



RCSI

Blood Borne Virus Policy

RCSI DEVELOPING HEALTHCARE LEADERS WHO MAKE A DIFFERENCE WORLDWIDE

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1. Introduction

The Royal College of Surgeons in Ireland (RCSI) is aware of its over-riding duty of care to the public with whom students are in close contact. In the rare circumstances where a student is shown to have a blood borne virus and is infectious, RCSI will consider all appropriate measures and will do all that is reasonable to accommodate the needs of the student in question, in accordance with statutory requirements. RCSI is obliged to ensure that we take reasonable and appropriate measures not only to safeguard the students and their colleagues, but also patients and members of the public. Safeguarding these groups is of paramount importance.

This document is intended to ensure that all students are informed of the policy and procedures being applied by RCSI regarding blood borne viruses. This policy must be read carefully by students who must ensure that they make themselves fully aware of the contents. Failure to adhere to the provisions of this policy could result in an action being taken under the RCSI Disciplinary Regulations which could lead to a sanction being imposed on the student up to and including expulsion.

The transmission of blood borne pathogens within a healthcare setting has become a matter of increasing public concern and interest over a number of years. This policy is designed to protect students from acquiring a blood borne virus. In the rare instance where a student has acquired a blood borne virus, this policy will detail how to support and manage that student. This will be undertaken with acknowledgement that the protection of patients and the public is paramount.

RCSI Students registered to health professional programmes are regarded as Category A Health Care Workers.

2. General Considerations

The prerequisite of good practice in any healthcare setting is the careful observation of basic hygiene and proper infection control procedures by all students. For this reason, particular attention is drawn to the avoidance of sharps/needle stick injuries, including the value of double gloving preoperatively where appropriate and the covering of skin lesions with waterproof dressings. Any student with exudative or weeping skin lesions must avoid direct patient contact and must not handle devices or equipment used during invasive procedures.

RCSI students must adhere to all infection control policies that are in place within the hospitals/institutions where they are based.

3. Risk of Transmission of Blood Borne Viruses

Patients Hepatitis B

The transmission of hepatitis B Virus (HBV) from infected healthcare workers to patients has been well documented and the factors which predispose to transmission have been identified. They include the performance of invasive procedures (surgical or dental) and a high level of infectivity in the healthcare worker (HBe antigen positive or pre-core mutant positive).

Hepatitis C

The major source of transmission of hepatitis C is by exposure to infected blood and body fluids. Cases involving transmission of hepatitis C from surgeons to patients have been well documented and have arisen in the context of cardiothoracic surgery, open heart surgery, gynaecological surgery and anaesthesiology and dentistry.

HIV Transmission

Studies have shown that the HIV virus can be transmitted to patients during both dental and surgical procedures.

4. Exposure Prone Procedures

Most contact between healthcare workers, students and patients does not involve the possibility of blood-to- blood contact and therefore carries low risk for transmission of blood borne pathogens. Provided infection control procedures are adhered to, Exposure Prone Procedures (EPP) are the only procedures associated with a risk of transmission of blood borne pathogens to patients.

EPPs are defined as procedures which involve surgical entry into tissues, cavities or organs or repair of major traumatic injuries, caesarean deliveries or other obstetric procedures during which sharp instruments are used such as perineal repair after a vaginal delivery; the manipulation, cutting or removal of any oral or perioral tissues including tooth structure, during which bleeding may occur.

In addition, EPPs relate to situations where the student or surgeon's hands (whether gloved or not) may be in contact with sharp instruments, needle tips or sharp tissues (spicules of bone or teeth), inside a patient's open body cavity, wound or confined anatomical space, and where the hands or fingertips may not be completely visible at all times.

EPPs are not part of the usual activities of physiotherapy or pharmacy students during undergraduate training or subsequent clinical practice. Physiotherapy and pharmacy students must, however, recognise the nature of EPPs.

Should the opportunity to electively participate in an EPP arise, students may not be able to participate unless they have recently been tested and shown not to carry a blood-borne virus. Exposure prone procedures that a physiotherapy student may be involved in include:

- Palpation of exposed tendons during orthopaedic procedures
- Temporomandibular joint mobilisations through the mouth

Students infected with a BBV should immediately exclude themselves from EPPs as a standard precaution.

