



The Canadian Association of Pediatric Surgeons' position paper on the pediatric surgeon and blood-borne pathogens

CAPS Ethics and Legal Committee

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Blood-borne pathogens including, but not restricted to, hepatitis B and C and the human immunodeficiency virus (HIV) are transmittable during the course of surgical care. The available scientific data indicate that transmission of HIV and other infections such as hepatitis B or C from a physician, surgeon, or nurse is extremely rare. The Canadian Association of Pediatric Surgeons (CAPS) understands the concerns of caregivers about the potential risk of exposure to blood-borne pathogens for their patients from blood transfusions, other patients, and health care workers including pediatric surgeons and the devastating effect that a blood-borne pathogen transmission would have on both the patients, their family and the pediatric surgeons. This position paper is guided by the overarching principle of “Primum non nocere” (above all else, do no harm).

The CAPS endorses the following principles:

- 1) All pediatric surgeons have the same ethical obligation to render care to children infected with blood-borne pathogens including HIV as they do to other children.
- 2) All pediatric surgeons including trainees have the ethical obligation to be immunized against hepatitis B to achieve seroconversion, unless a contraindication exists. This is for their own protection and the protection of their patients.
- 3) All pediatric surgeons and trainees should always use the highest standard of infection control, involving

the appropriate sterile barriers, universal precautions, and scientifically accepted infection control practices. This practice should extend to all sites where surgical care is rendered and to all patients receiving surgical care.

- 4) All pediatric surgeons and trainees have the ethical obligation to be aware of their serological status with respect to blood-borne communicable disease (hepatitis B and C and HIV).
- 5) All pediatric surgeons and trainees should be aware of the laws and/or policies in their province/jurisdiction as regard to physicians infected with blood-borne pathogens. If a pediatric surgeon is infected with a blood-borne pathogen, she or he should comply with the laws and/or policies and disclose her or his seropositivity to the appropriate body. Pediatric surgeons should comply with the formally constituted monitoring committee established by hospitals, regulatory bodies, and/or governments. The serological status of a pediatric surgeon should remain private personal health information.
- 6) All pediatric surgeons and trainees who have been diagnosed with a blood-borne pathogen should seek treatment and counseling from expert medical practitioners. Treatment may include postexposure prophylaxis based on current recommendations.
- 7) Based on the data in the current (2007) literature, blood-borne pathogen-infected pediatric surgeons and trainees (including those with HIV) may continue to practice and perform invasive procedures and surgical operations unless there is clear evidence that a significant risk of transmission of infection exists or the pediatric surgeon is

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functionally unable to care for patients. These determinations should be made by the pediatric surgeon's personal physician and/or an expert panel according to the provincial policies.

- 8) The CAPS encourages every pediatric surgeon to be proactively involved in setting up guidelines in their own institution. It is particularly important to do so before an exposure incident occurs, so that the policy protecting both the rights of the patients and the rights of the pediatric surgeons will already be in place and a mechanism for handling these difficult situations will be established and available.

Some sites with related information:

<http://www.cpso.on.ca/Policies/bloodborne.htm>
www.cmq.org/UploadedFiles/Position_infections_transmissibles_sang_ANG.pdf
www.cmq.org/DocumentLibrary/UploadedContents/CmsDocuments/Position_infections_transmissibles_sang_ANG.pdf -
https://www.cpsbc.ca/cps/college_programs/bbcd_panel
www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=15865278&dopt=Citation
www.phac-aspc.gc.ca/publicat/info/infbpp_e.html - 17k
www.sirweb.org/clinical/cpg/S375.pdf
www.facs.org/fellows_info/statements/st-13.html
www.facs.org/fellows_info/statements/st-22.html