Blood Borne Viruses: Frequently Asked Questions

Mandatory Questions for Registration Renewal

Does the Blood Borne Viruses policy apply to all physicians?
No. The policy only applies to physicians including postgraduate trainees who perform exposure prone procedures or who assist in performing these procedures. This includes physicians who perform or assist in performing procedures that may become exposure prone (for example, a laparoscopic procedure that may convert to an open procedure) and also includes physicians who have the potential to perform or assist in performing exposure prone procedures in the course of providing day-to-day care even though they may not be currently performing them, for example, emergency physicians.

Why does the policy apply to physicians who assist in performing exposure prone procedures?
The policy applies to physicians who assist in performing exposure prone procedures because we recognize that physicians assisting with these procedures may be subject to similar risks as physicians who actually perform the procedures.

Why does the policy apply to physicians who have the potential to perform or assist in performing exposure prone procedures?
The policy applies to physicians who have the potential to perform or assist in performing exposure prone procedures, for example, emergency physicians, because we want to ensure that both patients and physicians are protected. Performing or assisting in performing exposure prone procedures is within an emergency physician’s scope of practice. A patient who requires an exposure prone procedure could come to the emergency department. Although this may not happen every day or even often, if it does the emergency physician would need to perform the exposure prone procedure.

How do I know if I am performing exposure prone procedures?
The College has adopted the following definition of “exposure-prone” procedures from the Laboratory Centre for Disease Control (1998):
1. Digital palpation of a needle tip in a body cavity (a hollow space within the body or one of its organs) or the simultaneous presence of the health-care worker’s fingers and a needle or other sharp instrument or object in a blind or highly confined anatomic site (e.g., during major abdominal, cardiothoracic, vaginal and/or orthopaedic operations), or
2. Repair of major traumatic injuries, or
3. Manipulation, cutting or removal of any oral or perioral tissue, including tooth structures, during which blood from a health-care worker has the potential to expose the patient’s open tissue to a blood borne pathogen.

Can you provide examples of “exposure prone” procedures?
The College has adapted the list of procedures for which there is definite risk of blood borne virus transmission according to the SHEA Guideline for Management of Healthcare Workers who are Infected with Hepatitis B Virus, Hepatitis C Virus, and/or Human Immunodeficiency Virus. The list that follows sets out examples of procedures that are classified as ‘exposure-prone’ for the purposes of the Annual Renewal Survey and the Blood Borne Viruses policy:

1. General surgery, including nephrectomy, small bowel resection, cholecystectomy, other elective open abdominal surgery;
2. General oral surgery, including surgical extractions, hard and soft tissue biopsy (if more extensive and/or having difficult access for suturing), apicectomy, root amputation, gingivectomy, periodontal curettage, mucogingival and osseous surgery, alveoplasty or alveoectomy, and endosseous implant surgery.
3. Cardiothoracic surgery, including valve replacement, coronary artery bypass grafting, other bypass surgery, heart transplantation, repair of congenital heart defects, thymectomy, and open-lung biopsy;
4. Open extensive head and neck surgery involving bones, including oncological procedures;
5. Neurosurgery, including craniotomy, other intracranial procedures, and open-spine surgery;
6. Nonelective procedures performed in the emergency department, including open resuscitation efforts, deep suturing to arrest hemorrhage, and internal cardiac massage;
7. Obstetrical/gynecological surgery, including cesarean delivery, hysterectomy, forceps delivery, episiotomy, cone biopsy, and ovarian cyst removal, and other transvaginal obstetrical and gynecological procedures involving hand-guided sharps;

1 Pelvic operations, as per the SHEA Guideline, are another example.
Orthopedic procedures, including total knee arthroplasty, total hip arthroplasty, major joint replacement surgery, open spine surgery, and open pelvic surgery;

Extensive plastic surgery, including extensive cosmetic procedures (e.g., abdominoplasty and thoracoplasty);

Transplantation surgery (except skin and corneal transplantation);

Trauma surgery, including open head injuries, facial and jaw fracture reductions, extensive soft-tissue trauma, and ophthalmic trauma;

Any open surgical procedure with a duration of more than three hours, probably necessitating glove change.

Can you provide examples of procedures that would NOT be considered “exposure-prone”?

