

UE: COFM Blood Borne Viruses Policy

Approved May 11, 2026

This policy is an evidence-based consensus document developed by an expert working group on behalf of the six Ontario medical schools and faculties. The policy closely complies with current evidence as described in the Public Health Agency of Canada document *Guideline on the prevention of transmission of bloodborne viruses from infected healthcare workers in healthcare settings*¹ and the original and updated *SHEA guideline for Management of Healthcare Workers Who Are Infected with Hepatitis B Virus, Hepatitis C Virus, and/or Human Immunodeficiency Virus*.² This policy applies to all students attending an Ontario medical school who participate in clinical activities in Ontario.

Definitions

Applicant: an individual applying for admission to medical school that has not yet been accepted.

Blood borne disease: a disease caused by a microbiologic agent capable of being transmitted via contact with the blood of an infected individual. Most notably, this includes the human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C virus (HCV).

Exposure-prone procedures: “Invasive procedures where there is the potential for direct contact between the skin (usually a hand finger or thumb) of the physician and sharp instruments, needle tips, or sharp tissues (spicules of bone or teeth) in body cavities, wounds, or in poorly visualized, confined anatomical sites.”³

Medical Student: an individual who has been accepted to medical school.

Non-exposure prone procedures (NEPP): “Procedures where the hands and fingers of the physician worker are visible and outside of the body at all times and procedures or internal examinations that do not involve possible injury to the health-care worker’s hands by sharp instruments and/or tissues are considered NEPP, provided routine infection prevention and control procedures are adhered to at all times.”⁴

¹ <https://www.canada.ca/en/public-health/services/infectious-diseases/nosocomial-occupational-infections/prevention-transmission-bloodborne-viruses-healthcare-workers.html>

² Henderson, D.K., Dembry, L, Sifri, C.D., Palmore, T.N., Dellinger, E.P., Yokoe, D.S., Grady, C., Heller, T., Weber, D., del Rio, C., fishman, N.O., Deloney, V.M., Lundstrom, T., Babcock, H.M. SHEA White Paper: Management of Healthcare Personnel Living with Hepatitis B, Hepatitis C, or Human Immunodeficiency Virus in United States Healthcare Institutions. *Infection Control and Hospital Epidemiology*. Web (October 14, 2020). <https://www.cambridge.org/core/journals/infection-control-and-hospital-epidemiology/article/management-of-healthcare-personnel-living-with-hepatitis-b-hepatitis-c-or-human-immunodeficiency-virus-in-us-healthcare-institutions/71C331662FBEDDF7F62369E22A22E4F0>

³ Health Canada. (1998). Proceedings of the Consensus Conference on infected health care workers: risk for transmission of blood-borne pathogens. *Canada Communicable Disease Report*,24S.

⁴ Health Canada. (1998). Proceedings of the Consensus Conference on infected health care workers: risk for transmission of blood-borne pathogens. *Canada Communicable Disease Report*,24S

Examples of such NEPP include:

- the drawing of blood
- setting up and maintaining intravenous lines or central lines provided that there has been no skin tunneling and the procedure is performed in a non-exposure prone manner
- minor suturing on the surface of the body
- the incision of external abscesses or similar lesions
- routine oral, vaginal or rectal examinations

Applicants will be:

- aware that they will be required to participate in the care of patients with various communicable diseases or infections including viral hepatitis, HIV and AIDS;
- required to comply with Faculty/Program Hepatitis B immunization and blood borne pathogen policies and requirements;
- required, upon acceptance, to inform the Associate/Assistant Dean of Undergraduate (UG) Medicine if they are positive for a blood borne virus. The Associate/Assistant Dean of UG Medicine may consult with the Expert Board/Board of Medical Assessors or other experts as appropriate. Confidentiality concerning the applicant's state of health will be maintained to the greatest extent possible.

The Medical/Health Sciences Faculty will:

- provide education and training to all students in appropriate methods to prevent the transmission of communicable diseases, including blood borne viruses, that is consistent with *Provincial Infectious Diseases Advisory Committee's Document: Routine Practices and Additional Precautions in All Health Care Settings*⁵;
- maintain confidentiality to the greatest extent possible regarding information disclosed by students concerning their serological status and disclose relevant information only with the appropriate consent.

Medical Students are:

- likely to participate in exposure-prone procedures. Students are therefore ethically obligated to know their serological status with respect to blood borne viruses and, if seropositive, to report their status to the appropriate Associate/Assistant Dean as per their program's policy. It is in a student's best interest to be tested and, if necessary, to receive proper treatments that are highly effective at reducing viral load or even curing some forms of blood borne viral infections while also maintaining quality of life.

⁵ <https://www.publichealthontario.ca/-/media/documents/b/2012/bp-rpap-healthcare-settings.pdf>

- expected to be in a state of health such that they may participate in the academic programs, including patient care, without posing a risk to themselves or others (see COFM's Policy on Essential Skills for Medical Students). As such, if a student's serological status is unknown, the Faculty/Program may make curricular changes to ensure patient safety which may affect the student's ability to participate in patient care activities.
- obligated to comply with Faculty/Program Hepatitis B immunization policies and requirements, where documented evidence of a complete series of hepatitis B immunizations, in addition to testing for antibodies to HBsAg (Anti-HBs) at least one month after the vaccine series is complete, is required (see COFM's Immunization Policy).
- mandated to comply with the Provincial Communicable Disease Surveillance Protocol⁶, developed under the *Public Hospitals Act, Regulation 965*.
- required to use Routine Practices and Additional Precautions in order to prevent the spread of blood borne viruses and other infections.
- required to disclose, as per school policy, if they are potentially exposed to a blood borne virus in a clinical setting; and provide a blood specimen, if indicated.

