any changes in the student's degree of infectivity (e.g., viral load, etc.) as well as a statement of written medical clearance ensuring that the student's BBP disease has not progressed to the point of limiting the student's educational capabilities as described in the UMMS Technical Standards.

7. Notification.

Medical students who are infected with HBV, HCV, or HIV have a professional responsibility to self identify their serologic status to the Assistant Dean of Student Advising who is officially designated to oversee the educational program of students who have a BBP infection. Such notification should occur upon enrollment. If a student is diagnosed with a BBP infection after starting medical school, the student should notify the Assistant Dean of Student Advising promptly. Failure to self-report is basis for disciplinary action, up to and including dismissal from the medical school.

8. Career Guidance and Educational Monitoring

Upon notification, the Assistant Dean for Student Advising will begin ongoing meetings with the infected student to:

- a) Review the UMMS policy on students with BBP infection
- b) Confirm and monitor that the student is receiving appropriate medical care
- c) Assist the student with applying for ADA status
- d) Discuss with the student if there is a possibility that s/he may have already participated in patient care activities in which injury to the student may have led to contamination of the patient with the students blood
- e) Provide ongoing intensive career guidance regarding specialty selection
- f) Review and approve all planned elective clinical rotations

The Assistant Dean of Student Advising will also convene a meeting of the UMMS BBP Review Panel to discuss potential modifications in the educational program for the infected student. In the case of a need for an urgent determination, temporary restrictions may be issued by the Assistant Dean for Advising, pending a meeting of the full UMMS BBP Review Panel.

9. UMMS BBP Review Panel

An *ad hoc* panel, known as the UMMS Blood Borne Pathogen Review Panel, will be convened to review each infected student's clinical status. This BBP Review Panel will consist of the following membership: at least two physicians with expertise in infectious disease, two members of the clinical clerkship faculty who perform surgical or obstetrical procedures, a faculty member from the Graduate School of Nursing, the UMMS ADA Student Coordinator,

and the Assistant Dean of Student Advising (chair). With the student's permission, his/her personal physician will be invited (but not required) to attend the review panel meeting(s).

The UMMS BBP Review Panel will review relevant medical information regarding the infected student and propose any necessary specific modifications in the student's educational program. Each infected student's situation will be assessed individually on a case-by-case basis. The BBP Review Panel will not be informed of the identity of the student. The BBP Review Panel will take into account such factors as type of BBP infection, degree of infectivity (e.g., based on viral load, etc.), basic health of the student, any associated co-morbidities, as well as the particular requirements and locations of upcoming clinical clerkships or other educational experiences, etc. The BBP Review Panel will then make specific recommendations to the ADA student coordinator to help shape the appropriate accommodations to the student's upcoming educational experiences.

Trainees typically have limited experience with performing procedures and are lacking in technical expertise. As such, they are more likely to make errors in procedural technique that could lead to an exposure. In addition, it is reasonable to assume that patients undergoing an exposure prone procedure would be very unlikely to consent to the non-essential participation of an infected student if there is a risk of BBP transmission. For these reasons, the Review Panel may stipulate broader restrictions on an infected student's participation than what is recommended in guidelines concerning experienced health care workers with BBP infection.

10. Confidentiality.

Confidentiality of all information about HIV, HBV, or HCV serostatus will be maintained pursuant to state and Federal laws. The Review Panel will consider the details of the student's serostatus and relevant medical history but will not know any particulars of the student's identity.

On a need-to-know basis, only those clerkship directors who will be providing modifications in the student's educational program will be informed that the student has a blood borne pathogen infection without identifying the specific type of pathogen. It may also be necessary to notify other rotation site supervisors that the student is "sharps restricted." These individuals will not be informed about the student's particular disease. The individual clinical sites where students train also may have additional reporting requirements depending upon procedures and activities to be performed by medical students at that site.

11. Accommodations.

In compliance with the **American with Disabilities Act Amendments Act** of 2008 (ADAAA) students living with blood-borne diseases are to be treated like anyone else having a "disability" for the purposes of admission and retention at UMMS. UMMS is committed to non-discrimination of disabled individuals and makes reasonable accommodations to enable them to complete their medical education. Reasonable accommodations may be made in the MD degree program for infected students so that they will not necessarily be prevented by their blood-borne pathogen disease status from completing an MD degree. Accommodations should be designed such that the infected student has every reasonable opportunity to excel.

The UMMS BPP Review Panel will work with the UMMS Student ADA Coordinator to provide the student with reasonable accommodations where needed. An accommodation is not considered reasonable if it alters the fundamental nature or requirements of an educational program, imposes an undue hardship, or fails to eliminate or substantially reduce a direct threat to the health or safety of others. Infected students, like all students, must meet the UMMS technical standards.

