

Postgraduate Medical Education (PGME)

Title:	Blood Borne Virus Policy	Number:	010c
Approved By:	<i>Approved by FRC (Faculty Residency Committee)</i>		
Approval Date:	<i>June 13, 2017</i>		
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Preamble

The risk of transmission of a BBP from an infected health care worker to a patient is extremely low. Nevertheless, all health care workers have a fiduciary and professional duty to protect the health and safety of both their patients and their colleagues.

The latest revised professional standards and guidelines on BBPs from the CPSBC requires that "all registrants are expected to maintain their own wellness, which includes knowing their own serological and infectious status and being appropriately immunized and/or receiving treatment." Positive status does not necessarily preclude registrants from performing EPPs as long as their medical condition is being monitored and they undergo treatment. The college may impose restrictions on the registrants based on the registrant's practice and monitoring status.

Policy

1. Residents are registrants of the CPSBC and must be compliant with the Professional Standards and Guidelines for Blood-borne Pathogens in Registrants.
2. PGME Dean's Office is the point-of-contact for residents and the CPSBC.
3. Residents with acceptably low viral loads (as per the CPSBC Health Monitoring Committee) are equivalent to all other residents and registrants and can perform all activities, including EPPs.

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Procedure

1. All registrants in clinical practice must be immunized against Hepatitis B virus (see CPSBC standard) and must be tested for Hepatitis C virus, HIV and Hepatitis B virus (unless confirmed immune) before beginning performing or assisting in performing EPPs.
2. The CPSBC considers all postgraduate year 1 trainees as registrants who regularly perform or may potentially perform EPPs. For postgraduate year 2 and subsequent training years, registrants must identify on their license applications whether or not they perform or assist in performing EPPs.
3. All registrants performing EPPs must be tested every three years at a minimum and after an exposure (see PGME Safety Policy).
4. Residents are required by the CPSBC to report **as soon as possible** after learning of their positive serological and infectious status. **The UBC FOM is not directly part of the testing or reporting.**
5. If a resident tests positive for a BBP, ongoing monitoring is done by the resident's health care practitioner to the satisfaction of CPSBC processes. The UBC FOM is not directly part of that monitoring.
6. It is to the benefit of residents to confidentially report their BBP status to the PGME Dean's Office on admission or when they become aware of it, so that PGME Dean's Office can work with the resident, the CPSBC and the Program. However, this disclosure is not required.
7. The CPSBC may request the resident's permission to discuss their status change with the PGME Dean's Office. The PGME Dean's Office would then work with the resident, the CPSBC, and the Program to either tailor specific clinical activities to avoid EPPs within a learning experience, to modify their schedule, or to take a medical leave of absence.
8. The CPSBC may make a resident's licence Temporarily Inactive, which would result in an automatic medical Leave of Absence.

Action	Committee	Date	Status
Approved	Faculty Residency Committee	June 13, 2017	Live