Medical Students infected with Blood Borne Viruses:

- are professionally and ethically obligated, on acceptance, to inform the appropriate Associate/Assistant Dean;
- may pursue their studies only as long their continued involvement does not pose a health or safety hazard to themselves or others; it is expected that, with a combination of effective treatments that reduce the viral load and some modification to their program of study, all students can be accommodated as needed to reduce the risks of blood borne pathogen transmission to allow successful completion of their studies;
- may have their condition reviewed and monitored by an Expert Board at the request of the Associate/Assistant Dean. The review panel may include individuals who have expertise in the infected provider's specialty or subspecialty, Infection Prevention and Control, Infectious Diseases and/or Hepatology with expertise in viral hepatitis and/or HIV infection, Public Health, Bioethics, Occupational Medicine, and/or hospital administration; and, an individual with legal expertise;
- may have clinical duties or clinical exposure modified, limited or abbreviated based on recommendations from an Expert Board regarding the details of the modifications or limitations – particularly as it relates to the performance of exposure prone procedures and the status of the blood borne infection (i.e. viral loads etc);
- required to disclose if they accidentally expose a patient to their blood borne virus in a clinical setting;

⁶ <https://www.oha.com/guidance-and-resources/hospital-policies-and-operations/communicable-diseases-surveillance-protocols>

- must be offered advice and counseling that will assist him/her regarding clinical practice and career choices; and
- have the right to appeal decisions made by the Associate/Assistant Dean or the Expert Board by submitting, in writing or in person, a proposed amendment to the decision and the rationale supporting such an amendment. The student may submit additional documentation from his/her personal physician or other healthcare provider in support of their appeal. In the case where the student's appeal is rejected by the Associate/Assistant Dean and/or Expert Board, the student may engage in the Student Appeal Procedure of the University to submit any additional appeals.

Medical Students who are potentially exposed to a blood borne virus are:

- required to seek medical attention as soon as possible after the event as per faculty and organizational policy (e.g. within 1-2 hours for HIV post-exposure prophylaxis);
- required to report and document occurrence as per faculty and organizational policy;
- required to follow post-occurrence testing and treatment.

General Recommendations

1. Students should not be prohibited from participating in educational experiences solely on the basis of their blood borne virus status.
2. Subject to the precautions below, the affected student may perform routine physical examinations provided there is no evidence of open or healing wounds, or eczema on the student's hands as per Routine Practices.
3. If the skin of the hands is intact, and there are no wounds or skin lesions, then in examining a body orifice, whether oral, vaginal, or rectal, the student must wear gloves as per Routine Practices.
4. If the skin on the hands is not intact, whether from a healing laceration, or from any skin condition interfering with the normal protection afforded by intact skin, and is to the extent that could not be covered with a simple dressing then the affected student should not provide direct patient contact until they have received effective treatment.
5. A decision as to whether an affected student should continue to perform a procedure which in itself is not exposure prone should take into account the risk of complications arising which might necessitate the performance of an exposure prone procedure.
6. It is recognized that infection control precautions are not perfect. However, based on the nature of NEPPs and the agent specific guidelines outlined in this document, it is expected that the risk of a transmission event occurring is low and if an event were to occur, remedial action can further minimize the risk to the patient.
7. Due to the nature of undergraduate medical education, it is likely that all medical students will be involved in exposure-prone procedures. It is therefore required that the implementation of these policies at Ontario medical schools be guided by the principles

and procedures as articulated in the PHAC Guidelines and the SHEA White Paper which states that hospitals and health care facilities should ensure health care providers who perform or assist with EPPs are aware of the ethical obligation to know their HBV, HCV and HIV serologic status. Similarly, the College of Physicians and Surgeons of Ontario “[expects] all physicians who perform exposure-prone procedures monitor their own serologic status on an ongoing basis.”⁷

For additional information on the following topics, please see the Public Health Agency of Canada document *Guideline on the prevention of transmission of bloodborne viruses from infected healthcare workers in healthcare settings* (<https://www.canada.ca/en/public-health/services/infectious-diseases/nosocomial-occupational-infections/prevention-transmission-bloodborne-viruses-healthcare-workers.html>) and the *SHEA guideline for Management of Healthcare Workers Who Are Infected with Hepatitis B Virus, Hepatitis C Virus, and/or Human Immunodeficiency Virus* (<https://www.cambridge.org/core/journals/infection-control-and-hospital-epidemiology/article/management-of-healthcare-personnel-living-with-hepatitis-b-hepatitis-c-or-human-immunodeficiency-virus-in-us-healthcare-institutions/71C331662FBEDDF7F62369E22A22E4F0>):

- Summary Recommendations for Managing Healthcare Providers Infected with Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and/or Human Immunodeficiency Virus (HIV)
- Categorization of Healthcare-Associated Procedures According to Level of Risk for Bloodborne Pathogen Transmission
 - Category I: Procedures with a minimal risk of bloodborne virus transmission
 - Category II: Procedures for which bloodborne virus transmission is theoretically possible but unlikely
 - Category III: Procedures for which there is definite risk of bloodborne virus transmission or that have been classified previously as “exposure-prone”

⁷ <https://dialogue.cpso.on.ca/articles/blood-borne-virus-policy-rescinded>