

## Policy SL-SH-PO3

Policy and Guidelines on Human Immunodeficiency Virus Infections (HIV), Acquired Immune Deficiency Syndrome (AIDS), Hepatitis B (HBV) and Hepatitis C Virus (HCV)

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#### I. **Background**

- A. U. T. Arlington recognizes Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), and Hepatitis C Virus (HCV) as serious public health threats and is committed to encouraging an informed and educated response to issues and questions concerning these infections.
- B. The guidelines for Health Care Workers outlined in this document are based on the following statements from the recommendations issued by the Centers for Disease Control (CDC) on July 12, 1991:
  1. Infected Health Care Workers who adhere to universal precautions and who do not perform invasive procedures pose no risk for transmitting HIV/AIDS or HBV/HCV to patients.
  2. Infected Health Care Workers who adhere to universal precautions and who perform certain exposure-prone procedures may pose a small risk for transmitting HBV/HCV to patients.
  3. HIV is transmitted much less readily than HBV/HCV.
- C. There are 20 published studies indicating that over 300 patients were infected with HBV in association with treatment by an HBV-infected Health Care Worker. These studies conclude that a combination of risk factors accounted for transmission of HBV from Health Care Workers to patients. Of the Health Care Workers whose Hepatitis B e Antigen (HbeAg) status was determined, all were HbeAg positive. The presence of HbeAg in blood serum is associated with higher levels of circulating virus and, therefore, with infectivity of Hepatitis-B positive individuals; the risk of HBV transmission to Health Care Workers after a percutaneous (i.e., puncture through the skin) exposure to HbeAg positive blood is approximately 30%.
- D. The risk of HIV transmission to a Health Care Worker after percutaneous exposure to HIV-infected blood is considerably lower than the risk of HBV transmission after percutaneous exposure to HBE-positive blood (0.3% versus approximately 30%). Thus, the risk of transmission of HIV from an infected

Health Care worker to a patient during an invasive procedure is likely to be proportionately lower than the risk of HBV transmission from an HbeAg-positive Health Care Worker to a patient during the same procedure. Unlike HBV infection, however, there is currently no readily available laboratory test for increased HIV infectivity.

- E. Investigation of incidents of HIV infections among patients in the practice of one dentist with acquired immunodeficiency syndrome (AIDS) strongly suggested that HIV was transmitted to five of the approximately 850 patients evaluated through June 1991. The investigation indicates that HIV transmission occurred during dental care, although the precise mechanisms of transmission have not been determined. In two other studies, when patients who had been treated by a general surgeon and surgical resident who had AIDS were tested, all patients tested were negative for HIV infection. In another study, patients treated by a dental student with HIV infection and who were later tested, were all negative for HIV infection. Another investigation of patients whose surgical procedures had been performed by a general surgeon within 7 years before the surgeon was diagnosed as having AIDS failed to document transmission of HIV from the surgeon to patients.
- F. To date, three groups of people are considered to be at risk for contracting HIV infection:
  - 1. Sexual contact. Those having unprotected sexual contact with an infected individual.
  - 2. Blood transfer. Those exposed to contaminated blood, blood components or products through needle sharing, injection, needle stick or transfusions.
  - 3. Perinatal. Infants infected by their mothers before during or after the time of birth.
- G. Since its recognition as a distinct disease-causing virus in 1984, HIV has been intensively studied. The mode of transmission of HIV has been firmly established. Live HIV, in a dose sufficient to cause infection, must gain entry to the blood stream or mucous membranes to cause infection. Studies of family members of persons with HIV/AIDS show no evidence of transmission of the virus even after long-term casual exposure. Thus, in the normal workplace, academic and health care settings, there is no known risk of infection through casual contact. There are no known documented cases of the spread of HIV through tears; insect bites; handshaking; hugging; sleeping in the same bed; being coughed or sneezed on; touching inanimate objects; participating in sports competition; or sharing restrooms, food or drink, gyms, swimming pools, living quarters or common eating areas. The probable explanation for this is that HIV can survive only inside living human cells. The virus is extremely fragile and dies very quickly outside the body. HBV/HCV are also blood-borne diseases and are much more readily transmitted than HIV.

