

**Undergraduate Medical Education Program**

**Policy for Undergraduate Students with a Communicable Infection**

Approved by:	Faculty Council
Application/Scope:	
Approved Date:	October 9 2007
Review Date:	

**Objective**

To outline the course of action to be taken when an undergraduate student in the Faculty of Medicine has a communicable infection.

**Principles**

The Faculty of Medicine at Dalhousie University is committed to protecting and maintaining the rights of patients and health care workers as well as the integrity of the educational process of Medical professionals.

To study or work in the health care professions is a privilege offered to those who are prepared for a lifetime of service to the public. Students, faculty, and health care workers (HCW) have a fundamental responsibility to provide care to all patients assigned to them. A failure to accept this responsibility violates a basic tenet of the medical profession – to place the patient’s interest and welfare first. Thus, health care workers have an ethical obligation to their patients to know their own infectious disease status where that may impact on the health of the patient.

Students in health care professions are at risk of contracting infectious diseases during the course of providing patient care<sup>1 2 3 4 5</sup>. A policy of mandatory immunizations combined with consistent application of infection prevention and control practices helps to protect students from some of these

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<sup>1</sup> Faculty of Dentistry. Policy on Students & Student Applicants with Infectious Diseases. Dalhousie University. April 18, 2006.

<sup>2</sup> Gamester CF, Tilzey AJ, Banatvala JE. Medical students' risk of infection with bloodborne viruses at home and abroad: questionnaire survey. *BMJ* 1999; 318:158-60.

<sup>3</sup> Deisenhamener S, Radon K, Nowak D, Reichert J. Needlestick injuries during medical training. *J Hosp Infect* 2006; 63:263-7.

<sup>4</sup> Patterson JM, Novak CB, Mackinnon SE, Ellis RA. Needlestick injuries among medical students. *Am J Infect Control* 2003; 21:226-30.

<sup>5</sup> Berry AJ. Needle stick and other safety issues. *Anesthesiol Clin North America* 2004; 22:493-508.

infectious diseases. A patient's right to informed consent may outweigh the worker's right to privacy when a recognized risk of disease transmission is present.

## Terms

***"Communicable Infections Committee"*** means the committee described in Section 2.0;

***"Exposure-prone procedures"*** is used for the purpose of managing the risk of bloodborne pathogens transmitted in Canada. They are procedures during which transmission of HBV, HCV or HIV from a HCW to patients is most likely to occur and include the following: digital palpation of a needle tip in a body cavity (a hollow space within the body or one of its organs) or the simultaneous presence of the HCW's fingers and a needle or other sharp instrument or object in a blind or highly confined anatomic site, e.g. during major abdominal, cardiothoracic, vaginal and/or orthopedic operations, or repair of major traumatic injuries, or major cutting or removal of any oral or perioral tissue, including tooth structures"... (Note: from the Public Health Agency of Canada's consensus report on infected health care workers<sup>6</sup> which further states that this definition is quite broad in its scope and recommends that an expert panel make an informed decision based on factors in a specific case).

***"Program"*** means the Faculty of Medicine program leading to a degree of Doctor of Medicine.

### **1.0 Hepatitis B (HBV) Immunization and Immune status of students registered in the Program.**

The Faculty of Medicine will not refuse acceptance to the Program on the basis of disease status. However, the HBV status of all students admitted to the Program is required so as to assess whether modification to the students' training in the Program is necessary to ensure patient and student safety.

### **2.0 The Communicable Infections Committee**

There shall be a Communicable Infections Committee that shall comprise the Assistant Dean of Admissions, the Assistant Dean of Student Affairs, the Associate Dean of Undergraduate Medical Education, and a faculty member who is an infectious disease specialist who is appointed by the Department Head for the Department of Medicine. The latter member shall be appointed for a three (3) year term. The function of this Committee is to assist the Assistant Dean of Admissions, the Assistant Dean of Student Affairs, and the Associate Dean of Undergraduate Medical Education in counseling students, and in evaluating and structuring modifications to the Program as may be required by the student's disease or immune status, as more particularly set out in this Policy.

### **3.0 HBV immunization**

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<sup>6</sup> Health Canada. Proceedings of the Consensus Conference on Infected Health Care Workers: Risk for Transmission of Bloodborne Pathogens. Can Commun Dis Rep 1998; 24S4. [http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/98vol24/24s4/24s4b\\_e.html](http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/98vol24/24s4/24s4b_e.html) (Version current at December 12, 2006).

