The University of Massachusetts Medical School (UMMS) recognizes its duty to minimize the risk of transmission of bloodborne pathogens (BPP) by residents and fellows sponsored and employed by UMMS. UMMS also recognizes its duty to provide a study and work environment which is free from discrimination. This Policy 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.

The intent of this Policy is to limit the possibility of transmission of blood-borne pathogens (BPP) by infected residents and fellows within both the educational and clinical settings. UMMS recognizes, however, that it is not possible to completely eliminate all risk of infection.

- Residents and fellows (in the remainder of this documents the term RESIDENT will be used to indicate both residents and fellows).
- Patients who have residents involved in their care.
- Faculty and administrators supervising the education of residents.
- Medical providers at UMMS Employee Health Service.
Scope

This Policy applies to all residents employed by UMMS and enrolled in sponsored residency programs (ACGME accredited and non-accredited), as well as visiting residents.

Definitions

**Bloodborne 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).

**De minimis**
Concerning things that are so minor as to be negligible, trivial or trifling – often used to describe exemptions in rules or laws.

**Exposure Prone Procedures:** Procedures during which BBP transmission is definitely or theoretically possible (see appendix).

**Infected Resident:** A resident who has a BBP infection.

**Resident or Fellow:** Any resident actively enrolled in a UMMS GME training program (ACGME-accredited or non-accredited)

Responsibilities

**UMMMC Bloodborne Pathogen Advisory Committee (BPAC)**
The BPAC advises UMMS and the UMass Memorial Medical Center (UMMMC) in the management of healthcare workers, including trainees, who are infected with a BBP. The committee is chaired by the UMMMC epidemiologist and has members from UMMS and UMMMC, including Employee Health Service. The committee meets bi-monthly and on an ad hoc basis.

**Associate Dean for GME**
The Associate Dean for GME (ADGME) ensures that infected residents follow this Policy. The ADGME, who is a member of the BPAC, also works with the individual program director to construct an addendum to the resident appointment agreement, as determined by the BPAC.

**Office of GME**
The Office of GME requires all incoming residents to sign a statement indicating they have read, understood, and are voluntarily agreeing to comply with this Policy.
Employee Health Service confirms that all infected residents are receiving appropriate medical care and complying with monitoring agreements if applicable.

Resident

Once offered an opportunity to become employed by UMMS, it is the resident’s responsibility to notify the appropriate UMMS personnel of his or her infected status in accordance with this Policy. Furthermore, the resident agrees to waive any rights with respect to confidentiality relating to this Policy’s subject matter and protocols if the resident is assigned to a different facility other than UMMMC. Depending on the activities to be undertaken at that site, the Associate Dean of GME is authorized to disclose your BPP status on a need-to-know basis.

Procedures

1. General Considerations.

To decrease their risk of acquiring or transmitting BPP’s, all UMMS residents will be expected to adhere to principles of Standard Precautions at all times. Residents who believe that they may have exposed others to their blood or bodily fluids in a clinical situation have 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 residents involved in such an incident consent to undergoing diagnostic testing for BPP’s as defined below.

2. Admission UMMS Residency Programs.

An applicant’s HBV, HCV, or HIV serologic status may impact their residency training and may limit the type of residency program for which they may be eligible. In general, applicants should be advised that their ability to successfully complete residency programs that are procedurally based may be severely limited or prohibited by their medical status with regard to BPP’s. The Society of Healthcare Epidemiology (SHEA) guidelines for management of healthcare workers who are infected with Hepatitis B virus, Hepatitis C virus, and/or the Human Immunodeficiency virus (attached) will serve as a primary guideline for credentialing residents, and all residents with a BPP will be reviewed by the BPAC prior to the credentialing process, to determine whether or not there will be limitations on their training as well as monitoring of their disease status.

3. Immunization.

Prior to beginning their residency training, applicants to UMMS residency programs are expected to undergo HBV immunization as a condition of employment unless they are (a) already known to be seropositive (HBV surface antigen or antibody positive) or (b) can provide proof of prior effective immunization with adequate HBV surface antibody titers. If a resident has undergone immunization prior to employment by UMMS and remains HBV surface antibody negative, the resident 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 the resident is still HBV surface
antibody negative, then testing for HBV surface antigen will be performed. If the resident is HBV surface antigen positive, additional follow-up testing will be performed according to UMMS Employee Health Service protocols and the resident will be referred to the BPAC to determine if accommodations are reasonable and appropriate. If the resident is found to be HBV surface Ag negative, they will be cleared by employee health. In order for a resident to be eligible for a July 1 start date, this process should be completed prior to their arrival at UMMS/UMMMC.

4. Visiting Residents

Residents from other institutions visiting UMMS/UMMMC for clinical rotations must submit serologic confirmation of HBV surface antibody immunity to the UMMS Office of Graduate Medical Education at the time of application. If, despite undergoing the complete HBV immunization series, a visiting resident remains seronegative for HBV surface antibody, then the resident needs to provide documentation of HBV surface antigen status. Visiting residents who are infected with BPP’s and request a clinical rotation in an exposure-prone field will be considered in accordance with this Policy.