The following are procedures with de minimis risk of blood borne virus transmission or for which transmission is theoretically possible but unlikely according to the SHEA Guideline (excluding the dental-related procedures):

- Regular history-taking and/or physical examinations;
- Routine rectal or vaginal examination;
- Minor surface suturing;
- Elective peripheral phlebotomy;
- Lower gastrointestinal tract endoscopic examinations and procedures, such as sigmoidoscopy and colonoscopy;
- Hands-off supervision during surgical procedures and computer-aided remote or robotic surgical procedures;
- Locally anesthetized ophthalmologic surgery;
- Locally anesthetized operative and prosthetic procedures;
- Minor local procedures (e.g., skin excision, abscess drainage, biopsy, and use of laser) under local anesthesia (often under bloodless conditions);
- Percutaneous cardiac procedures (e.g., angiography and catheterization);
- Percutaneous and other minor orthopedic procedures;
- Subcutaneous pacemaker implantation;
- Bronchoscopy;
- Insertion and maintenance of epidural and spinal anesthesia lines;
- Minor gynecological procedures (e.g., dilatation and curettage, suction abortion, colposcopy, insertion and removal of contraceptive devices and implants, and collection of ova);
- Male urological procedures (excluding transabdominal intra-pelvic procedures);
- Upper gastrointestinal tract endoscopic procedures;
- Minor vascular procedures (e.g., embolectomy and vein stripping);
- Amputations, including major limbs (e.g., hemipelvectomy and amputation of legs or arms) and minor amputations (e.g., amputations of fingers, toes, hands, or feet);
- Breast augmentation or reduction;
- Minimum-exposure plastic surgical procedures (e.g., liposuction, minor skin resection for reshaping, face lift, brow lift, blepharoplasty, and otoplasty);
- Total and subtotal thyroidectomy* and/or biopsy;
- Endoscopic ear, nose, and throat surgery and simple ear and nasal procedures (e.g., stapedectomy or stapedotomy, and insertion of tympanostomy tubes);
- Ophthalmic surgery;
- Assistance with an uncomplicated vaginal delivery (making and suturing an episiotomy is classified as an “exposure-prone” procedure;
- Laparoscopic procedures;
- Thoracoscopic procedures (if unexpected circumstances require moving to an open procedure – e.g., laparotomy or thoracotomy, some of these procedures will be classified as “exposure-prone”);
- Nasal endoscopic procedures (if moving to an open procedure is required, these procedures will be classified as “exposure-prone”);
- Routine arthroscopic procedures (if opening a joint is indicated and/or use of power instruments – e.g., drills, is necessary, this procedure is classified as “exposure-prone”);
- Plastic surgery (a procedure involving bones, major vasculature, and/or deep body cavities will be classified as “exposure-prone”);
- Insertion of, maintenance of, and drug administration into arterial and central venous lines;
- Endotracheal intubation and use of laryngeal mask;
- Obtainment and use of venous and arterial access devices that occur under complete antiseptic technique, using universal precautions, “no-sharp” technique, and newly gloved hands.

What are the blood borne viruses?

Hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV) are blood borne viruses.

How often must I be tested for blood borne viruses?

The frequency with which physicians must be tested for BBVs will vary, depending on the applicable circumstances.

* For further information, please see the following: Classification of BBP Exposure Risk for Otolaryngology–Head and Neck Surgery document. The various diagnostic and therapeutic procedures performed within the sub-specialties of Otolaryngology–Head and Neck Surgery have been classified into categories according to risk of exposure.
The periodic testing section of the Blood Borne Viruses policy requires physicians who perform or who assist in performing exposure prone procedures (EPPs) or who have the potential to perform or assist in performing EPPs to be tested for HCV and HIV every three years. A physician who is not immunized and confirmed immune to HBV must be tested for HBV annually. Physicians who want to perform or assist in performing EPPs in Ontario must be tested for HCV, HIV and HBV, if they haven’t been confirmed immune to HBV, before they commence performing or assisting in performing EPPs in Ontario. This requirement applies to new registrants (including physicians who perform or assist in performing exposure prone procedures in other jurisdictions), physicians who will begin performing or assisting in performing exposure prone procedures as part of their educational training, and physicians who are changing their scope of practice or re-entering practice. This includes physicians who perform or assist in performing procedures that may become exposure-prone (for example, a laparoscopic procedure that may convert to an open procedure) and also includes physicians who have the potential to perform or assist in performing EPPs in the course of providing day-to-day care (e.g., emergency physicians) even though they may not be currently performing them. Physicians who have been exposed to bodily fluids of unknown status through a specific incident, such as a needle prick, or splash onto a mucous membrane or non-intact skin, must seek appropriate expert advice regarding the frequency of testing that is required to determine if they have been infected with one or more blood borne viruses.