HBV immunization is required of all students registered in the Program prior to the end of first term of Med 1. Students shall provide results of post-immunization HBV antibody (HBsAb) testing to the Assistant Dean, Admissions and the Assistant Dean, Student Affairs. Students who test negative for HBsAb following HBV immunization will be required to provide results of hepatitis B surface antigen (HBsAg) testing (see 3.2). The course of action to be followed based on the hepatitis B serological results<sup>7 8</sup> are summarized below:

**3.1 HBsAg positive:** Students whose serologic profile indicates that they are HBsAg positive will be evaluated by the Communicable Infections Committee to determine whether their clinical experiences require modification to allow them to complete Program requirements while at the same time ensuring patient and student safety. The Communicable Infections Committee shall assist in developing any such modifications and will provide counseling to the student as may be required. Every reasonable attempt will be made to ensure that the learning objectives of the curriculum are met, but this may not be possible in all cases.

Career counseling to such students will be provided by the Assistant Dean, Admissions and the Assistant Dean, Student Affairs, as the range of postgraduate programs for which student may be eligible may be limited, including but not limited to, the surgical disciplines.

The Assistant Dean of Admissions and the Assistant Dean of Student Affairs shall notify the Advisory Committee on Blood Borne Pathogens of the College of Physicians and Surgeons of Nova Scotia of the student's serologic status.

**Note:** The purpose of excluding HBsAg positive students with an increased likelihood of transmitting HBV from surgical procedures and surgical training is to protect patients from acquiring HBV. There is precedence for such a policy of exclusion in Canada<sup>9 10 11</sup>, the United

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<sup>7</sup> Gish RG, Gadano AC. Chronic hepatitis B: current epidemiology in the Americas and implications for management. *J Viral Hepat* 2006; 13:787-98.

<sup>8</sup> Trepo C, Zolim F, Pradat P. Viral hepatitis. *Curr Opin Infect Dis* 1999; 12:481-90.

<sup>9</sup> University of Alberta. Guidelines for Students with Respect to Bloodborne Pathogens. 108.12.5 Guidelines with respect to Applicants to or Students in Health Care Programs. (Version current at December 22, 2006).

<sup>10</sup> Blood-Borne Infection Policy. University of British Columbia Postgraduate Training Program. [www.med.ubc.ca/education/md\\_postgrad/Policies.htm](http://www.med.ubc.ca/education/md_postgrad/Policies.htm). (Version current at Dec 22, 2006).

<sup>11</sup> McGill University Policy Infectious Diseases and Infection Control. Policy on Students Known to be Seropositive (e.g. Hepatitis B, Hepatitis C).

[http://www.medicine.mcgill.ca/ugme/studentaffairs/infection\\_policyseropos\\_en.htm](http://www.medicine.mcgill.ca/ugme/studentaffairs/infection_policyseropos_en.htm) (Version current at January 3, 2007).

States<sup>12 13</sup> and outside North America<sup>14 15 16</sup>. The Public Health Agency of Canada also supports a policy of exclusion<sup>17</sup>.

**Note:** Not all HBsAg positive students need to be excluded; HBV viral load is an important determinant.

**3.2 Non-responders to Hepatitis B vaccine:** Individuals who have been vaccinated but are either non-responders or have inadequate antibody titres after completing two series (three doses /series) of HBV vaccine are not considered immune<sup>18</sup>. These students will be required to sign the Agreement Form for HBsAg testing (Appendix 1) and to undergo serologic testing on an annual basis.

The student's HBsAb and HBsAg status must be reported to the Communicable Infections Committee annually or after an exposure incident, until graduation from the Program.

The Communicable Infections Committee shall provide counseling to such students relative to their training and health status. Career counseling will be provided to such students by the Assistant Dean of Admissions and the Assistant Dean of Student Affairs.

**3.3 Declination of Hepatitis B vaccine:** Students declining to be immunized against HBV on religious or similar grounds or for medical reasons are to be counseled by the Communicable Infections Committee. Their request for a waiver of the immunization requirements set out in this policy will be assessed on a case-by-case basis. Such students must sign The Agreement Form for HBsAb and HBsAg Testing (Appendix 1) and the Hepatitis B Vaccine Declination Statement (Appendix 2) and to undergo annual serologic testing as specified in 3.2 in order to be allowed to continue their studies.

#### 4.0 HIV Testing

Students with risk factors for HIV and who are involved in exposure-prone procedures have a moral and ethical obligation to undergo HIV testing on a voluntary basis. HIV infected students will be counseled by the Communicable Infections Committee. The Assistant Dean of Admissions and the Assistant Dean of

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<sup>12</sup> University of Virginia Medical School. Student Health Policy. (Version current at January 4, 2007).

<sup>13</sup> The University of North Carolina at Chapel Hill. Policy on HIV-Infected and HBV-Infected Employees and Students Who are Engaged in University Related Patient Care Activities. Effective April 18, 1991, revised July 1, 2002. (Version current at January 4, 2007).