5. Screening of Students

It is the duty of all healthcare workers, including students, to protect themselves and their patients from disease. This includes being tested and immunised against hepatitis B, and strictly adhering

to standard precautions. There is a moral, ethical and legal obligation on both health service providers and healthcare workers to ensure the protection of workers and patients alike.

There is an ethical duty for healthcare professionals to protect patients from harm. A healthcare professional or student who knowingly puts patients at risk and who infects patients may be subject to a medical negligence case for breach of standard of care or indeed to prosecution for criminal negligence; students could be subject to a disciplinary action under the RCSI's Disciplinary Regulations with sanctions being imposed up to and including expulsion.

6. RCSI Requirements

Within the first eight months of admission to the Royal College of Surgeons in Ireland, all undergraduate students will be screened for hepatitis B and hepatitis C, as well as other communicable diseases. Full details are given in the document "Infectious Disease and General Health". This document should also be read by all students.

As part of RCSI's overall approach to minimising the risks for students associated with blood borne viruses, all students who are not immune to hepatitis B are required to be vaccinated against hepatitis B within six months of admission to RCSI. All students must complete a blood borne virus risk assessment, consent to immunisation where it is deemed necessary and participate in follow-up serology by the Mercer's Medical Centre for evidence of immunity in order to reduce the potential of transmission of these infections.

It is essential that students bring a copy of their pre-existing personal vaccination records to their first appointment for the vaccination programme. If this documentation is not provided, then there is no evidence of previous vaccinations and it will be assumed that the student is not protected. Booster vaccines will be administered if no evidence is provided. Students are also required to provide photographic identification (Passport / Irish Driver's License) to enable their EPP bloods to have an "Identity Verified Sample" stamped on their lab reports. If no ID is provided, no sample will be taken – resulting in a new appointment to be scheduled at a later date.

Failure to adhere to any of these requirements could result in the student having disciplinary proceedings brought against them under the RCSI's Disciplinary Regulations which could lead to a sanction up to and including expulsion.

Results of tests for hepatitis B immunity are only acceptable from the Mercer's Medical Centre. Students presenting such results from elsewhere must have the test repeated. Satisfactory completion of the immunization programme will be necessary prior to the student commencing the intensive / relevant clinical attachments and patient contact in their programme. Additional screening for hepatitis C or other diseases may be required prior to commencing the other clinical attachments in the latter years of the programmes.

7. Management of Students Infected with Specific Blood Borne Viruses

In order to ensure their well-being, all students who are infected with a blood borne virus must be under the care of an appropriate physician (usually a Hepatologist or an Infectious Disease

Physician) in Ireland for the duration of their undergraduate studies.

Students with blood borne viruses who do not perform EPPs but who continue to provide clinical care to patients must remain under regular medical supervision. In order to ensure the student's psychological and emotional well-being, those who contract a blood borne virus will also be encouraged to undergo an assessment by a counsellor and be encouraged to undergo such treatment as recommended. The cost of the counselling service will be borne by RCSI. Counselling is confidential.

Hepatitis B

People with genetic variants of hepatitis B virus may be unable to produce the e-antigen (or antibody), but may still be highly infectious. To address this issue, any student who is surface antigen positive (HbsAg +) will be assessed by the Mercer's Medical Centre for chronic hepatitis B infection (non-responders to vaccine may be carriers of hepatitis B). In cases where the student is HbsAg positive, arrangements will be made for testing for additional hepatitis B markers (e antigen, core antibody). Those who are e antigen positive will be excluded from performing exposure prone procedures and will be referred for further assessment and ongoing management by a consultant hepatologist or consultant in infectious diseases. Students who are e antigen negative must have their viral load determined. This will involve the collection of three sequential samples over a six week period. During this time the student must not perform exposure prone procedures. The threshold for ongoing exclusion from EPPs (restrict practice) is currently a viral load in excess of 104 copies/ml. A single measurement in excess of this threshold is sufficient to impose course programme restrictions. Students whose three samples remain below the threshold may continue on their study programme, but will require annual evaluation by the hepatology or infectious disease team.