Why do you require periodic testing for BBVs?

In the absence of a firm testing requirement, we found that physicians were not routinely testing despite their ethical obligation to know their serologic status. Testing allows physicians to monitor and safeguard their own health. As well, periodic testing will reassure the public that the profession is doing everything possible to ensure public and physician safety.

Why have you chosen the interval of three years for HCV and HIV testing?

Although any interval for testing is arbitrary as the literature does not provide any direction with respect to a testing interval, a three-year testing interval is a reasonable compromise amongst possible options.

What happens if I test positive for a blood borne virus?

Physicians must report to the College if they are seropositive with respect to HBV, HCV, and/or HIV through the completion of the Annual Renewal Survey.

Physicians are expected to make a report to the College as soon as is reasonably practical after learning of their status. It is not acceptable for physicians in these circumstances to wait to report their status on the next Annual Renewal Survey. To make a report to the College, physicians are advised to contact the College’s Physicians Advisory Service at 416-967-2606 or toll-free at 1-800-268-7096 ext. 606.

In order to comply with the policy and the annual renewal requirements, physicians may have to share with the College very confidential and private information. How does the College protect physician privacy?

We understand and respect that physicians are asked to share with us very personal, sensitive information and may be nervous about doing so. The College respects the confidentiality and privacy of all the information that we receive; this includes physician information about BBVs and their health. To help reassure physicians, we’ve outlined our practices regarding confidentiality and the management of seropositive physicians in an appendix to the policy.

What will happen if I do not answer the questions?

Successful renewal of your certificate of registration is dependent on:

1. Completion of the annual renewal form, and
2. Full payment of all fee amounts due.

If you do not understand the questions on the renewal form or have any other questions, please contact the College’s Physician Advisory Service at 416-967-2606 or 1-800-268-7096 ext. 606 for clarification.

What if I have tested positive for a blood borne virus and do exposure prone procedures?

Physicians who have tested positive for HBV, HCV, and/or HIV must undergo such regular testing as is recommended by their treating physician, and approved by the College for the purposes of monitoring their health, including their viral loads.

In determining whether seropositive physicians will be able to continue performing or assisting in performing EPPs, the College’s priority is to ensure that patient safety is protected.
The College will evaluate each situation based on the specific facts, including the physician’s practice and viral loads, and will consider the best available evidence and where applicable, the recommendations of the Expert Panel. See Appendix A of the policy for more information about College practices with respect to evaluation of practice and practice restrictions.

If the College has determined that a seropositive physician can safely perform or assist in performing EPPs, the physician must take such precautions (in addition to Routine Practices defined in Appendix C of the policy) that are required or recommended by the College. The College’s recommendations regarding additional precautions will be consistent with the SHEA Guideline, and the recommendations of the Expert Panel, where applicable.

I have never been immunized for HBV. I understand that the policy recommends that I do.

Yes. HBV immunization is widely regarded as an important safety precaution, and the policy strongly recommends that physicians be immunized and tested to confirm the presence of an effective antibody response unless a contraindication exists or they already have immunity.

I know the policy is directed at physicians, but is there any way for physicians to know if a patient they are treating has a BBV?

Yes, physicians may be able to find out a patient’s status under the Mandatory Blood Testing Act, 2006. This is an Ontario law, and it allows physicians and other care providers to get confirmation of a patient’s serological status in some circumstances. The policy recommends that physicians get legal advice as to whether the law is applicable in their specific circumstances. For more information, contact the Physician Advisory Service at the College at: feedback@cpso.on.ca

Telephone
416-967-2606
1-800-268-7096 ext. 606