## II. Purpose, Scope and Definitions

- A. The purpose of this policy is to provide guidance for The University of Texas at Arlington in complying with statutes concerning acquired immunodeficiency

syndrome, human immunodeficiency virus, Hepatitis B virus, and Hepatitis C virus. In addition, the medical, educational, legal, administrative, and ethical issues related to specific situations involving persons with HIV/AIDS or HBV/HCV infections in the following areas are addressed:

1. administrative policies;
  2. residence life;
  3. health education;
  4. testing for HIV or HBV/HCV infection;
  5. confidentiality of information related to persons with AIDS, HIV, HBV, or HCV infection; and
  6. patient care.
- B. This policy is applicable to students, faculty, and employees of U.T. Arlington and shall be made available to students, faculty and staff by its inclusion in the student, faculty and personnel guides if practicable, or by any other method. All catalogs should state that the educational pamphlet described in Section 5-903.J.1. is available to students.
- C. Definitions:
1. Invasive procedure: Surgical entry into tissues, cavities, organs; repair of major traumatic injuries; cardiac catheterization and angiographic procedures; a vaginal or cesarean delivery or other invasive obstetric procedure during which bleeding may occur; or the manipulation, cutting, or removing of any oral perioral tissues, including tooth structure, during which bleeding occurs or the potential for bleeding exists.
  2. Exposure-prone procedure: A procedure involving the contact of Health Care Worker's finger with a needle tip in a body cavity or the simultaneous presence of the Health Care Worker's fingers and a needle or other sharp instrument or object in poorly visualized or highly confined area of the body. Such procedures pose a recognized risk of injury to the Health Care Worker that is likely to result in the Health Care Worker's blood contacting the patient's body cavity, subcutaneous tissues, or mucous membranes.
  3. Health Care Worker: A person who provides direct patient health care services pursuant to authorization of license, certificate, or registration, or in the course of a training or education program.
  4. Institutional Committee: A task force or institution-wide committee appointed by U.T. Arlington to oversee the development and implementation of educational programs related to HIV/AIDS and HBV/HCV, and to advise the administration on policies regarding HIV/AIDS and HBV/HCV. It is suggested the Committee include, as a minimum, representation from the faculty, the student body, and

administrative areas such as Housing Services, Health Services, Counseling Services, and Food Services.

5. Component Expert Review Panel: A panel appointed by the President to review instances of HIV/AIDS or HBV/HCV infection in Health Care Workers and to identify exposure-prone procedures and to determine those circumstances, if any, under which a Health Care Worker who is infected with HIV/AIDS or HBV/HCV may perform such procedures. The panel should be composed of experts who provide a balanced perspective and might include:
  - a. Health Care Worker's personal physician(s);
  - b. an infectious disease specialist with expertise in the epidemiology of HIV/AIDS and HBV/HCV transmission;
  - c. a health professional with expertise in the procedures performed by the affected Health Care Worker;
  - d. a member of the component institution's infection-control committee, preferably a hospital epidemiologist; and
  - e. an occupational health specialist.
6. System Review Panel: A panel responsible for reviewing the actions of each Component Expert Review Panel to assure uniform and consistent compliance with these guidelines and applicable statutes and regulations. The panel shall be composed of an expert in blood-borne infections (including HIV/AIDS and HBV/HCV) from each health component institution appointed by the President and representatives from the U.T. System Office of Health Affairs, Office of Academic Affairs, and Office of General Counsel.
7. HbeAg: That portion of the Hepatitis B virus whose presence in the blood of a person correlates with higher levels of circulating virus and, therefore, with greater infectivity of that person's blood; the presence of the HbeAg in blood can be detected by appropriate testing.

### III. General Policies

- A. Admissions. The existence of HIV/AIDS or HBV/HCV infection will not be considered in admissions decisions unless current scientific information indicates required academic activities will likely expose others to risk of transmission.
- B. Residential Housing. Residential housing staff will not exclude HIV/AIDS or HBV/HCV infected students from University housing and will not inform other students that a person with HIV/AIDS or HBV/HCV infection lives in University housing.
- C. Employment. The existence of HIV/AIDS or HBV/HCV infection will not be used to determine suitability of applicants for employment by U.T. Arlington unless the position requires performance of exposure-prone procedures as identified

by the Expert Review Panel. An employee infected with HIV/AIDS or HBV/HCV will remain employed as long as he or she meets job performance standards and does not engage in job-related activities which current scientific information indicates may expose others to risk of transmission.