Some treatment exists for infectious carriers of hepatitis B i.e. a student who is e-antigen positive or e-antigen negative but with a high viral load (in excess of 104 copies/ml). Newer treatments now have fewer side effects and can allow persons to fulfil all of their duties including EPPs once their viral load is within the required limits.

Hepatitis C (HCV)

The following healthcare workers must be tested initially:

- a) Those commencing training for a career that involves performance of exposure prone procedures or
- b) New entrants or re-entrants to the Irish Health System and whose work involves exposure prone procedures.

All students will be tested for antibodies to HCV within the first six months of registration. This test will be carried out a second time just prior to commencement of the intensive clinical attachment in the Intermediate Cycle (medical students only). If positive, the student will then have Polymerase Chain Reaction testing for hepatitis C RNA to further determine their infectivity. Healthcare workers (including students) who are HCV PCR positive must not assist in exposure prone procedures until the risk has been assessed. The assessment will include measurement of viral load. This includes healthcare workers on antiviral treatment who in general must be PCR negative for six months before assisting in exposure prone procedures. Medical and dental students will be retested for HCV

during the programmes as required in order to ensure patient safety.

Any student who suspects they may have been exposed to HCV from any source must notify the Mercer's Medical Centre and seek professional advice and support, including the need for testing, and must cooperate with any look back exercise (i.e. a check of patients with whom the person has had contact) deemed necessary in order to ensure patient and public safety.

Any infected student involved in clinical cases must remain under regular medical supervision in order to support them and to ensure their well-being.

A student who is antibody positive but PCR negative for HCV can continue to assist in exposure prone procedures but must have a PCR test for hepatitis C annually while they continue to undertake exposure prone procedures.

Hepatitis B (+ Hepatitis C)

There is also the possibility that blood testing may reveal evidence that an individual has previously been infected with Hepatitis B (or Hepatitis C) but that the disease is no longer active, and the individual does not pose an infection risk. However, this can change if the individual becomes immunocompromised which can lead to a reactivation of the virus. It is important that the individual and their own current and future doctors are made aware of this possibility. Accordingly, the student will be required to attend Mercer's Medical Centre to discuss this scenario and to be given relevant information to pass on to their doctors. Given that RCSI students may well undertake exposure prone procedures in their undergraduate and postgraduate careers, it is essential that individuals in this situation self-report any change in their health that may affect their immune status to their own physician and also to their clinical manager.

HIV

There is still as yet no vaccine available to protect against HIV infection. Therefore, the policy for protecting students and patients from HIV continues to rely on good general infection control procedures. Any student who is HIV positive cannot take part in exposure prone procedures

Any student who suspects they may have been exposed to HIV must notify the Mercer's Medical Centre and cooperate with any look-back exercise deemed necessary as patient and public safety is paramount. Supportive measures will be put in place along with professional advice including testing if appropriate.

8. Procedures for a student who is positive for a BBV

With the definition and explanation of exposure prone procedures in mind (as per section 4), students who have a BBV may be authorised on a case by case basis, by their School to be involved in some procedures, with appropriate mitigations and where there is no undue risk to the patient regarding EPPs, thereby ensuring patient safety.

Students will be required to meet with the relevant Heads of Departments or nominees in Surgery; Obstetrics and Gynaecology; and Paediatrics. prior to the commencement of clinical rotations.

Reasonable efforts will be made to structure the attachments in such a way that each student with a BBV will not be asked to perform an exposure prone procedure, whilst meeting the learning outcomes. Medical Students who have a BBV must avoid any clinical contact whatever (e.g. physical examination) with acute trauma patients in the Accident and Emergency department as there is an unpredictable risk of injury from fractured bones.

Dental students who have a BBV, must immediately inform their Head of School. Students are advised that it may not be possible to achieve the learning outcomes of the programme. Students who, for any reason, are unable to safely participate in clinical or other professional placements may be required to withdraw from the programme. Applicants who are chronic viral carriers and who successfully undergo treatment, which renders them no longer an infectious risk to patients, may reapply for admission to their chosen course. All efforts will be made to reserve a place on the forthcoming student intake for such individuals, however this cannot be guaranteed.

