KEMENTERIAN KESIHATAN MALAYSIA

AIDS

series 5

GUIDELINES ON THE MANAGEMENT OF INFECTED HEALTH CARE WORKERS

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GUIDELINES ON THE MANAGEMENT OF INFECTED HEALTH CARE WORKERS

AIDS/STDs Section
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KEY RECOMMENDATIONS

1. In any type of health care setting, all health care workers should routinely follow the Universal Precautions guidelines and adopt safer working practices to prevent transmission of HIV infection.

2. Health care workers have an ethical duty to protect patients. Those who believe they may have been exposed to infection with HIV in their personal life or during the course of theirwork must seek medical consultation/counselling and if appropriate, diagnostic HIV antibody testing.

3. HIV infected health care workers should not undertaken procedures that may place patients at even a remote risk of infection i.e. the exposure prone invasive procedures.

4. Health care workers found to be infected must seek appropriate medical and occupational advice and should not perform or assist in any exposure prone invasive procedures. Further advice from medical specialists must be obtained on their work practices which may need to be modified or restricted to protect their patients.

5. HIV infected health care workers who continue to work with patients must remain under close medical supervision and receive appropriate medical and occupational advice as their circumstances change during the course of their illness.

6. Health care workers who are found to be HIY positive and who have performed exposure prone invasive procedures whilst infected must cease their activities immediately and inform their employing or

contracting authority so that they can decide what, if any action is necessary.

7. Physicians who are aware that infected health care workers under their care have not sought or followed advice to modify their practice, must inform the employing authority.

8. Health Authorities must bring to the attention of current and new employees notice of ethical responsibilities and occupational guidance for HIV infected health care workers.

9. Employers must make every effort to arrange suitable alternative work and retraining, or where appropriate, early retirement, for HIV infected health care workers.

10. Employers have a duty to keep information on the health, including HIV status, of employees confidential and not legally entitled to disclose an employee has HIV infected except where the employee consents, unless to do so would be in the public interest.

CHAPTER 1

INTRODUCTION

1.1. It is stressed that the risk of transmission from health care worker to patient during an exposure prone invasive procedure is considered to be remote. Health care workers who have not performed any exposure prone invasive procedure have not placed their patients at any risk.

1.2. Until the risk of transmission from health care worker to patient can be quantified further, it is recommended that patients who may have been exposed should be notified and offered counselling and reassurance, and an HIV antibody test carried out if they so wish.

1.3. This guidance clarifies the duties and obligations of HIV infected health care workers and their employers and explains in what circumstances patients who have been treated by an infected health care worker should be notified.

1.4 The recommendations in this guidance reflect the need to protect patients, to retain public confidence and to provide safeguards for the confidentiality and employment rights of HIV infected health care workers.

1.5. The patient notification process must make every endeavour to avoid public identification either directly or by deduction.

CHAPTER 2

GENERAL PRINCIPLES OF INFECTION CONTROL

2.1. The Universal Precautions and the General Prindples of Infection Control, should be routinely followed to minimise the risk to health care workers of infection with HIV and hepatitis viruses from patients arid vice versa.

2.2. Measures to Prevent Transmission of Blood Bome Viruses in the Health Care Setting.

2.2.1 Apply good basic hygiene practices with regular hand washing.

2.2.2 Cover existing wounds or skin lesions with waterproof dressings.

2.2.3 Avoid invasive procedures if suffering from chronic skin lesions on hands.

2.2.4 Avoid contamination of person by appropriate we of protective clothing.

2.2.5 Protect mucous membrane of eyes, mouth and nose from blood splashes.

2.2.6 Prevent puncture wounds, cuts and abrasions in the presence of blood.

2.2.7 Avoid wing sharp objects whenever and whenever possible.

2.2.8 Institute safe procedures for handling and disposal of needles and other sharp objects.

2.2.9 Institute approved procedures for sterilisation and disinfection of instruments and equipment.

2.2.10 Clear up spillages of blood and other body fluids promptly and disinfect surfaces.

2.2.11 Institute a procedure for the safe disposal of contaminated waste.

CHAPTER 3

THE DUTIES AND OBLIGATIONS OF INFECTED WORKERS

3.1. All health care workers have an overriding ethical duty to protect the health and safety of their patients. Those who believe thy may have been exposed to infection with HIV in whatever circumstances must seek medical advice and diagnostic HIV antibody testing if applicable. Those who are infected must seek appropriate medical and occupational advice to ensure they pose no risk to patients.