- D. Class Attendance. A student with HIV/AIDS or HBV/HCV infection will be allowed to attend all classes without restrictions as long as the student is physically and mentally able to participate, performs assigned work, and poses no health risk to others.
- E. Health Care Workers and Students Assigned to Work Within Clinical Settings (Health Care Workers). Current information from investigations of HIV/AIDS and HBV/HCV transmission from Health Care Workers to patients indicates that when Health Care Workers adhere to recommended infection-control procedures, the risk of transmitting HBV/HCV from an infected Health Care Worker to a patient is small, and the risk of transmitting HIV/AIDS is likely to be even smaller; however the likelihood of exposure of the patient to a Health Care Worker's blood is greater for certain invasive procedures designated as exposure-prone. Performance of exposure-prone procedures presents a recognized risk of percutaneous injury to the Health Care Worker, and ' if such an injury occurs ' the Health Care Worker's blood is likely to contact the patient's body cavity, subcutaneous tissue, and/or mucous membranes. To minimize the risk of HIV/AIDS or HBV/HCV transmission from an infected Health Care Worker to patient, the following measures will be followed:
  - 1. All Health Care Workers must adhere to universal infection control precautions, including the appropriate use of needles and other sharp instruments. Health Care Workers who have exudative (oozing) lesions or weeping dermatitis (oozing inflammation of the skin) must refrain from all direct patient care and from handling patient-care equipment and devices used in performing invasive procedures until the condition resolves. Health Care Workers will also comply with current guidelines for disinfection and sterilization of reusable devices used in the invasive procedures. All component institutions that provide health care shall establish procedures for monitoring compliance with universal precautions.
  - 2. Currently-available data provide no basis for recommendations to restrict the practice of Health Care Workers infected with HIV/AIDS or HBV/HCV who perform invasive procedures not identified as exposure-prone, provided the infected Health Care Workers practice recommended surgical or dental technique and comply with universal infection control precautions and current recommendations for sterilization/disinfection.
  - 3. Exposure-prone procedures will be identified at U.T. Arlington by the Expert Review Panel.
  - 4. Health Care workers who perform exposure-prone procedures should know their HIV/AIDS and HBV/HCV status. Those infected with HBV also should know their HbeAg status.

5. All Health Care Workers providing direct patient care should have a complete series of Hepatitis B vaccine prior to the start of direct patient care or complete the series as rapidly as it medically feasible, or should be able to show serologic confirmation of immunity to Hepatitis B virus.
6. A Health Care Worker who is infected with HIV/AIDS or HBV/HCV (and is HbeAg positive) may not perform, or engage in activities that might require him or her to perform exposure-prone procedures unless the Expert Review Panel has counseled the Health Care Worker and has prescribed the circumstances under which such procedures may be performed. Continued performance of such procedures must include notifying a prospective patient or person legally authorized to consent for an incompetent patient that the Health Care Worker is infected with HIV/AIDS or HBV/HCV and obtaining consent to perform a procedure before the patient undergoes an exposure-prone procedure. Such notification is not required in a medical emergency when there is insufficient time to locate another Health Care Worker to perform the exposure-prone procedure and to obtain consent without endangering the patient's health.

A Health Care Worker infected with HIV/AIDS or HBV/HCV who performs invasive, but not exposure-prone procedures as identified by the Expert Review Panel, shall not have his or her practice restricted solely on the basis of HIV/AIDS or HBV/HCV infection provided he or she adheres to the universal precautions for infection control.

The actions and recommendations of the Expert Review Panel shall be reported to the President and to the appropriate Executive Vice Chancellor and shall be presented to the System Review Panel. Academic institutions without the human resources to establish an Expert Review Panel may seek assistance from U.T. System Administration or a UT health component.

7. To permit the continued use of the talents, knowledge, and skills of Health Care Worker whose practice is modified due to infection with HIV/AIDS or HBV/HCV, the worker should:
  - a. be offered opportunities to continue appropriate patient care activities, if practicable;
  - b. receive career counseling and job retaining; or
  - c. to the extent reasonable and practicable, be counseled to enter an alternative curriculum, if the health care worker is a student.
8. A Health Care Worker whose practice is modified because of HBV infection may request periodic re-determinations by the Expert Review Panel based upon change in the worker's HbeAg status due to resolution of infection or as a result of treatment.
9. All Health Care Workers should be advised that failure to comply with Section 5-903.E. will subject them to disciplinary procedures by their licensing entities, as well as by U.T. Arlington.

F. Access to Facilities. A person with HIV/AIDS or HBV/HCV infection will not be denied access to U.T. Arlington on the basis of positive status.