Prior to starting a rotation that the UMMS BPP Review Panel considers as a potential risk for exposure, the infected student must meet with the Clerkship Director so that restrictions on the student's participation can be clearly defined.

12. General Principles Governing Clinical Activities of Infected Students.

Each student with BBP infection will have an individualized educational program designed by the UMMS BBP Review Panel. There are, however, some general guidelines that apply to all infected students. In addition to practicing Standard Precautions, students with BBP infection should:

- a) Always double glove any time gloves are to be worn.
- b) If at risk of transmitting infection, not participate in exposure-prone procedures, which at a minimum include the following:
 - i. digital palpation of a needle in body cavity
 - ii. simultaneous presence of the student's fingers and a needle, other sharp instrument, or sharp tissues (e.g., teeth, spicules of bone, etc.) in a poorly visualized or highly confined anatomic space
 - iii. see appendix for detailed list of specific exposure prone procedures
- c) In the clinical setting, if an infected student is asked to assume a role in a procedure which may put a patient at risk, s/he should decline participation and indicate that s/he is "sharps restricted."
- d) If a glove or any other body part of an infected student is entered or nicked by a needle or sharp instrument, that instrument will be discarded or removed and cleaned, and the student will retire from the procedure.
- e) If an infected student sustains an injury that may have exposed a patient to the infected student's blood or bodily fluid, the student shall immediately notify the patient's attending physician or the responsible faculty member about the incident, and also comply with the applicable reporting and follow-up policies and protocols of the clinical site where the incident occurred. The attending physician should then communicate with the appropriate institutional officials (i.e., risk management, etc.), to initiate a full disclosure process.
- f) On a case-by-case basis, infected students may be required to provide the UMMS Blood-Borne Pathogen Review Panel with updated information from their health care provider. Such reports will be requested at intervals not to exceed 6 months and may include the following:
 - i. A current statement from the student's medical provider confirming that the student's overall condition is sufficiently healthy so as to be able to perform expected duties on clinical rotations as described in the Technical Standards found in the UMMS Student Handbook.
 - ii. Appropriate recent laboratory tests confirming that the student's potential infectivity has not changed since the Review Panel issued their recommendations.

13. General Principles Governing Educational Programs of Infected Students.

For the required clerkships and other required clinical experiences considered higher risk for potentially exposing patients to blood borne pathogens, infected students will preferentially be assigned to rotation sites where the content and structure of their educational experience can be most closely supervised.

To ensure that appropriate restrictions and accommodations are put in place for all clinical situations where patients or others are potentially at risk, the infected student is required to seek authorization from the Assistant Dean for Student Advising for all elective clinical

rotations. The Assistant Dean for Student Advising must also be notified of any changes in the student's schedule of clinical experiences. Infected students who are at risk for transmitting a blood borne pathogen may not be permitted to do elective rotations in specialty areas involving exposure prone procedures. . If the student disagrees with such a determination, s/he may appeal to the UMMS Blood Borne Pathogen Review Panel.

Infected UMMS students wishing to do an elective rotation away will need to follow the Blood Borne Pathogen Policy of the host institution.

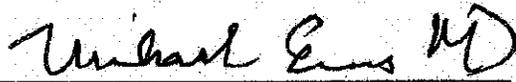
Definitions

- a. **Blood-borne Pathogen (BBP):** Any microbiologic agent capable of being transmitted via contact with the blood of an infected individual. Most notably, this definition includes, but is not limited to, the human immunodeficiency virus (HIV), hepatitis-B virus (HBV), and hepatitis-C virus (HCV).
- b. **Exposure Prone Procedures:** Procedures during which BBP transmission is definitely or theoretically possible. (see appendix)
- c. **Infected Student:** A students who has a BBP infection.
- d. **Student or Medical Student:** Any student registered in the UMMS MD or MD/PhD educational program, including visiting medical students.
- e. **de minimis:** *Concerning things that are so minor as to be negligible, trivial or trifling.*

Abbreviations

- a. **ADA:** American with Disabilities Act
- b. **BBP:** blood borne pathogen
- c. **CDC:** Centers for Disease Control and Prevention
- d. **EPP:** exposure prone procedure
- e. **HBV:** hepatitis B virus
- f. **HCV:** hepatitis C virus
- g. **HIV:** human immunodeficiency virus
- h. **SHEA:** Society for Healthcare Epidemiology of America
- i. **SHS:** UMMS Student Health Service

Approvals



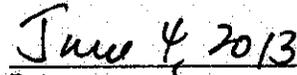
Responsible Policy Administrator:
Assistant Dean for Student Advising