3.2. HIV infected health care workers who perform exposure Prone invasive procedures must obtain further expert medical advice on their work practices which may need to be modified or restricted in order to protect their patients.

3.3. HIV infected health care workers who continue to work with patients must remain under close medical supervision and receive appropriate medical and occupational advice as their circumstances change during the course of their illness.

3.4. HIV infected health care workers who have undertaken invasive procedures must cease their activities immediately

3.5. HIV infected health care workers or their medical advisor must inform their employer on a strictly confidential basis.

CHAPTER 4

THE RESPONSIBILITY OF EMPLOYERS

4.1. All employers and employees are under a duty of confidence which requires that they should keep information on the health including the H IV status employees confidential unless the employee consents to disclosure.

4.2. Employers are to report to the Health Authorities but not to disclose to the public that an employee is infected with HIV or has AIDS except where the employee consents. A decision to disclose such information without consent must be cgrefully weighed, authorities making such a disclosure may be rejustify their decision.

4.3. Health care workers must be assured that their status and rights as employees will be safeguarded so far as practicable and that thier employers will make every effort to arrange suitable alternative work and retraining opportunities, or where appropriate, early retirement

4.4. Infected health care workers who have undertaken invasive procedures will need to modify their practice or seek retraining or redeployment

CHAPTER 5

CONFIDENTIALITY CONCERNING THE INFECTED WORKERS

5.1. There is a general duty to preserve the confidentiality of medical information and records. Breach of the duty is very damaging for the individual concerned, and their families, and it undermines public confidence in the pledges of confidentiality which are given to those who come forward for examination or treatment.

5.2. The fact that the infected worker may have died, or may already have been identified publicly, does not mean that duties of confidentiality are automatically at an end.

CHAPTER 6

HIV INFECTION AND AIDS : THE ETHICAL CONSIDERATION

6.1. The risk of a doctor transmitting the virus to a patient is extremely small, but the matter is one of public concern and it is important that all doctors are aware of this guidance and that it is followed in all relevant circumstances.

6.2. In particular, doctors who have engaged in invasive medical or surgical procedures, in parts of the world where no provision could be made for adequate precautions to be taken against the danger of infection, should consider carefully the risk to which thy may have been exposed. They should take appropriate safety measures before practicing in this country in their own interests and that of their patients.

CHAPTER 7

DUTIES OF DOCTORS INFECTED WITH THE VIRUS

7.1. Doctors who think there is a possibility that they may have been infected with HIV should seek appropriate diagnostic testing and counselling and, if found to be infected, should have regular medical supervision..

7.2. They should also seek specialist advice on the extent to which they should limit their professional practice in onto protect their patients.

7.3. They must act upon that advice which in some dances would include a requirement not to practice or to limit their practice in certain ways.

7.4. No doctors should continue in clinical practice merely on the basis of their own assessment of the risk to patients.

7.5. It is unethical for doctors who know or believe themselves to be infected with HIV to put patients at risk by failing to seek appropriate counselling, or to act upon it when given.

7.6. The doctor who has counselled a colleague who is infected with HIV to modify his or her professional practice in order to safeguard patients, and is aware that this advice is not being followed, has a duty to inform an appropriate body that the doctor's fitness to practice may be seriously impaired/ compromised.

7.7. If the circumstances or warrant the Malaysian Medical Council is empowered to take the necessary action under the Medical Act 1971.

CHAPTER 8

RIGHTS OF DOCTORS INFECTED WITH THE VIRUS

8.1. Doctors who are infected with HIV are entitled the confidentiality and support afforded to other patients.

8.2. Their continued employment should be based on their ability to work and subject to Chapter 7.

APPENDIX 1

GUIDELINES FOR HEALTH CARE WORKER WHO HAVE BEEN EXPOSED TO BLOOD, BLOOD PRODUCTS AND BODY FLUIDS OF PATIENTS POSITIVE FOR HIV

1. Types of exposure of Injury to be Considered

1 .1 Percutaneous injury (deeper than epidermis) e.g. needle stick, cut with sharp object

1.2 Mucous membrane contact

1.3 Skin that exposed, abraded or with dermititis

1.4 Blood or blood products positive for HIV

2. Determine Current HIV Status of Patient and Medical Health Care Workers

2.1. Assess or blood products positive for HIV test. The Health care worker should also undergo a baseline HIV serology test.