G. Testing for HIV and HBV/HCV Infection

1. Mandatory Testing ' No programs for mandatory HIV/AIDS or HBV/HCV testing of employees, students, or patients will be undertaken without the person's consent unless required by law, court order, or as specified in Sections 5-903.G.1. or 5-903.G.8.

A patient may be required to undergo HIV testing if the patient is scheduled for a medical procedure that the Texas Board of Health has determined may expose health care personnel to HIV/AIDS if there is sufficient time to receive the test results before the procedure is conducted.

A person may be required to undergo HIV testing to screen blood, blood products, body fluids, organs or tissues to determine suitability for donation.

2. Voluntary Testing for HIV and Counseling. U.T. Arlington Health Services offers HIV antibody testing and counseling services to all faculty, staff and students. All testing performed at U.T. Arlington Health Services will include counseling before and after the test. Unless required by law, test results are revealed to the person tested only when the opportunity is provided for immediate, individual face-to-face counseling about:

- a. meaning of the test result,
- b. possible need for additional testing,
- c. measures to prevent the transmission of HIV,
- d. availability of appropriate health care services, including mental health care and appropriate social and support services in the geographic area of the person's residence,
- e. benefits and availability of partner notification as established by the Texas Department of Health (TDH). If a person with a positive HIV test result requests that his/her partner(s) be made aware of the possibility of exposure through a partner notification program, the post-test counselor will have the HIV-infected person sign a statement requesting assistance of a partner notification program. This statement will be made a permanent part of the person's medical record. A representative of U.T. Arlington Health Services will then request the local health department to contact the partner(s) identified by the HIV-infected person.

3. Partner Notification. A health care professional who knows a patient is HIV positive and who has actual knowledge of possible transmission of

the virus to a third party will notify a partner notification program established by TDH.

4. Informed Consent for HIV Testing.
  - a. Unless otherwise authorized to required by law, no HIV test should be performed without informed consent of the person to be treated.
  - b. Consent will be written on a separate form, or the medical record will document that the test has been explained and consent has been obtained. The consent form will state that post-test counseling will be offered, or the medical record will note that the patient has been informed that post-test counseling will be offered.
5. Reporting of Test Results. HIV and HBV/HCV test results will be reported in compliance with all applicable statutory requirements, including the Communicable Disease Prevention and Control Act, Texas Health and Safety Code, '81.001.
6. Conditions of HIV or HBV/HCV testing of employees at U.T. Arlington's Expense. Employees will be informed that they may request HIV or HBV/HCV testing and counseling at the institution's expense if:
  - a. the employee documents possible exposure to HIV or HBV/HCV while performing duties of employment; and
  - b. the employee was exposed to HIV or HBV/HCV in a manner that is capable of transmitting HIV or HBV/HCV as determined by guidelines developed in accordance with statements of the TDH and Centers for Disease Control (CDC).
7. Qualifying for Worker's Compensation Benefits. State law requires that an employee who bases a worker's compensation claim on a work-related exposure to HIV must provide a written statement of the date and circumstances of the exposure and document that within ten (10) days after the exposure, the employee had a test result that indicated absence of HIV infection. An employee who may have been exposed to HIV while performing duties of employment may not be required to be tested, but refusal to be tested may jeopardize Workers' Compensation benefits.
8. Testing Following Potential Exposure to HIV or HBV/HCV. U.T. Arlington has developed guidelines and protocols for employees and students who have been exposed to material that has a potential for transmitting HIV or HBV/HCV as a result of employment or educational assignments. Testing of employees or students exposed to such material should be done within ten (10) days after exposure and should be repeated after one (1) month. Testing for HIV also should be done after three (3) and six (6) months. These guidelines should follow TDH, U. S. Public Health Service and CDC guidelines.

9. In cases of exposure of an employee or student to another's ('Individual' in this paragraph) blood or body fluid, U.T. Arlington, at its own expense, may test the individual for HIV or HBV/HCV infection without the individual's consent provided that the test is performed under approved institutional guidelines and procedures included in the Handbook of Operating Procedures, which provide criteria for testing and that respect the rights of the person being tested. This includes post-test counseling as specified in Section 5-903.G.2. If an HIV or HBV/HCV test is done without the individual's consent, the guidelines must ensure that any identifying information concerning the individual's test will be destroyed as soon as the testing is complete and the person who may have been exposed is notified of the result. Test results will be reported in compliance with all applicable statutory requirements as specified in Section 5-903.G.4.