<sup>14</sup> Australian Medical Association. Position Statement on Blood Borne Viral Infections 1995. Revised 2004. (Version current at January 3, 2007).

<sup>15</sup> Council of Heads of Medical Schools (United Kingdom). Guiding Principles for the Admission of Medical Students. February 1999. Revised November 2004. (Version current at January 4, 2007).

<sup>16</sup> The European Consensus Proposal for Handling Infected Health Care Workers with Viruses B and C 2003. Presentation to the VHPB Rome March 17, 2005. (Version current January 4, 2007).

<sup>17</sup> Berry AJ. Needle stick and other safety issues. *Anesthesiol Clin North America* 2004; 22:493-508.

<sup>18</sup> The European Consensus Proposal for Handling Infected Health Care Workers with Viruses B and C 2003. Presentation to the VHPB Rome March 17, 2005. (Version current January 4, 2007).

Student Affairs will notify the Advisory Committee on Blood Borne Pathogens of the College of Physicians and Surgeons of Nova Scotia of the student's serologic status.

### **5.0 Hepatitis C (HCV) Testing**

Students with risk factors for HCV and who are involved in exposure-prone procedures have a moral and ethical obligation to undergo HCV testing on a voluntary basis. HCV infected students will be counseled by the Communicable Infections Committee. The Assistant Dean of Admissions and the Assistant Dean of Student Affairs will notify the Advisory Committee on Blood Borne Pathogens of the College of Physicians and Surgeons of Nova Scotia of the student's serologic status.

### **6.0 Other Communicable Infections and Medical Students**

Any student who has or develops a communicable infection is required to inform the Assistant Dean of Admissions and the Assistant Dean Student Affairs in order to discuss whether this condition could impact on his or her ability to participate fully in the Program. The Assistant Dean of Admissions and the Assistant Dean Student Affairs may engage in counseling the student, in evaluating the need for modification to the student's participation in the Program and in structuring any required modifications.

Students who have acute or chronic medical conditions that render them susceptible to infection should discuss with their personal physicians and the Assistant Dean of Admissions and the Assistant Dean Student Affairs whether the condition might affect their ability to safely perform their duties.

This policy is consistent with the Canadian Medical Association's Code of Ethics which states, under "Responsibilities to Oneself"<sup>19</sup>:

*"Seek help from colleagues and appropriately qualified professionals for personal problems that might adversely affect your service to patients, society or the profession."*

The reporting obligations will be consistent with the requirements of the Nova Scotia government. This policy document should be reviewed biannually or more frequently as needed by the Communicable Infections Committee to ensure that it reflects current knowledge and opinion. ■

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<sup>19</sup> Canadian Medical Association Policy. CMA Code of Ethics, Update 2004.  
[http://www.cma.ca/index.cfm/ci\\_id/2419/la\\_id/1.htm](http://www.cma.ca/index.cfm/ci_id/2419/la_id/1.htm) (Version current at January 8, 2007).

**Appendix 1**

**Agreement Form for Yearly Hepatitis Ab and Ag and/or Viral DNA Testing**

As a health care provider, Hepatitis B is an occupational risk. I understand that due to my serology results, I remain susceptible to Hepatitis B.

*I agree to undergo serological testing on an annual basis or on a schedule determined by the Communicable Infections Committee (due to an exposure incident) until graduation from the clinical program.*

Student Name \_\_\_\_\_

Student Signature \_\_\_\_\_

Assistant Dean of Admissions \_\_\_\_\_

Assistant Dean of Admissions Signature \_\_\_\_\_

Assistant Dean of Student Affairs \_\_\_\_\_

Assistant Dean of Student Affairs  
Signature \_\_\_\_\_

Date \_\_\_\_\_

**Appendix 2**

**Hepatitis B Vaccination Declination Statement**

I understand that as a medical student, I am at risk of acquiring a hepatitis B (HBV) infection due to occupational exposure to blood and or other body fluids. I have been advised that vaccination is a requirement of the clinical programs. I have been provided with counseling and information regarding hepatitis B. The efficacy, safety issues and benefits regarding the hepatitis B vaccination have been explained to me. However, I decline the vaccine at this time. I agree to sign the **Agreement Form for Yearly Hepatitis Ab and Ag and/or Viral DNA Testing** as a condition of acceptance into the clinical program.

Student Name \_\_\_\_\_

Student Signature \_\_\_\_\_

Assistant Dean of Admissions \_\_\_\_\_

Assistant Dean of Admissions Signature \_\_\_\_\_

Assistant Dean of Student Affairs \_\_\_\_\_

Assistant Dean of Student Affairs  
Signature \_\_\_\_\_

Date \_\_\_\_\_