2.2. If the HIV status of patient is negative, the health care worker may not need treatment. However if the last risk behaviour is within the last 6 months, the possibility of the "window period" must be considered.

2.3. If HIV status of patient is positive, the Health care worker should be given treatment of AZT as prophylaxis due to high risk of HIV infection. If the source patient is high risk behaviour within the "window period" (< 6 months), the option of AZT prophylaxis should also be considered

3. AZT as a Prophylaxis Treatment

3.1. 200 mg AZT 5x per d y for 6-8 weeks

3.2. To. be given 4 - 24 hours after injury

3.3. The efficacy of AZT as postexposure prophylaxis has never been proven or refuted. Each case should be judged individually based on the riskldegree of exposure as well as the Health care worker's own feelings about using AZT. Nonethdess many Physidans would opt for prophylaxis with AZT based on the severe consequences of acquiring HIV infection.

4. Monitoring and Evaluation of Health Care Worker

4.1. Clinical examination and serological test at 6 weeks, 3 months, 6 months and 1 year.

4.2. Advise an preventive aspect of HIV transmission i.e. blood/ organ donation, safer sex practice, breastfeeding, etc.

4.3. Carry out haematology (FBP) and liver function at each follow-up.

4.4. Look for Drug Toxicity and side effects.

4.5. Maintain confidentially of health care worker at all times.

APPENDIX II

HIV INFECTION AND AIDS : THE ETHICAL CONSIDERATIONS

Introduction

1. This paper brings together the Council's guidance to the medical profession on some of the ethical considerations which arise in relation to HIV infection and AIDS. It deals first with general principles and then discusses specific matters in relation to the duties of doctor towards infected persons, the duties of doctors who may themselves be infected, the need to obtain patients' consent to investigation or treatment and the need to observe the rules of professional confidence.

The Doctor/Patient Relationship

2. The doctor/patient relationship is founded on mutual trust, which can be fostered only when information is freely exchanged between doctor and patient on the basis of honesty, openness and understanding. Acceptance of that principles is, in the view of the council, fundamental to the resolution of the questions which have been identified in relation in AIDS.

3. The Council has been impressed by the significant increase in understanding of AIDS and AIDS-related conditions, both within the profession and by general public, which appears to have occurred. It seems that most doctors are now prepared to regard these conditions as similar in principle to other infections and life-threatening conditions, and are willing to apply established principles in approaching their diagnosis and management, rather than treating them as medical conditions quite distinct from all others. The Council believes that an approach of this kind will help the doctors to resolve many of the difficulties which have arisen hitherto.

4. In all areas of medical practice doctors need to make judgments which they may later have to justify. This is true both of clinical matters and of the complex ethical problems which arise regularly in the course of providing patient care, because it is not possible to set out for the would remind the profession of the statements general principle which are set out for the guidance of doctors in its booklet, "**Professional Conduct and Discipline: Fitness to practise**". In the light of that general

guidance the Council has formed the following views on questions of particular significance in relation to HIV infection and the conditions related to it

The Doctor's Duty Towards Patients

5. The Council expects that doctors will extend to patients who are HIV positive or are suffering from AIDS the same high standard of medical care and support which they would offer to any other patient. It has however expressed its serious concern at reports that, in a small number of cases doctors have refused to provide such patient with necessary care and treatment

6. It is entirely proper for a doctor who has conscientious objection to undertaking a particular course of treatment, or who lacks the necessary knowledge, skill or facilities to provide appropriate investigation or treatment for a patient, to refer that patient to a professional colleague.

7. However, it is unethical for a registered medical practitioner to refuse treatment, or investigation for which there are appropriate facilities, on the ground that the patient suffers, or may suffer, from a condition which could expose the doctor to personal risks. It is equality unethical for a doctor to withhold treatment from any patient on the basis of a moral judgment that the patient's activities or lifestyle might have contributed to the condition for which treatment was being sought. Unethical behaviour of this kind may raise a question of serious professional misconduct.

