



## UNIVERSITY POLICY

**SUBJECT:** HEALTH AND SAFETY

**TITLE:** HIV, HBV and HCV

**CODING:** 00-01-45-52:00

**ADOPTED:** 12/01/88

**AMENDED:** 05/08/08

**LAST REVIEWED:** 05/08/08

### I. PURPOSE

To set University requirements for HIV, HBV and HCV testing, evaluation, immunization, and impact on the allowed clinical activities of faculty, housestaff, non-faculty staff and students who have or will have patient contact or contact with potentially infectious materials during their employment or studies at UMDNJ.

### II. ACCOUNTABILITY

Under the President, the Executive Vice President for Academic and Clinical Affairs shall ensure compliance with this policy. The Deans and the Presidents/CEOs of the patient-care units shall implement this policy.

### III. DEFINITIONS

- A. "Bloodborne viral hepatitis/hepatitides" shall mean those systemic viral infections primarily involving the liver which have a high potential for transmission via blood or body fluids, such as hepatitis B and hepatitis C.
- B. "Exposure-prone procedures" shall mean (a) those invasive surgical and dental procedures that have been implicated in the transmission of bloodborne pathogens from infected health care workers to patients, and (b) those invasive procedures whose performance presents a recognized risk of percutaneous injury to the health care worker and, if such injury occurs, the health care worker's blood is likely to contact the patient's body cavity, subcutaneous tissues and/or mucous membranes.
- C. "Standard precautions" is a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed diagnosis or presumed infection status. Standard Precautions is a combination and expansion of Universal Precautions and Body Substance Isolation. Standard Precautions is based on the principle that all blood, body fluids, secretions, excretions except sweat, nonintact skin, and mucous membranes may contain transmissible infectious agents. Standard Precautions includes hand hygiene, and depending on the anticipated exposure, use of gloves, gown, mask, eye protection, or face shield. Also, equipment or items in the patient environment likely to have been contaminated with infectious fluids must be handled in a manner to prevent transmission of infectious agents (e.g., wear gloves for handling, contain heavily soiled equipment, properly clean and disinfect or sterilize reusable equipment before use on another patient).

### IV. REFERENCES

- A. Disabilities and UMDNJ Students/Applicants [00-01-20-91:00](#)
- B. Student Essential Functions [00-01-20-96:00](#)

- C. Student Immunizations & Health Requirements [00-01-25-40:00](#)
- D. Management of Potential Occupational/Educational Exposures to HIV, HBV and HCV [00-01-40-40:10](#)

V. POLICY

- A. All employees, faculty, housestaff and students shall comply with the infection control policies and procedures of their respective Schools or patient-care units, with the training requirements described in the UMDNJ Bloodborne Pathogens policy, with the Universal Precautions Guidelines established by the Centers for Disease Control and Prevention (CDC), with the New Jersey Department of Health and Senior Services infection control standards for hospitals (N.J.A.C. 8:43G-14.1(b) 2), and with the Occupational Safety and Health Administration's (OSHA) "Bloodborne Pathogens Standard" (29 CFR 1910.1030) as promulgated by the New Jersey Public Employees Occupational Safety and Health Act (PEOSHA). Continued clinical privileges will be dependent upon full compliance with all appropriate infection control procedures.
- B. Newly hired faculty, housestaff and staff who may have patient contact or contact with blood or other potentially infectious body fluids or laboratory material shall undergo testing for HBV infection and immunity pre-employment (post-offer of employment), and prior to patient contact or contact with blood/potentially infectious materials. These tests should ordinarily consist of hepatitis B surface antigen (HBsAg), antibody to HBsAg (HBsAb) and antibody to hepatitis B core antigen (HBcAb), followed by additional tests as deemed appropriate by the campus Occupational Medicine/Employee Health Service.
  - 1. If these individuals *test negative for HBV* infection and they have not been previously immunized, they shall begin immunization against HBV or sign a UMDNJ-approved waiver declining immunization prior to patient contact or contact with blood or other potentially infectious body fluids or laboratory material. If these individuals test negative for HBV infection and have been previously immunized but have inadequate levels of antibodies despite such previous immunization, they shall receive a booster dose of the vaccine or sign a UMDNJ-approved waiver declining immunization prior to patient contact or contact with other potentially infectious body fluids or laboratory material. Testing for antibody titers (HBsAb) 1-2 months post-immunization should be performed; non-responders to a primary series of immunizations should complete a second three-dose immunization series and be tested again for serologic response. Individuals who still do not respond with antibody production following a second series of immunizations or following a booster dose are considered susceptible to HBV infection, and shall be counseled regarding precautions to prevent HBV infection and the need to obtain hepatitis B immune globulin (HBIG) prophylaxis for any known or probable significant exposure to HbsAg-positive blood.