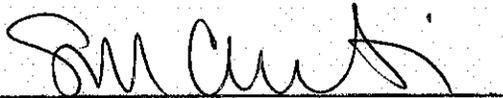
Date



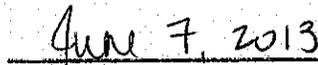
Senior Associate Dean for Educational Affairs



Date



Chair, Educational Policy Committee



Date

Forms / Instructions

- Policy Summary Statement re: Students infected with a Blood-Borne Pathogen (requires matriculating student's signature)
- Policy Summary Statement re: Visiting Students and Blood-Borne Pathogen Infection (requires visiting student's signature)

Appendices

Appendix 1: Resources: current guidelines regarding exposure prone procedures for infected health care workers

From: Centers for Disease Control and Prevention; **Updated CDC Recommendations for the Management of Hepatitis B Virus-Infected Health-Care Providers and Students**; MMWR; 2012; 61: 3.

BOX. CDC classification of exposure-prone patient care procedures

Category I. Procedures known or likely to pose an increased risk of percutaneous injury to a health-care provider that have resulted in provider-to-patient transmission of hepatitis B virus (HBV)

These procedures are limited to major abdominal, cardiothoracic, and orthopedic surgery; repair of major traumatic injuries, abdominal and vaginal hysterectomy, caesarean section, vaginal deliveries, and major oral or maxillofacial surgery (e.g., fracture reductions). Techniques that have been demonstrated to increase the risk for health-care provider percutaneous injury and provider-to-patient blood exposure include

- digital palpation of a needle tip in a body cavity and/or
- the simultaneous presence of a health care provider's fingers and a needle or other sharp instrument or object (e.g., bone spicule) in a poorly visualized or highly confined anatomic site.

Category I procedures, especially those that have been implicated in HBV transmission, are not ordinarily performed by students fulfilling the essential functions of a medical or dental school education.

Category II. All other invasive and noninvasive procedures

These and similar procedures are not included in Category I as they pose low or no risk for percutaneous injury to a health-care provider or, if a percutaneous injury occurs, it usually happens outside a patient's body and generally does not pose a risk for provider-to-patient blood exposure. These include

- surgical and obstetrical/gynecologic procedures that do not involve the techniques listed for Category I;
- the use of needles or other sharp devices when the health-care provider's hands are outside a body cavity (e.g., phlebotomy, placing and maintaining peripheral and central intravascular lines, administering medication by injection, performing needle biopsies, or lumbar puncture);
- dental procedures other than major oral or maxillofacial surgery;
- insertion of tubes (e.g., nasogastric, endotracheal, rectal, or urinary catheters);
- endoscopic or bronchoscopic procedures;
- internal examination with a gloved hand that does not involve the use of sharp devices (e.g., vaginal, oral, and rectal examination); and
- procedures that involve external physical touch (e.g., general physical or eye examinations or blood pressure checks).

Appendix 2: Policy Summary Statement re: Students Infected with a Blood-Borne Pathogen (for student signature)

All matriculating students are required to sign this statement as a condition of admission

The University of Massachusetts is committed to a policy of non-discrimination and protecting the legal rights and privacy of students infected with blood-borne pathogens while also protecting the health of the public. A student who is infected may attend the University of Massachusetts School of Medicine; however, certain restrictions may be imposed on the scope of the infected student's training. Actual recommendations and advice to the student will depend on current medical findings and standards of practice.

All matriculated UMMS students will have their Hepatitis B immunity status confirmed as part of the School's immunization policy. Although testing for hepatitis C and human immunodeficiency virus is not required for attendance at UMMS, it is the professional responsibility of any student who has risk factors for these diseases to make arrangements for serologic testing.

Students who are aware that they are infected with a blood-borne pathogen [including but not limited to Hepatitis B virus (HBV), Hepatitis C virus (HCV), and Human Immunodeficiency virus (HIV)], if not currently under the care of a personal physician, are strongly urged to contact the Student Health Service so that appropriate medical treatment may be instituted or continued.

Students infected with a blood-borne pathogen must avoid circumstances in which they could potentially transmit their infection to others. They are required, therefore, to disclose their infection status to the Assistant Dean for Student Advising in order to arrange any necessary adjustments to their educational program. Such notification is considered a professional responsibility of the student, and failure to disclose blood-borne pathogen infection status will be grounds for disciplinary action, up to and including dismissal from the medical school.