Duties of Doctors Infected With The virus

8. Considerable public anxiety has been aroused by suggestions that doctors who are HIV positive might endanger their patients. The risk is very small; to date there is only one known case anywhere in the world of HIV having been transmitted by a health care worker to patients in the course of ental treatment. Nonetheless, it is imperative, both in the public interest and on ethnical grounds that any doctors who think they may have been infected with HIV should seek appropriate diagnostic testing and counselling and, if found to be infected, have regular medical supervision.

9. Doctors who are HIV positive should also seek specialist advice on the extent to which they should limit their practice in order to protect their patients. Such advice will usually be obtained locally from a consultant in occupational health, infectious diseases or public health, who may in turn seek guidance, on an anonymous basis, from the UK Advisory Panel of the Expert Advisory Group on AIDS. Doctors must act upon that advice which, in some circumstances, would include a requirement not to practice or to limit their practice in certain ways. No doctors should continue in clinical practice merely on the basis of their own assessment of the risk to patients. The principles underlying this advice are already familiar to the profession, which has well-established policies and procedures designed to prevent the transmission of infection from doctors to patients.

10. It is unethical for doctors who know or believe themselves to be infected with HIV to put patients at risk by failing to seek appropriate counselling or by failing to act upon it when given. Such behaviour may result in proceedings by the Council which could lead to the restriction or removal of a doctor's registration if this were necessary to protect patients or the doctor's own health. The Council has already given guidance, in paragraph 63 of the booklet "**Professional Conduct and Discipline. Fitness to Practise**" on doctor's duty to inform an appropriate person or authority about a colleague whose professional conduct or fitness to practise may be called into question. A doctor who knows that a health care worker is infected with HIV and is aware that the person has not sought or followed advice to modify his or her professional practice, has a duty to inform the appropriate regulatory body and an appropriate person in the health care worker's employing authority, who will usually be the most senior doctor.

Rights of Doctors Infected With The Virus

11. Doctors who become infected with the virus are entitled to expect the confidentiality and support afforded to other patients. Only in the most exceptional circumstances, where the release of a doctor's name is essential for the protection of patients may a doctor's HIV status be disclosed without his or her consent.

Consent To Investigation or Treatment

12. It has long been accepted, and is well understood within the profession, that a doctor should treat a patient only on the basis of the patient's

informed consent. Doctor's are expected in all normal circumstances to be sure that their patients consent to the carrying out of investigative procedures involving the removal of samples or invasive techniques, whether those investigations are performed for the purposes of routine screening, for example in pregnancy of prior to surgery, or for the more specific purpose of differential diagnosis. A patient's consent may in certain circumstances be given implicitly, for example by agreement to provide a specimen of blood for multiple analysis. In other circumstances it needs to be given explicitly, for example, before undergoing a specified operative procedure or providing a specimen of blood to be tested specifically for a named condition. As the expectations of patients, and consequently the demands made upon doctors, increase and develop, it is essential that both doctor and patient feel free to exchange information before investigation or treatment is undertaken.

Testing for HIV infection: the need to obtain consent

13. The council believes that the above principle should apply generally, but that it is particularly important in the case of testing for HIV infection, not because the condition is different in kind from other infections but because of the possible serious social and financial consequences which may ensue for the patient from the mere fact of having been tested for the condition. These are problems which would be better resolved by a developing spirit of the social tolerance than by medical action, but they do raise a particular ethical dilemma for the doctor in connection with the diagnosis of HIV infection or AIDS. They provide a strong argument for each patient to given the Opportunity in advance, to consider the implications of submitting to such a test and deciding whether to accept or decline it. In the case of a patient presenting with certain symptoms which the doctors is expected to diagnose, this process should from part of the consultation. Where blood samples are taken for screening purposes, as in ante-natal clinics, there will usually be no reason to suspect HIV infection but even so the test should be carried out only where the patient has given explicit consent. Similarly, those handling blood samples in laboratories, either for specific investigation or for the purposes of research, should test for the presence of HIV only where they know the patient has given explicit consent. Only in the most exceptional circumstances, where a test is imperative in order to secure the safety of persons other than the patient, and where it is not possible for the prior consent of the patient to be obtained, can testing without explicit consent be justified.

