


**GUIDELINES FOR
PREVENTING THE TRANSMISSION OF
BLOOD-BORNE PATHOGENS IN
HEALTH CARE SETTINGS**

CALIFORNIA DEPARTMENT OF HEALTH SERVICES

MAY 1993

DEPARTMENT OF HEALTH SERVICES

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Dear Colleague:

The California Department of Health Services is pleased to present Guidelines for Preventing the Transmission of Blood-Borne Pathogens in Health Care Settings. These guidelines meet the requirements of the Patient Protection Act of 1991, authored by Senator Mike Thompson. In addition, the guidelines fulfill the federal requirement that states adopt guidelines equivalent to the Centers for Disease Control and Prevention (CDC) Recommendations for Preventing the Transmission of the Human Immunodeficiency Virus and the Hepatitis B Virus During Exposure-Prone Invasive Procedures. The Department developed these guidelines in consultation with representatives of dental, medical, nursing, legal, public health, and public policy disciplines.

The guidelines stress the importance of the use of universal precautions as the primary means of preventing the transmission of blood-borne diseases. The guidelines recommend voluntary rather than mandatory testing for the human immunodeficiency virus. In addition, the guidelines call upon health care workers infected with any blood-borne pathogen to consult with their personal physicians and expert review panels concerning the appropriateness of any practice restrictions.

If you have any questions concerning the guidelines, please call Jean Iacino or Mike Hughes of the Office of AIDS at (916) 324-8441.

Sincerely,

A handwritten signature in cursive script, appearing to read "Molly Coye".

Molly J. Coye, M.D., M.P.H.
Director

Background

Public health agencies and health care providers have long been concerned with the transmission of blood-borne pathogens in health care settings. In the past, primary concern was focused on the transmission of hepatitis B virus (HBV). Since the 1970's, over 300 patients have been infected with HBV in association with treatment by infected health care workers (HCWs).¹ Most of these transmissions occurred prior to the current emphasis on HBV vaccination of HCWs and the use of the standard infection control procedures known as universal precautions.

The emergence of the human immunodeficiency virus (HIV) epidemic has renewed concern over the risk of transmission of blood-borne pathogens in health care settings. However, HIV is transmitted much less readily than HBV.² To date, the federal Centers for Disease Control and Prevention (CDC) has identified only one cluster of HIV transmissions to patients in a health care setting. CDC extensively investigated the circumstances surrounding the infection of five patients of a Florida dentist but found no conclusive evidence as to the specific mechanism of transmission. However, transmission may have occurred due to the dentist's failure to follow standard infection control procedures. Numerous look-back studies involving thousands of patients treated by HIV-infected HCWs have failed to identify any additional instances of such transmission.³⁻⁸

Following the Florida incident, CDC issued "Recommendations for Preventing Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Patients During Exposure-Prone Invasive Procedures."⁹ Federal law requires all states to develop guidelines equivalent to these CDC guidelines.

In addition to the federal law, the Patient Protection Act of 1991,¹⁰ authored by Senator Mike Thompson, requires the California Department of Health Services (Department) to develop written guidelines to minimize the risk of transmission of blood-borne infectious diseases in health care settings.

The guidelines the Department presents here comply with the requirements of both the federal and California laws. In developing these guidelines, the Department reviewed scientific data and other states' guidelines, and consulted with representatives of dental, medical, nursing, legal, public health, and public policy disciplines.

Principles Underlying the Guidelines

Public health officials rely on the reasoned, expert opinions of health professionals, epidemiologists, and other scientists to evaluate the risks of transmitting blood-borne pathogens and the relative value of various preventive options. A balance must be achieved between the responsibility of HCWs to protect their patients from exposure to disease and the harm that may result to the public from expending significant resources on screening programs with few benefits or unnecessarily restricting HCWs' practices. Research has

shown that HBV- and HIV-infected HCWs do not pose a significant risk to the public when the workers use recommended infection control procedures. The infection control procedures, including HBV vaccination and universal precautions recommended by CDC in 1987 and 1988,^{11,12} offer both patients and HCWs the greatest protection from all blood-borne infectious diseases. Universal precautions include appropriate use of hand washing and protective barriers and care in the use of needles and other sharp instruments. Federal Occupational Safety and Health Administration (OSHA) standards currently require the use of universal precautions in all workplace settings in which employees experience occupational exposure to blood.¹³

Guidelines

The Department of Health Services concludes that the guidelines presented here are equivalent to the July 1991 CDC recommendations in that they offer equal or greater protection to the patients of infected HCWs.

For the purpose of this document, the Department adopts the following CDC definition of a health care worker: "any person, including a student or trainee, whose activities involve contact with patients or with blood or other body fluids from patients in a health care setting."¹⁴

Infection Control and Immunization

1. All health care workers should rigorously adhere to the 1987 and 1988 CDC infection control guidelines^{15,16} and the 1991 OSHA standards,¹⁷ including HBV vaccination and the use of universal precautions in all health care settings. HCWs with exudative lesions or weeping dermatitis should refrain from direct patient care or handling patient-care equipment until the condition is resolved.
2. All HCWs and health care settings should use the best available method to ensure that each patient is treated with sterile or properly disinfected equipment, devices, and instruments.
3. Adherence to proper infection control procedures, including vaccinations as indicated, is a minimum standard of care. All health care facilities should monitor employees' adherence to these procedures. Licensed professionals who fail to practice proper infection control should be subject to charges of professional misconduct and disciplinary action.
4. As part of the accreditation process, professional schools should develop and periodically update guidelines for the infection control curricula.
5. Periodic infection control training should be a condition of certification, licensure, and relicensure for all HCWs.

6. In accordance with OSHA standards, all employers of HCWs and trainees must offer HBV vaccination to those employees who are likely to be exposed to blood or other potentially infectious materials.

Testing

7. Current assessment of the risk of transmission of HIV between HCWs and patients does not support a mandatory testing program for either HCWs or patients. HCWs and patients who may have been exposed to blood-borne pathogens through personal risk behaviors, blood products, or occupational accidents are encouraged to seek counseling and testing in order to benefit from medical management. Employers of HCWs should follow OSHA standards for post-exposure evaluation and follow-up of HCWs exposed via occupational accidents.

Restriction of Practice

8. Because of the low risk of transmission of HBV and HIV from HCW to patients, general restriction of the practices of infected HCWs would not offer a significant increase in patient protection and is not recommended. However, there may be certain stages of disease or a combination of other factors that may place patients and/or HCWs at elevated risk. For example, HCWs with advanced HIV infection are at increased risk for occupationally acquiring diseases such as measles and tuberculosis. Individual HCWs and their personal physicians should review the HCW's practices and modify any practices that may place a patient or the HCW at risk of infection. The appropriateness of any such restrictions can be reviewed by expert review panels convened by the Department of Health Services. The Department will develop guidelines for the structure and function of these expert review panels.
9. The State and professional organizations should facilitate job counseling and retraining services for infected HCWs who can no longer work in their field.

Notification and Informed Consent

10. In accordance with CDC guidelines, HCWs engaging in procedures or practices that place their patients at substantial risk of infection should consult with an expert review panel concerning their responsibility to disclose their serostatus to their patients prior to performing such procedures.
11. In the absence of a documented exposure incident, the Department does not recommend routine post-treatment notification of patients treated by infected HCWs.
12. In accordance with CDC guidelines, HCWs should notify patients in a timely manner when the HCW's body fluid comes in contact with the patient parenterally or with

their mucous membranes, regardless of the HCW's infection status. Patients and their physicians may then make informed decisions regarding their own testing, prevention, and treatment options.

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