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#### **October 2014**

### **SHEA Response to Institutions' Implementation of 2010 Guideline for Healthcare Workers Infected with Bloodborne Pathogens**

Since the 2010 publication of the "SHEA Guideline for the Management of Healthcare Workers Who Are Infected with Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and/or Human Immunodeficiency Virus (HIV)" (1), additional strides have been made in the therapy of these three bloodborne pathogens. Effective treatments offer the promise of sustained virologic control, further reducing the already exceedingly small risk of transmission from an infected healthcare provider to a patient. The guideline's multidisciplinary authoring group affirms that 1) infected providers who are not conducting invasive procedures present virtually no risk to their patients, 2) providers with well-controlled infection *and* who conform to specific infection prevention practices may safely perform invasive procedures, and 3) a healthcare provider's status should not be the sole determinant in his or her ability to perform duties, including exposure-prone procedures.

The 2010 guideline was developed in part because of the lack of uniformity in the approach taken by institutions and states in the management of healthcare personnel (HCP) infected with HIV, HBV, and HCV. It was the society's aim to create a framework that navigates the complexity of these cases, balancing the assurance of patient safety with the personal and professional rights of individual healthcare providers. We believe that the state of the science and the ethical obligations to patients and to HCP remain encapsulated in this document today.

Along with other organizations including IDSA and HIVMA, we have observed that certain recommendations within the guideline have been overlooked, removed from context, or cited inappropriately in some institutions' policies. We acknowledge that the diversity of facilities nationwide, as well as pre-existing policies, have the potential to contribute to variation in interpretation. But in keeping with the goal of the guideline, clear and impartial adherence to its framework is essential to fairly managing individual healthcare personnel cases and upholding patient safety. We would like to provide the following clarifications to assist with appropriate and effective implementation of the 2010 guideline, while noting that end users should always be familiar with state and local laws that could impact utilization of these recommendations.

**First, the guideline explicitly recommends against mandatory testing of HCP. It is the ethical obligation of the healthcare provider to know his or her status.**

*“Mandatory HBV, HCV, or HIV screening of healthcare providers is not recommended (A-III). A provider who conducts Category III procedures is ethically obligated to know his or her infection status with respect to HBV, HCV, and HIV (A-III). Institutions should provide voluntary confidential testing for their employees (A-III). A provider who knows that he or she is the source of a patient exposure (i.e., as defined by the CDC—a percutaneous, mucous membrane or non-intact-skin exposure) to his or her blood or hazardous blood or body fluid should report the exposure and should undergo testing for infection with bloodborne pathogens (A-III).”(1)*

**Second, careers neither should be directed nor defined by a student or HCP’s status with regard to HIV, HBV, or HCV infection outside of equal consideration of professional, medical, and personal factors and ability of the provider to adhere to recommended infection prevention practices.**

*“Reasons for broadly restricting practice should be consonant with existing impaired-provider and disability guidelines, and should be based on the following criteria: (1) the provider has a viral burden above the recommended threshold for the relevant virus, (2) the provider has a medical condition or conditions resulting in the provider’s inability to perform assigned tasks, (3) the provider has documented untoward events (i.e., the provider is known to have transmitted HBV, HCV, or HIV), (4) the provider refuses or is unable to follow recommended guidelines to prevent transmission of infectious diseases, and/or (5) the provider is unable to perform regular duties, assuming that “reasonable accommodation” has been offered for the disability.”(1)*

**The procedures for investigations into suspected exposures should be driven by a series of objective considerations aligning with the goals of patient safety and HCP rights. These investigations are the responsibility of the institution, and should not be punitive toward any infected HCP.**

*“A variety of circumstances may prompt initiation of a lookback study. These include (1) if an infected healthcare worker is identified during the investigation of a possible instance of healthcare-associated transmission of one of these viruses, (2) if provider-to-patient transmission infection is documented or presumed, (3) if there is disclosure of a bloodborne pathogen infection associated with a viral burden higher than the thresholds defined..., or (4) if an ongoing screening program identifies an infected healthcare worker who has been conducting Category III procedures and who has a viral burden in excess of the thresholds...*

*The goals for such an investigation include (1) the provision of information to patients regarding the nature and magnitude of risks to which they may have been exposed, (2) the identification of patients who may have become infected with one or more of these bloodborne pathogens as a result of healthcare interventions and who may benefit from treatment, (3) the prevention of additional instances of transmission, (4) the management of institutional risks, and (5) the reassurance of the public.”(1)*

The guideline aims to navigate the complexity of handling of the individual cases of HCP who are infected with these bloodborne pathogens through recommendations that balance the responsibilities, ethical obligations of, and protections for the involved parties. As the

guideline's recommendations continue to be integrated into facilities' policies, those facilities are encouraged to reach out to SHEA with questions or requests for clarification. Guidelines are managed and reviewed by the SHEA Guidelines Committee on an annual basis, and are updated as new data becomes available.

1. Henderson DK, Dembry L, Fishman NO, Grady C, Lundstrom T, Palmore TN, et al. SHEA guideline for management of healthcare workers who are infected with hepatitis B virus, hepatitis C virus, and/or human immunodeficiency virus. *Infect Control Hosp Epidemiol.* 2010;31(3):203-32. Excerpts found on pages 228, 229, 228.