14. A particular difficulty arises in cases where it may be desirable to test a child for HIV infection and where, consequently, the consent of a parent, or a person in loco parentis, would normally be sought. However, the possibility that the child may have been infected by a parent may, in certain circumstances, distort the parent's judgment so that consent is withheld in order to protect the parent's own position. The doctor faced with this situation must first judge whether the child is competent to consent to the test on his or her own behalf. If the child is judged competent in this context, then consent can be sought from the child If however the child is judged unable to give consent the doctor must decide whether the interests of the child should override the wishes of the parent. It is the view of the Council that it would not be unethical for a doctor to perform such a test without parental consent, provided always that the doctor is able to justify that action as being in the best interests of the patient confidentiality

15. Doctors are familiar with the need to make judgments about whether to disclose confidential information in particular circumstances, and the need to justify their action where such a disclosure is made. The Council believes that, where HIV infection or AIDS has been diagnosed, any difficulties concerning confidentiality which arise will usually be overcome if doctors are prepared to discuss openly and honestly with patients the implications of their condition, the need to secure the safety of others, and the importance for continuing medical care of ensuring that those who will be involved in their care know the nature of their condition and the particular needs which they will have. The Council takes the view that any doctor who discovers that a patient is HIV positive or suffering from AIDS has a duty to discuss these matters fully with the patient.

Informing Other Health Care Professionals

16. When a patient is seen by a specialist who diagnoses HIV infection or AIDS, and a general practitioner is or may become involved in that patient's care, then the specialist should explain to the patient that the general practitioner cannot be expected to provide adequate clinical management and care without full knowledge of the patient's condition. The Council believes that the majority of such patients will readily be persuaded of the need for their general practitioners to be informed of the diagnosis.

17. If the patient refuses consent for the general practitioner to be told, then the doctor has two sets of obligations to consider obligations to the

patient to maintain confidence, and obligations to other carers whose own health may be put unnecessarily at risk. In such circumstances the patient should be counseled about the difficulties which his or her condition is likely to pose for the team responsible for providing continuing health care and about the likely consequences for the standard of care which can be provided in the future. If, having considered the matter carefully in the light of such counselling, the patient still refuses to allow the general practitioner to be informed then the patient's request for privacy should be respected. The only exception to that general principle arises where the doctor judges that the failure to disclose would put the health of any of the health care team at serious risk. The Council believes that, in such a situation, it would not be improper to disclose such information as that person needs to know. The need for such a decision is, in present circumstances, likely to arise only rarely, but if it is made the doctor must be able to justify his or her action.

18. Similar principles apply to the sharing of confidential information between specialists or with other health care professionals such as nurses, laboratory technicians and dentists. All persons receiving such information must of course consider themselves under the same general obligation of confidentiality as the doctor principally responsible for the patient's care.

Informing The Patient's Spouse or Other Sexual Partner

19. Questions of conflicting obligations also arise when a doctor is face< with the decision whether the fact that a patient is HlV-positive suffering from AIDS should be disclosed to a third party, other than another health care professional, without the consent of the patient. The Council has reached the view that there are grounds for such a disclosure only where there is a serious and identifiable risk to a specific individual who, if not so informed, would be exposed to infection. Therefore, when a person is found to be infected in this way, the doctor must discuss with the patient the question of informing a spouse or other sexual partner. The Council believes that most such patient's will agree to disclosure in these circumstances, but where such consent is withheld the doctor may consider it a duty to seek to ensure that any sexual partner is informed, in order to safeguard such persons from a possibly fatal infection.

Conclusion

20. It is emphasised that the advice set out above is intended to guide doctors in approaching the complex questions which may arise in the context of this infection. It is not in any sense a code, and individual doctors must always be prepared, as a matter of good medical practice, to make their own judgments of the appropriate course of action to be followed in specific circumstances, and able to justify the decisions they make. The Council believes that the-generality of doctors have acted compassionately, responsibly and in a well-informed manner in tackling the especially sensitive problems with which the spread of this group of conditions has confronted society It is confident that they will continue to do so.

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