In all instances, current CDC recommendations should be followed regarding initial HBV immunization, post-immunization antibody titers, re-immunization or booster doses for inadequate antibody titers, and post-exposure immunoglobulin prophylaxis for non-responders.
  - 2. If the initial *HBV tests are positive* and indicate a significant potential for transmission of the virus, an evaluation shall be made prior to patient contact of the need for monitoring of clinical performance and/or of the scope of assigned or permitted clinical activities consistent with patient protection, especially the performance of exposure-prone procedures. This evaluation shall be made by designated individuals, who may include the campus Occupational Medicine/Employee Health Service director, and representatives from Legal Management, Human Resources, the School and the clinical unit, who may consult with infectious disease experts. If hired under these circumstances, individuals may be restricted in their clinical activities.
- C. Currently employed faculty, housestaff and staff who may have patient contact or contact with

blood or other potentially infectious body fluids or laboratory material, and whose HBV status has not been previously documented shall be tested for HBV infection and immunity. These tests should ordinarily consist of hepatitis B surface antigen (HBsAg), antibody to HBsAg (HBsAb) and antibody to hepatitis B core antigen (HBcAb), followed by additional tests as deemed appropriate by the campus Occupational Medicine/Employee Health Service.

1. If these individuals *test negative for HBV* infection and they have not been previously immunized, they shall begin immunization against HBV or sign a UMDNJ-approved waiver declining immunization. If these individuals test negative for HBV infection and have been previously immunized but have inadequate levels of antibodies despite such previous immunization, they shall receive a booster dose of the vaccine or sign a UMDNJ-approved waiver declining immunization. Testing for antibody titers (HBsAb) 1-2 months post-immunization should be performed; non-responders to a primary series of immunizations should complete a second three-dose immunization series and be tested again for serologic response. Individuals who still do not respond with antibody production following a second series of immunizations or following a booster dose are considered susceptible to HBV infection, and shall be counseled regarding precautions to prevent HBV infection and the need to obtain hepatitis B immune globulin (HBIG) prophylaxis for any known or probable significant exposure to HbsAg-positive blood.

In all instances, current CDC recommendations should be followed regarding initial HBV immunization, post-immunization antibody titers, re-immunization or booster doses for inadequate antibody titers, and post-exposure immunoglobulin prophylaxis for non-responders.

2. If the initial *HBV tests are positive* and indicate a significant potential for transmission of the virus, an evaluation shall be made of the need for monitoring of clinical performance and/or of the scope of assigned or permitted clinical activities consistent with patient protection, especially the performance of exposure-prone procedures. This evaluation shall be made by designated individuals who may include the campus Occupational Medicine/Employee Health Service director, and representatives from Legal Management, Human Resources, the School and the clinical unit, who may consult with infectious disease experts. Individuals may be restricted in their clinical activities as a result of this evaluation.

D. All students who may have patient contact or contact with blood or other potentially infectious body fluids or laboratory material must comply in all respects with the HBV requirements of the University policy, Student Immunizations & Health Requirements, 00-01-25-40:00, including proving immunity to or being immunized against HBV prior to matriculation or enrollment. Students who will perform or take part in exposure-prone procedures must also determine their potential to transmit HBV despite having been immunized. If tests indicate a significant potential for transmission of HBV, an evaluation shall be made of the need for monitoring of clinical performance and of the scope of assigned or permitted clinical activities consistent with patient protection. Enrollment and continuing enrollment of students who are potentially infectious for HBV are contingent upon their ability, in the judgment of the School, to perform safely all Essential Functions and curricular requirements for matriculation and completion of the educational program.

E. Currently, no recommendations exist to restrict professional activities of health-care workers with HIV or HCV infection. As recommended for all health-care workers, those who are infected with HIV and/or HCV should follow strict aseptic technique and standard precautions including, but not limited to, appropriate hand washing frequencies and techniques; protective barriers; and appropriate use of sharps disposal containers, sharps with engineered sharps injury protections, and other safer medical devices, as required by the PEOSHA/OSHA Bloodborne Pathogens standard and the UMDNJ Bloodborne Pathogens policy.

Students, housestaff, faculty and staff who perform or participate in exposure-prone procedures and who have reason to believe they may be infected with HIV and/or HCV because of occupational exposure or non-occupational high risk activities have a duty to periodically

determine their serostatus as frequently as is indicated by the nature of their risk. If found to be infected with HIV and/or HCV, these individuals shall consult with their Student Health Service director or Occupational Medicine/Employee Health Service director, as appropriate, regarding the scope of their clinical activities in the interests of patient protection. Monitoring of clinical performance and/or restriction of performance of certain exposure-prone procedures may result from this consultation.

- F. In accordance with UMDNJ policy, Disabilities and UMDNJ Students/Applicants, 00-01-29-91:00, Schools shall not make any inquiries of applicants for admission regarding the existence, nature or severity of disabilities prior to acceptance, but may inquire about the ability of applicants to meet the published Essential Functions of the educational program, with or without reasonable accommodations. In evaluating applicants to UMDNJ educational programs, an applicant's limitations or impairments due to HIV and/or bloodborne viral hepatitis infection may be considered on a case-by-case basis, as with other medical illnesses and disabling conditions, to determine the applicant's ability to perform the Essential Functions and curricular requirements of the academic program. In no case shall information or inference about HIV or viral hepatitis status be used as the basis for denying an applicant full and complete consideration in the admissions process. Evaluation for admission should focus on whether the individual in his or her current state of health, with reasonable accommodation by the University, will be able to successfully complete the Essential Functions and curricular requirements of the academic program.
- G. Faculty, housestaff, staff and students must be provided with explicit procedures to be followed in the event of a potential exposure, in accordance with UMDNJ policy, Management of Potential Occupational/Educational Exposures to HIV, HBV, and HCV, 001-01-40-40:10.

By Direction of the President:

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Vice President for Academic Affairs