The University of Massachusetts School of Medicine reserves the right to restrict students who may transmit blood-borne pathogens from situations that place others at risk. Reasonable adjustments will be made for any student who has tested positive for a blood-borne pathogen to be able to continue medical education. Restrictions and adjustments will be determined on a case-by-case basis by the UMMS Blood-Borne Pathogen Review Panel. In addition, the Assistant Dean for Student Advising will provide career guidance and elective rotation oversight to all students who have a blood-borne pathogen infection. Every reasonable effort shall be made to maintain confidentiality regarding the blood-borne pathogen status of students. Nevertheless, before an infected student begins a clerkship; directors and supervisors of that clerkship may be informed on a need-to-know-basis of limitations imposed on the student's activities. In the event that an urgent determination is required, the Assistant Dean for Student Advising will issue temporary restrictions.

The full **UMMS Policy regarding Students Infected with a Blood Borne Pathogen** contains a list of some of the procedures which infected students may not be allowed to undertake or participate in. Students infected with blood-borne pathogens should be aware that, based on current medical knowledge and practice, they may be restricted from future residency training and specialty practices which require the performance risk-prone procedures.

A student infected with HBV, HCV, or HIV may continue in the MD program as long as he or she is able to carry out the physical and intellectual activities of all students as outlined in the UMMS Technical Standards.

Demonstrated competence on Standard Precautions is required of all students in clinical programs of the University of Massachusetts School of Medicine. Any student who may have exposed others to their blood or bodily fluids in a clinical situation has a professional responsibility to notify the patient's attending physician or supervising faculty member and to comply with the applicable reporting and follow-up policies and protocols of the clinical site where the incident occurred. As professionals concerned with the health of others, it is strongly recommended that students involved in such incidents consent to undergoing diagnostic testing for blood-borne pathogens as defined in the school's policy on "Medical Students with Blood Borne Pathogen Infection."

In addition to the UMMS Policy, students on clinical rotations are also subject to the blood-borne pathogen disease policies for health care workers at those individual host sites.

The complete **UMMS Policy regarding** Medical Students with Blood Borne Pathogen Infection can be found in the UMMS Student Handbook.

I have read and understand the above Policy Statement on Blood-Borne Pathogen Infection

Signature: _____ Date: _____

Print Name: _____ AMCAS number: _____

Appendix 3: Policy Summary Statement re: Visiting Students and Blood-Borne Pathogen Infection (for student signature)

All visiting students are required to sign this statement as a condition of enrollment

Demonstrated competence in Standard Precautions is required of all students in clinical programs of the University of Massachusetts School of Medicine.

Any student who may have exposed others to their blood or bodily fluids in a clinical situation has a professional responsibility to notify the patient's attending physician or supervising faculty member and to comply with the applicable reporting and follow-up policies and protocols of the clinical site where the incident occurred. As professionals concerned with the health of others, it is strongly recommended that students involved in such incidents consent to undergoing diagnostic testing for blood-borne pathogens as defined in the school's policy on "Medical Students with Blood Borne Pathogen Infection."

All visiting students must submit serologic confirmation of HBV surface antibody immunity to the UMMS Office of Student Affairs at the time of application. If, despite undergoing the complete HBV immunization series, a visiting student remains seronegative for HBV surface antibody, then the student must provide documentation of HBV surface antigen status. Although testing for hepatitis C and human immunodeficiency virus is not required for attendance at UMMS, it is the professional responsibility of any student who has risk factors for these diseases to make arrangements for serologic testing.

The University of Massachusetts is committed to a policy of non-discrimination and protecting the legal rights and privacy of students infected with blood-borne pathogens while also protecting the health of the public. A visiting student who is infected with a blood-borne pathogen [including but not limited to Hepatitis B virus (HBV), Hepatitis C virus (HCV), and Human Immunodeficiency virus (HIV)], may undertake clinical rotations at the University of Massachusetts School of Medicine; however, certain restrictions may be imposed on the scope of the infected student's training. Actual recommendations and advice to the student will depend on current medical findings and standards of practice.

Students who are infected with a blood-borne pathogen must avoid circumstances in which they could potentially transmit their infection to others. It is therefore the professional responsibility of visiting students who are infected with blood-borne pathogens to self identify and report their infection status to the Assistant Dean for Student Advising at least 2 months prior to starting a rotation at UMMS. **If, based on current established guidelines, a student is deemed as a significant risk for infecting others with a blood-born pathogen, that student will not be permitted to do rotations in any fields involving exposure-prone procedures.** This determination will be made on a case-by-case basis by the UMMS Blood-Borne Pathogen Review Panel.

In addition to the UMMS Policy, students on clinical rotations are also subject to the blood-borne pathogen policies for health care workers at the individual hospital or clinical sites.

I have received training in the principles of Standard Precautions. I will adhere to them at all times within educational and clinical settings. I have read, understand, and agree to adhere to the above Policy Statement on Visiting Students and Blood-Borne Pathogen Infection.

Signature: _____ Date: _____
Print Name: _____

*The full UMMS Policy on Medical Students with Blood Borne Pathogen Infection is available upon request.