

# The Canadian Orthopedic Association's Position Statement on the Orthopedist and Blood-borne Pathogens

The Canadian Orthopedic Association (COA) is grateful to the Canadian Association of Paediatric Surgeons (CAPS) for permission to adapt their position paper on blood-borne pathogens, as authored by the Ethics and Legal Committee (J Pediatr Surg. 2008 43:936-37).\*\*

Blood-borne pathogens (BBP) referring specifically to Hepatitis B (HBV), Hepatitis C (HCV) and the Human immunodeficiency virus (HIV) are transmittable during the course of surgical care. The available scientific literature indicates that transmission of HIV, HBV and HCV from a surgeon to patient is extremely rare. The COA understands the concerns about the potential risk of exposure to blood-borne pathogens for patients from blood transfusions, other patients, and health care workers including orthopedic surgeons and acknowledges the devastating effect that a blood-borne pathogen transmission could have on patients, their families and the orthopedic surgeon. This position statement is guided by the overarching principle of "*Primum non nocere*" (above all else, do no harm). The COA endorses the following principles in regard to the physician and blood-borne pathogens:

- 1) All orthopedic surgeons and trainees should be aware of their serological status with respect to blood-borne communicable diseases (HBV, HCV and HIV) on an ongoing basis. There are highly effective treatments and potential cures for these conditions.
- 2) All orthopedic surgeons and trainees have the same ethical obligation to render care to individuals infected with blood-borne pathogens as they do to other patients. It is medically prudent to work with the "at risk" or infected patient's primary care provider or infectious diseases specialist to ensure that patient's condition is optimized prior to elective procedures. This is from a risk reduction and a patient health outcomes perspective.
- 3) All orthopedic surgeons and trainees should be immunized against HBV to achieve seroconversion, unless a contraindication exists.
- 4) All orthopedic surgeons and trainees should take action for their health and the health of patients in the event of a blood or body fluid exposure, following the best standards of evidence while respecting privacy, confidentiality and principles of consent for all parties involved.
- 5) All orthopedic surgeons and trainees should use the highest standard of infection control, involving appropriate sterile barriers, personal protective equipment, universal precautions, scientifically accepted infection control, and safe health care engineering techniques. This practice should extend to all sites where surgical or at risk care is rendered and to all patients receiving surgical or at risk care.
- 6) All orthopedic surgeons and trainees should be aware of the laws in their province/jurisdiction as well as policies under which they may be governed with regard to infection with blood-borne pathogens. The serological status of an orthopedic surgeon or trainee should be treated as private personal health information.
- 7) All orthopedic surgeons and trainees who have been confirmed infected with a blood-borne pathogen should seek treatment and counseling from expert medical practitioners.
- 8) Based on the current literature (2010), it is extremely unlikely that an orthopedic surgeon or trainee infected with a BBP would infect a patient during normal surgical care. It is the position of the COA that orthopedic surgeons and trainees infected with a BBP may continue to safely practice and perform surgical procedures as long as they comply with: appropriate infection control practices, the advice of their personal physician, and the recommendations of an appropriate arms-length expert panel.
- 9) The COA encourages every orthopedic surgeon to be proactively involved in setting guidelines and policy in both their own worksites and in their province or jurisdiction. Guidelines and policies must be based on best available scientific evidence and regard all of the relevant medico-legal and ethical considerations. It is particularly important to do so proactively, so that a policy protecting both the rights of the patients, the rights of the orthopedic surgeons and trainees, and a mechanism for handling these difficult situations is established and available.
- 10) The COA encourages all orthopedic surgeons and trainees to secure income protection in order to protect their ability to make ongoing contributions to the field of medicine in the event of a disability associated with an occupationally acquired BBP.

\*\* In 2007 the general membership of the Canadian Association of Paediatric Surgeons approved the cited position paper. The CAPS paper represented the scientific, medico-legal and ethical literature on this topic as of 2007 and as it stands in 2010. It was therefore used as the template for this statement with permission of the CAPS President and Ethics Committee.

Some sites with related information:

<http://www.cpso.on.ca/uploadedFiles/policies/policies/policyitems/Blood-borne2005.pdf>  
[http://www.cmq.org/en/Public/Profil/Commun/AProposOrdre/Publications/~/\\_media/FE8D6E16E688493A81E59B6A2796109A.ashx?sc\\_lang=en&51010](http://www.cmq.org/en/Public/Profil/Commun/AProposOrdre/Publications/~/_media/FE8D6E16E688493A81E59B6A2796109A.ashx?sc_lang=en&51010)  
<https://www.cpsbc.ca/files/u6/Blood-Borne-Communicable-Diseases-in-Physicians.pdf>  
<http://www.cpsm.mb.ca/statements/st1580.pdf>  
[http://www.quadrant.net/cps/pdfs/CPSS\\_Spring\\_2006\\_Newsletter.pdf](http://www.quadrant.net/cps/pdfs/CPSS_Spring_2006_Newsletter.pdf)  
[http://www.cpsa.ab.ca/Libraries/Policies\\_and\\_Guidelines/Hepatitis\\_B\\_Virus\\_HBV\\_Infection\\_in\\_Health\\_Care\\_Workers.sflb.ashx](http://www.cpsa.ab.ca/Libraries/Policies_and_Guidelines/Hepatitis_B_Virus_HBV_Infection_in_Health_Care_Workers.sflb.ashx)  
[http://www.cpsa.ab.ca/Libraries/Policies\\_and\\_Guidelines/HIV\\_Infection\\_in\\_Health\\_Care\\_Workers.sflb.ashx](http://www.cpsa.ab.ca/Libraries/Policies_and_Guidelines/HIV_Infection_in_Health_Care_Workers.sflb.ashx)  
<http://www.cpsns.ns.ca/newsletters/alert-winter-2004.htm#13>  
[www.phac-aspc.gc.ca/publicat/info/infbbp\\_e.html](http://www.phac-aspc.gc.ca/publicat/info/infbbp_e.html) - 17k  
<http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/97vol23/23s3/index.html>  
<http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/98vol24/24s4/index.html>  
<http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/97pdf/cdr23s3e.pdf>  
[www.sirweb.org/clinical/cpg/S375.pdf](http://www.sirweb.org/clinical/cpg/S375.pdf)  
[www.facs.org/fellows\\_info/statements/st-13.html](http://www.facs.org/fellows_info/statements/st-13.html)  
[www.facs.org/fellows\\_info/statements/st-22.html](http://www.facs.org/fellows_info/statements/st-22.html)  
[http://www.caps.ca/docs/Can\\_Assoc\\_Ped\\_Sx\\_Postn\\_Stmt\\_2008\[1\].pdf](http://www.caps.ca/docs/Can_Assoc_Ped_Sx_Postn_Stmt_2008[1].pdf)  
[http://www.shea-online.org/Assets/files/guidelines/BBPathogen\\_GL.pdf](http://www.shea-online.org/Assets/files/guidelines/BBPathogen_GL.pdf)