5. Other Serologic Testing.

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

6. UMMS Employee Health Service Responsibilities.

UMMS residents infected with a BBP may come to the attention of UMMS Employee Health Service (EHS). It is the responsibility of the EHS:

a. To confirm that the infected resident is receiving adequate medical and psychological care, either at the EHS or with the resident’s personal physician.
b. To assist with providing, arranging, and coordinating such care if necessary.
c. To advise the resident 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 resident of signs of possible progression of their disease that would interfere with his/her physical or emotional ability to fulfill training requirements.

In addition, EHS is expected to perform monitoring evaluations of infected residents per the recommendations of the BPAC which reviews each case individually.

7. Educational Monitoring

Upon notification, the infected resident will meet with the Associate Dean for GME, the residency program director and the chair of the BPAC to:

a. Review the subject UMMS policy on residents with BBP infection.
b. Review the UMMC Policy on Management of a Healthcare Worker Infected with a Bloodborne Pathogen (#5008) – restated below.
c. Ensure that the resident is receiving appropriate and monitored medical care.
d. Review any addendum to the appointment agreement recommended by the BPAC.
8. Confidentiality.

In addition to the language contained in the Responsibilities section (above) for the resident, confidentiality of all information about HIV, HBV, or HCV serostatus will be maintained pursuant to State and Federal laws. Individuals will be informed of a resident’s serostatus on a need-to-know basis only, which generally includes some supervising attendings. If necessary, however, other supervisors may be notified that the individual has a blood-borne infection or that the resident is “sharps restricted”, but they will not be informed of the particular disease. The clinical sites where residents train also may have additional reporting requirements depending upon procedures and activities to be performed by the resident.


In compliance with the Americans with Disabilities Act Amendments of 2008 (ADAA) residents living with blood-borne diseases are to be treated like anyone else having a “disability” for the purposes of employment at UMMS. UMMS is committed to nondiscrimination of disabled individuals and makes reasonable accommodations to enable them to complete their job responsibilities. Reasonable accommodations may be made in the residency programs for infected residents so that they will not necessarily be prevented by their BPP disease status from completing their training, but such potential accommodations are highly dependent on the nature of their training program.

Upon notification that a resident has a BPP, the Associate Dean for GME shall advise the resident that he or she has the right to request an accommodation pursuant to the Americans with Disabilities Act. The resident shall be encouraged to consult with UMMS’ Diversity and Equal Opportunity Office (DEOO) concerning such a request for accommodations. If the resident files such a request, the DEOO shall have jurisdiction over it. An accommodation is not considered reasonable if it alters the fundamental nature or requirements of an educational training program, imposes an undue and/or unreasonable hardship on UMMS and/or the clinical training site, or fails to eliminate or substantially reduce a direct threat to the health or safety of others. Infected residents, like all residents, must meet the UMMS “technical standards.”

10. General Principles Governing Clinical Activities of Infected Residents.

Each resident with a BBP infection will have an addendum to their appointment agreement designed by the Associate Dean for GME and the BPAC. There are, however, some general guidelines that apply to all infected residents. In addition to practicing Standard Precautions, residents with a BBP infection should:

a. Always double glove any time gloves are to be worn.

b. 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 resident’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 procedures.

c. If a glove or any other body part of an infected resident is entered or nicked by a needle or sharp instrument, that instrument will be discarded or removed and cleaned, and the resident will retire from the procedure.

d. If an infected resident sustains an injury that may have exposed a patient to the infected resident’s blood or bodily fluid, the resident shall immediately notify the attending
physician or 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.

11. General Principles Governing Training Programs of Infected Residents

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 resident is required to seek authorization from the program director and the Associate Dean for GME for all elective clinical rotations. The Associate Dean for GME must also be notified of any changes in the resident’s schedule of clinical experiences. Infected residents will not be permitted to do any elective rotations in specialty areas where they could put patients at risk for a BPP exposure without prior approval of the BPAC. If the resident disagrees with such a determination, s/he may appeal to the BPAC.

Infected UMMS residents wishing to do an elective rotation away will need to follow this Policy as well as the Bloodborne Pathogen Policy of the host institution.