A U.T. System law enforcement officer may request TDH or a health authority duly authorized pursuant to the Local Public Health Reorganization Act, Tex. Health & Safety Code Ann., Chapter 121 (Vernon 1992), to order testing of an individual who may have exposed the law enforcement officer to a reportable disease, including HIV or HBV/HCV infection. The request for such testing may be made only if the law enforcement officer experienced the exposure in the course of employment, if the law enforcement officer believes the exposure places the law enforcement officer at risk of the reportable disease, and the law enforcement officer presents to TDH or the health authority a sworn affidavit that delineates the reasons for the request.

- H. Confidentiality of Records. Except where release is required or authorized by law, information concerning the HIV, HBV/HCV status of students, employees or patients and any portion of a medical record will be kept confidential and will not be released without written consent. HIV, HBV/HCV status in personnel files and Worker's Compensation files is to remain confidential and have the confidentiality status of medical records.
- I. Education and Safety Precautions for Health Care Workers. U.T. Arlington will develop guidelines for Health Care Workers and students in the health professions concerning prevention of transmission of HIV/AIDS and HBV/HCV, and concerning Health Care Workers who have HIV/AIDS or HBV/HCV infection. All Health Care Workers shall be provided instruction on universal infection control precautions. Each Health Care Worker who is involved in direct patient care should complete an educational course about HIV and HBV infection based on the model education program and workplace guidelines developed by the TDH and the guidelines of this policy
- J. Education.
  1. U.T. Arlington provides each employee an educational pamphlet about methods of transmission and prevention of HIV/AIDS and HBV/HCV infection. This pamphlet will be provided to new employees upon hire and to all employees annually.
  2. Information on Prevention Provided to Students -

- a. U.T. Arlington routinely offers students programs based on the model HIV, HBV/HCV education and prevention program tailored to the students' cultural, educational, language, and developmental needs.
  - b. Health Services provides information on prevention of HIV, HBV/HCV infection including:
    - i. value of abstinence and long-term mutual monogamy,
    - ii. information on the efficacy and use of condoms, and
    - iii. state laws relating to the transmission, and to conduct that may result in the transmission, of HIV, HBV/HCV.
  - c. The employee educational pamphlet will be available to students upon request.
- 3. Guidelines for Laboratory Courses ' U.T. Arlington programs which offer laboratory courses requiring exposure to material that has potential for transmitting HIV or HBV/HCV adopt safety guidelines for handling such material and distribute these guidelines to students and staff prior to such exposure. All such activities must be approved by the U.T. Arlington Institution Biosafety Committee (IBC).
- 4. Distribution of Policy ' U.T. Arlington will make available this UT Policy on HIV/AIDS and HBV/HCV Infection to students, faculty and staff members by including the policy in the student, faculty and personnel guides if practical or by any other method. In addition, this pamphlet is available to students in the Health Services office.
- 5. Education of Students Entering Health Professions ' Each U.T. System institution offering medical, dental, nursing, allied health, counseling and social work degree programs will include within the program curricula information about:
  - a. methods of transmission and methods of prevention of HIV and HBV/HCV infection, including standard infection control precautions;
  - b. federal and state laws, rules and regulations concerning HIV and HBV/HCV infection and AIDS; and
  - c. physical, emotional and psychological stress associated with the care of patients with terminal illnesses.
- K. Unemployment Compensation Benefits. U.T. Arlington will inform employees via employee and faculty guides or other appropriate methods that state law provides that an individual will be disqualified for unemployment compensation benefits:
  - 1. if the Texas Workforce Commission (TWC) finds that the employee left work voluntarily rather than provide services included within the course

and scope of employment to an individual infected with a communicable disease, including HIV, HBV/HCV. This disqualification applies of the employer provided facilities, equipment, training, and supplies necessary to take reasonable precautions against infection; or

2. if the TWC finds that the employee has been discharged from employment based on a refusal to provide services included within the course and scope of employment to an individual infected with a communicable disease, including HIV, HBV/HCV. This disqualification applies if the employer provided facilities, equipment, training and supplies necessary to take reasonable precautions against infection.

- L. Health Benefits. No U.T. System student or employee will be denied benefits or provided reduced benefits under a health plan offered through the UT System on the basis of a positive HIV, HBV/HCV test result.