

NWHMC Policy - Administration
HIV/HBV/HCV POSITIVE HEALTH CARE WORKERS

I. POLICY:

It is the policy of Northwest Hospital & Medical Center (NWHMC) to comply with appropriate state and federal laws, regulations and guidelines concerning human immunodeficiency virus (HIV), hepatitis B virus (HBV) and hepatitis C virus (HCV) positive health care workers.

II. SUPPORTING DATA

The Hospital has undertaken an inquiry into the issues arising from and the rules governing HIV/HBV/HCV positive health care workers, which included the following:

- o July 12, 1991 Centers for Disease Control *Recommendations for Preventing Transmission of HIV and HBV During Exposure-Prone Invasive Procedures* (the "CDC Recommendations");
- o Section 633 of Public Law 102-141 passed in October of 1991 in which Congress mandated that the states institute guidelines concerning prevention of HIV/HBV transmission that are parallel to or equivalent with the CDC Recommendations;
- o Guidelines adopted by the State of Washington Department of Health in response to the Congressional mandate (the "State Guidelines") which are equivalent to the CDC Recommendations;
- o Federal and state laws concerning occupational exposure to bloodborne pathogens;
- o Discussion with the Director of the state Department of Health's Division of HIV/AIDS and Sexually Transmitted Diseases;
- o Discussions with knowledgeable representatives of the American Hospital Association;
- o Infection Control Policies and Procedures of other health care institutions, and;
- o The Americans with Disabilities Act and other related laws regarding prohibition against discrimination involving persons with a disability or handicap.

III. APPLICABILITY

- A. This policy is directed to all health care workers in the Hospital who perform invasive procedures, including but not limited to, members of the Medical Staff, others working in association with Medical Staff members, and employees (referred to collectively as "HCWs"). Infected health care professionals who do not perform invasive procedures shall adhere to all hospital policies on *standard precautions*.
- B. OSHA rules concerning occupational exposure to bloodborne pathogens applicable to Hospital employees have been implemented as part of the Hospital's infection control plan. With respect to Hospital employees, applicable OSHA and related laws, specific other policies and rules of the Hospital addressing infection control, and contractual agreements shall preempt as appropriate provisions of this policy.

IV. GENERAL PROVISIONS

- A. All HCWs shall at all times strictly adhere to *standard precautions* and current

recommendations adopted by the Hospital for sterilization and disinfection.

- B. Education regarding infection control practices and communicable diseases shall be made available to all HCWs.
- C. HCWs are not required to undergo routine serologic testing for HIV/HBV/HCV. Those HCWs whose duties are likely to expose them to patients' blood or body fluids should receive HBV vaccine and are encouraged to be tested for HIV and other bloodborne viruses through their personal physician or other test site.
- D. HCWs who are or become HIV/HBV/HCV seropositive shall notify the hospital immediately of their seropositive status. Members of the Medical Staff and others working in association with Medical Staff members shall notify the Vice President for Medical /Chief Quality Officer or designee. Non-physician employees shall notify the Employee Health Staff or designee. Every reasonable effort will be made to protect the privacy rights and confidentiality of a seropositive HCW consistent with implementing this policy.
- E. If a break in infection control technique results in exposure of a patient to a HCW's blood, the HCW is ethically obligated to know his or her serostatus. In the event that the HCW is HIV/HBV/HCV seropositive, the patient must be notified that a blood exposure has occurred and offered HIV/HBV/HCV testing, counseling and prophylaxis where applicable. Whenever possible, the confidentiality and privacy rights of the source HCW will be protected.

V. THE EXPERT REVIEW COMMITTEE

- A. The HCWs who know they are HIV/HBV/HCV seropositive have a legal and ethical obligation to conduct themselves responsibly for the protection of patients and co-workers. Therefore, seropositive HCWs shall not perform procedures identified by the Hospital as *exposure-prone* without consent from the Hospital and the specific written informed consent of the patient.
- B. The Quality Standards Committee of the Board shall establish, as needed, an Expert Review Committee to counsel HIV/HBV/HCV seropositive HCWs to determine under what circumstances, if any, they may continue to perform exposure-prone procedures and to identify exposure-prone procedures considering CDC Recommendations and State Guidelines. The Vice President for Medical /Chief Quality Officer of the Hospital and the Chief of Staff shall be ex officio voting members of the Expert Review Committee. The Expert Review Committee shall report to the Quality Standards Committee of the Governing Board and shall be a regularly constituted review committee whose records and proceedings shall be confidential and immune from discovery under RCW 4.24.250, RCW 70.41.200-230 and to the maximum extent permitted by law.
- C. The Expert Review Committee shall have the authority to form regularly constituted Expert Review Panels on a case-by-case basis to counsel individual HCWs who are HIV/HBV/HCV seropositive and to work with HCWs to provide accommodation and an appropriate scope of practice, consistent with patient safety and when appropriate, informed consent. Expert Review Panels may include the HCW's treating physician, a member of the HCW's health care specialty and others as appropriate. Members of the Panel may include persons not on the Medical Staff or employed by the Hospital. The Expert Review Panel (s) shall be regularly constituted review committees whose records and proceedings shall be confidential and immune from discovery under RCW

4.24.250, RCW 70.41.200-230 and to the maximum extent permitted by law.

- D. The application of this policy to individual HCWs shall take into account the unique characteristics of each HCW and laws prohibiting discrimination. The continuing practice of a seropositive HCW in the hospital shall be subject to a written agreement between the HCW and the Hospital. At a minimum, such agreements should include the following:
- 1.A specific promise on penalty of immediate suspension of privileges or duties to utilize *standard precautions* at all times and to follow recommended hospital sterilization and disinfection procedures.
 - 2.S pecific agreement to immediately notify the Vice President for Medical/ Chief Quality Officer or where appropriate the Employee Health Staff and, if requested, to refrain from all patient care and contact with patient care equipment and devices during any time which the HCW develops exudative lesions of weeping dermatitis.
 - 3.A n agreed scope of practice and an opinion from an Expert Review Panel which when possible should include a member of the practitioner's specialty, that the risk of transmission to patients is within medically acceptable limits with respect to CDC Recommendations, State Guidelines and Hospital policy.
 - 4.A n opinion from an Infectious Disease Subspecialist or other appropriate physician treating the HCW stating that the HCW is safe to provide health care within the agreed scope of practice. Such letter shall be periodically updated at the discretion of the Vice President for Medical /Chief Quality Officer or as appropriate, the Employee Health Staff.
 - 5.A statement that if the HCW engages in invasive exposure-prone procedures as determined by the Hospital, the HCW shall obtain the written informed consent of the patient following full disclosure to the patient, or when appropriate, the patient's representative, of the HIV/HBV/HCV seropositive status.

VI. REVISIONS

This policy shall be revised whenever appropriate to reflect new medical and research findings and new developments in the body of applicable law.

Effective: January 5, 1993

Reviewed: 11/02, 8/04 Risk Management

Revised: Quality Standards Committee - September 17, 1998
Infection Control Committee - March 7, 2002
Quality Standards Committee - March 15, 2002

On behalf of Executive Leadership Team 3/02: Vice President Clinical Services/CNO