Policy Title: Infectious Disease Protocol for Medical Students

Policy Number (relate to LCME Element as applicable): UCF COM Policy 12.8.2

Applies to: All medical students at the University of Central Florida College of Medicine (UCF COM).

Date: 5/11/2017

1.0 Purpose:
This policy relates to LCME Element 12.8 which states that: “medical school has policies in place that effectively address medical student exposure to infectious and environmental hazards.”

2.0 Policy Statement:
When a Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), or Hepatitis C Virus (HCV) infected student comes to the attention of Central Florida College of Medicine (UCF COM), confidentiality of the individual, as well as the individual’s welfare and that of the university community must be respected. Infectious diseases will be handled appropriately and reported according to State requirements.

As stated within the CDC Recommendations, Chronic HBV infection in itself should not preclude the practice or study of medicine, surgery, dentistry, or allied health professions. Standard Precautions should be adhered to rigorously in all health-care settings for the protection of both patient and provider (p.9)

Prior to matriculation, all incoming UCF COM students are required to provide proof of Hepatitis B vaccination and a current HBSAb titer. Students who are HBV positive may disclose their status at that time. There is no requirement to disclose any other bloodborne pathogen positivity, but the student may do so voluntarily.

At matriculation orientation, all students receive verbal and written protocols and procedures for care and treatment, should exposure occur. Should an exposure occur during the enrollment period at UCF COM, students should immediately report exposure to any potentially infectious material (blood, open wounds, etc.) to their clinical instructor or appropriate agency. If exposure results in contraction of disease or disability, the student will be allowed to continue in the program.

The UCF COM adheres to the most updated guidelines provided by the Centers for Disease Control and Prevention on the management of healthcare professionals with infectious diseases. For more information, visit http://www.cdc.gov/niosh/topics/bbp/.

3.0 Definitions:
CDC classification of exposure-prone patient care procedures is defined into Category I and Category II. For purposes of this policy we will be focusing on the Category I designation which is defined as:

Category I is classified by procedures known or likely to pose an increased risk of percutaneous injury to a health-care provider that have resulted in provider-to-patient transmission of hepatitis B virus (HBV) (p.8).

Category II is classified as all other invasive and noninvasive procedures not included in Category I as they pose low or no risk for percutaneous injury to a health-care provider or, if a percutaneous injury occurs it usually does not pose a risk for provider-to-patient blood exposure (p.8).
4.0 Responsibilities:
Monitored by UCF COM Office of Student Affairs

5.0 Monitoring Procedures:
Disclosure of Status
A student cannot be compelled to disclose bloodborne pathogen infection status. Infection with bloodborne pathogens other than Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), or Hepatitis C Virus (HCV), will not be addressed in this procedure. When the student self-discloses their HBV status to UCF COM, the following measures will be implemented as per the most recent Centers for Disease Control and Prevention Guidelines (http://www.cdc.gov/niosh/topics/bbp/).

M-1 and M-2
Per CDC guidelines for Expert Review Panels, HBV infection in health-care providers and students who do not perform invasive exposure-prone procedures should be managed as a personal health issue and does not require special panel oversight (p.9). Due to this, during the M1 and M2 year students will only be required to report titer levels once a year. We will follow these same guidelines for both Human Immunodeficiency Virus (HIV) and Hepatitis C Virus (HCV).

M-3 and M-4
Per the CDC guidelines, Expert Panel Oversight is recommended for particular surgeons and others who perform exposure-prone procedures as designated by Category 1 (please see section 3.0). HBV-infected providers can conduct exposure-prone procedures if a low or undetectable HBV viral load is documented by regular testing at least every 6 months unless higher levels require more frequent testing; for example, as drug therapy is added or modified or testing is repeated to determine if elevations above a threshold are transient (p.10).

CDC recommends that an HBV level 1,000 IU/ml (5,000 GE/ml) or its equivalent is an appropriate threshold to be adopted by a review panel. Monitoring should be conducted with an assay that can detect as low as 10-30 IU/ml. If results are higher-than-threshold, this will require the student to abstain from performing exposure-prone procedures. We will follow these same guidelines for both Human Immunodeficiency Virus (HIV) and Hepatitis C Virus (HCV).

Release Form
During all four years, students are required to come into the SASS office every 90 days to sign the Authorization to Release Health Care Information form.

Bloodborne Pathogen Expert Panel
A panel of experts will be convened for each instance and may include, but is not limited to the following:

UCF COM
- Associate Dean for Students and Assistant Deans for Students
- Assistant Deans of Medical Education
- ADA Director

Other members
- Student’s Healthcare Provider
• Infectious Disease Physician

This panel will evaluate:
• The infected provider’s clinical and viral burden status
• Assess his or her practices, procedures and techniques, experience, and adherence to recommended surgical techniques
• Provide recommendations, counseling, and oversight of the provider’s continued practice or study within the institution
• Investigate and notify appropriate persons and authorities (e.g., risk management or, if need be, licensure boards) for suspected and documented breaches

Confidentiality of the Infected Student
The confidentiality of the infected student should be respected. Certain expert review panels might elect to consider cases without knowledge of the name of the infected student. However, awareness of the infected student’s identity might be unavoidable. In such cases, respect for the confidentiality of the person under review should be accorded as it is for any other patient.

6.0 Related Policies:
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7.0 Key Search Words:

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<th>Medical Student</th>
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<td>Centers for Disease Control</td>
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8.0 Revision History:

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<tr>
<td>V2</td>
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9.0 References:
Updated CDC Recommendations for the Management of Hepatitis B Virus–Infected Health-Care Providers and Students - Centers for Disease Control and Prevention Guidelines (http://www.cdc.gov/niosh/topics/bbp/).

Responsible Office: Office of Student Affairs

Policy Contact: Director of Student Academic Support Services

Supersedes: V1