Physiotherapy or Pharmacy Students must meet with their Head of School prior to clinical placement for advice.

9. Students' Responsibilities

A safe and effective vaccine is available for the protection of students and others from infection with hepatitis

B virus. All healthcare personnel (which includes students) who have direct contact with blood or body fluids, or with patient tissue and who are therefore at risk of acquiring hepatitis B occupationally, must have their anti-HBs status established. In circumstances where the contact may also involve undertaking or assisting in exposure prone procedures, testing must also include anti- HBsAg (hepatitis B surface antigen).

All students who assist in exposure prone procedures must be immunised against hepatitis B virus, unless immunity to hepatitis B virus as a result of natural infection or previous immunisation has been established. Students who are unwilling to be vaccinated when appropriate must be aware that they may face discontinuation from RCSI.

At present there are no vaccines that protect health-care workers from hepatitis C virus and human immunodeficiency virus (HIV). All new students to RCSI must be tested for hepatitis C antibodies and if found to be positive PCR testing will be carried out for hepatitis C RNA, to establish if the student is an infectious carrier of hepatitis C. Students found to be infected with HCV who are PCR positive will not be allowed to assist in EPPs until the risk has been assessed. This will be dependent on the viral load.. Students who are unwilling to be tested for hepatitis C virus must be aware that they may face discontinuation from RCSI.

In order to ensure personal and public safety it is incumbent on all students to take steps to ensure that they do not put themselves at risk from infection by a blood borne virus in their private lives. This includes the avoidance of intravenous drug abuse and appropriate precautions in relation to sexual activity.

Any student who suspects they may have been exposed to hepatitis B, hepatitis C or HIV must notify

Mercer's Medical Centre immediately for advice and support. The student must also cooperate with any look-back exercise deemed necessary and seek professional advice, including testing, if appropriate.

Students who fail to notify the appropriate authorities if they suspect that they have been exposed to a BBV may be referred to the Disciplinary Committee under the RCSI Disciplinary Regulations and face a sanction up to and including expulsion.

In order to ensure that students are properly supported and monitored, and to minimize any detrimental effects on the provision of training to other students and most importantly to ensure protection of all patients, RCSI will only admit and retain the number of students that it can reasonably accommodate who are positive with a blood borne virus at any one time. The quota may be revised from time to time. Offers are made to students in good faith and are subject to BBV screening. If the student is subsequently found to be positive for a BBV on screening, and if RCSI has reached the maximum number of students which it can reasonably accommodate with a BBV, the offer will be rescinded and all fees paid will be refunded.

Any student who is currently being treated, or who has been treated during or within twelve months before commencing their studies at RCSI, with antiviral therapy and/or interferon for a blood borne virus and is not already known to University authorities must notify RCSI immediately.

10. Confidentiality

RCSI will maintain the confidentiality of a student's medical records as far as possible. These will be kept separate from the main academic student files. Students must be aware that disclosure of medical records to some staff e.g. Heads of Schools, Associate Director for Academic Affairs, clinical staff on-site, is necessary to ensure the safety of patients.

A consent form will be completed and signed by the student consenting to the disclosure of details of their medical (infectious) condition to those persons who are necessarily required to receive the information. This information will be given in confidence, and its purpose is to protect patients from blood borne viral infection, in accordance with best practice and RCSI policy. In addition, it is required to reassure the student that their case is being dealt with in confidence. It ensures that each staff member who is informed of the case of an infected student and who is responsible for ensuring that the students' duties are restricted to protect patients fully appreciates the confidentiality boundaries required.

Data will only be kept on file for so long as is necessary to ensure the safe management and administration of your studies as an undergraduate student in RCSI.

If a student is found not to be compliant with this Policy it could render the student subject to disciplinary action under the RCSI Disciplinary Regulations and where appropriate liable to such sanctions being imposed as are outlined in the RCSI Disciplinary Regulations up to and including expulsion.