Appendices

Appendix 1:

Appendix 2:
UMMMC BBP Policy (5008)

UMass Memorial Medical Center
Policy Manual
# 5008 Management of a Healthcare Worker Infected with a Bloodborne Pathogen
Effective Date: 8/6/08

I. PURPOSE AND POLICY STATEMENT
To provide policies and procedures for the management of healthcare workers at the UMass Memorial Medical Center (UMMMC) that are infected with a bloodborne pathogen. These agents include but are not limited to hepatitis B virus (HBV), Hepatitis C (HCV) and Human Immunodeficiency Virus (HIV). Emphasis is placed on practices to eliminate or control patient and co-worker exposure. A standard protocol is followed if an exposure should occur. Reasonable accommodation will be made to enable any HCWs who has tested positive for
bloodborne pathogen to continue employment. UMass Memorial supports the recommendations put forth by the Massachusetts Department of Public Health (Recommendations to Prevent the Transmission of HIV in the Delivery of Health Care Services, October 1992), OSHA (Guideline for the Prevention of Transmission of Bloodborne Pathogens, December 1991 and all associated compliance directives) and the CDC (Recommendations for the Evaluation of a Healthcare Worker Infected with a Bloodborne Pathogen, 1993). The institution endeavors to protect both healthcare workers and patients from bloodborne pathogen exposures and to support those affected.

II. SCOPE:
All Workforce members providing patient care at UMass Memorial Medical Center such as medical staff, Graduate Medical Education (GME) trainees, nursing, therapists, and phlebotomists. Students, affiliated faculty and other contracted HCWs are included in the scope of this policy.

III. RESPONSIBILITY:
The policy is reviewed annually by the UMMMC Bloodborne Pathogen Advisory Committee and recommendations for revision are forwarded to the Infection Control Committee, then the Medical Staff Executive Committee through the office of the Chief Medical Officer for review and approval.

Managers and Supervisors are responsible for staff awareness of the policy and requiring the reporting of exposures as soon as they occur. Employee Health Services provides support, counseling and education. Employees will comply with the policy as directed. Risk management will determine the need to review events through the root cause analysis process as needed.

IV. DEFINITIONS:
**Bloodborne pathogen** – an agent that is transmitted via the blood and body fluid route. Most often HBV, HCV and HIV are involved but other such pathogens include malaria, leptospirosis, human lymphotropic viruses I and II and certain viral hemorrhagic fever viruses. Refer to #5003 Isolation Program: Standard and Transmission Based Precautions.

**Workforce** – all employees, contractors, volunteers, trainees (including medical students and residents), members of the medical staff including employed and private physicians, temporary employees, and other persons employed, credentialed or under the control of UMMMC whether or not they are paid by UMMMC.

V. PROCEDURE:
1. All healthcare workers (HCWs) are oriented and updated annually on Standard Precautions, the Exposure Control Plan and this policy. HCWs at risk of exposure are offered hepatitis B vaccine if they have not previously been immunized or are known not to be immune to hepatitis B.
2. Routine screening of HCWs for HBV, HCV and HIV is not required. HCWs at risk for infection due to behaviors outside of work are encouraged to seek appropriate testing and counseling through their personal physician. Individuals who test positive are encouraged to seek regular care from an appropriately experienced physician.
3. Reasonable accommodation will be made to enable any HCWs who has tested positive for bloodborne pathogen to continue employment. The HCWs will be counseled by the Employee Health Service regarding appropriate actions and behaviors. The Employee Health Service shall maintain confidentiality regarding the Bloodborne pathogen status of employees to the extent permitted by law. If a HCWs responsibilities could result in exposing others to HIV, hepatitis B, hepatitis C, or another bloodborne pathogen, or compromise the HCWs health status, the employee must notify the Employee Health Service and a determination will be made as to necessary job duty restrictions in consultation with the UMMMC Bloodborne Pathogen Advisory Committee. UMMMC will have the right to restrict from the performance of high-risk procedures individuals implicated in transmission of bloodborne pathogens to patients, as well as HBV e antigen positive individuals. In the event that an urgent determination is required, the director of EHS and the chairperson of the UMMMC Bloodborne Pathogen Advisory Committee or their designees will define temporary restrictions. In the event that the individual is a member of the medical staff, restrictions will be implemented by the Chief Medical Officer or designee, and will be communicated to the individual’s department chairperson. In the event that the individual is a GME trainee, restrictions will be implemented by the Associate Dean of Graduate Medical Education or designee, and will be communicated to the trainee’s department chairperson. As necessary a transition plan will be developed in conjunction with the respective UMMMC or UMMS Human Resource Departments (and EEO offices as necessary), and communicated to the Employee Health Service. For other healthcare workers and employees, restrictions will be implemented by the individual’s immediate supervisor.

4. In the event that there is transmission of a bloodborne pathogen from an infected health care worker involved in performing invasive procedures, the Chief Medical Officer with input from the UMass Memorial Medical Center Bloodborne Pathogen Advisory Committee may initiate a "look back" investigation. Involved patients will be offered testing, counseling, and medical evaluation.

VI. RESCISSION
This is a new policy and becomes effective upon issuance. Its content was formerly contained in section III of policy #5025 Employee Health Services Infection Control practices for Health Care Workers Effective date: 6/17/05.

VII. MONITORING
The UMMMC Bloodborne Pathogen Advisory Committee and Employee Health Services will monitor compliance with this policy.

Developed By: Richard T. Ellison III, MD – Chairman
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Individual/Committee Ext.

Approved By: Walter Ettinger, MD President 8/6/08
Authorized Signature Title Date