



Guidelines for HIV-Positive Health Care Workers

In July 1990, the U.S. Centers for Disease Control and Prevention (CDC) became aware of a possible transmission of Human Immunodeficiency Virus (HIV) from a Florida health care worker (HCW), a dentist, to five of his patients. Though it remains unclear whether transmission actually occurred, the CDC responded by drafting *Recommendations for Preventing Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Patients During Exposure-Prone Invasive Procedures*, CDC Morbidity and Mortality Weekly Report, July 12, 1991. Subsequently, in 1991, the U.S. Congress passed a law, section 633 of Public Law 102-141, requiring states either to adopt the CDC guidelines or adopt similar guidelines of their own creation. In response, most states submitted their own guidelines to the CDC with a minority of states choosing to adopt the CDC guidelines as written. Since the guidelines were initially submitted to the CDC, some states have chosen to enact statutes codifying their guidelines or incorporating the guidelines by reference.

The following chart summarizes the guidelines and policies currently in place in all 50 states as well as some U.S. territories. To our knowledge, it is the most comprehensive compilation of this information available. For each state, the chart includes any relevant guidelines, statutes, or regulations, as well as information on the definitions of HCW and invasive procedure adopted by the state. It also includes information on the state's policy related to testing HCWs for HIV, notification of patients, and implementation of restrictions on the practice of HIV-positive HCWs.

Overall, states seemed to recognize that the risk of transmission from HCWs to patients was extremely low, especially when the universal precautions already in place are followed. All states also recognized the detrimental effect that mandatory testing of HCWs would have and maintained a system of voluntary testing. The states found that mandatory testing would have little effect on risk and instead could result in loss of health care professionals. Similarly, mandatory disclosure was rejected as it could cause HCWs to avoid testing all together.

Aside from these two similarities, the states did differ slightly in their guidelines on restrictions on an HIV-positive HCW's practice and on patient notification. Regarding restrictions on an HCW's practice, all states agreed that infection alone was not a basis for imposing restrictions and each employed some form of committee or expert review panel to make the decision regarding use of restrictions. Some states required that HIV-positive HCWs cease performing invasive procedures until they have sought the advice of the panel. Other states, however, made the decision to seek the advice of the panel more voluntary. The panels were to consider factors such as the HCW's skill and technique, the type of procedure, the HCW's ability to adhere to universal precautions, and the physical and mental status of the HCW. Most states provided for continued review and/or supervision following the imposition of any restrictions. Regarding patient notification, many states left that decision to the review committee to make on a case-by-case basis, while others required the consent of the patient before the HCW could participate in an invasive procedure. States that did require retroactive notification usually did so only where there was evidence of risk or exposure beyond the mere status of the HCW.

State	Source(s)	Health Care Worker (HCW) Defined	Invasive Procedure Defined	Testing of HCW	Informing Patients and Staff	Restrictions Based on Type of Practice, HIV Status, and/or Physical Ability
ALABAMA	ALA. CODE § 22-11A-60 through § 22-11A-73	Physicians, dentists, nurses, respiratory therapists, phlebotomists, surgical technicians, physician assistants, podiatrist, dialysis technicians, emergency medical technicians, paramedics, ambulance drivers, dental hygienists, dental assistants, students in the healing arts, or any other individual who provides or assists in the provision of medical, dental, or nursing services.	(a) digital palpation of a needle tip in a body cavity or the simultaneous presence of the HCW's fingers and a needle or other sharp instrument or object in a poorly visualized or highly anatomic site (b) invasive dental procedures shall include those that provide the opportunity for an intraoral percutaneous injury to the HCW and could result in the blood of HCW coming in contact with blood or mucous membrane of the patient (c) do not include physical exams; blood pressure checks; eye exams; phlebotomy; administering intramuscular, intradermal, or subcutaneous injections; needle biopsies; needle aspirations; lumbar punctures; angiographic procedures; vaginal, oral, or rectal exams; endoscopic or bronchoscopic procedures; or placing and maintaining peripheral and central intravascular lines, nasogastric tubes, endotracheal tubes, rectal tubes, and urinary catheters.	Voluntary testing. HCW must notify the State Health Officer of infection in a time and manner prescribed by St. Bd. Of Health.	An expert review panel (ERP) shall recommend to State Health Officer (SHO) about the need to retroactively notify patients who previously may have had an invasive procedure performed by an infected HCW.	<p>HCW with knowledge of infection cannot perform or assist in invasive procedures until he has notified the SHO and has agreed to cooperate in an investigation and any necessary practice modification.</p> <p>If invasive procedures are not done by HCW, then no ERP will be convened and no restrictions on practice will be imposed.</p> <p>If invasive procedures are conducted, then an ERP will be convened and will make recommendations to the SHO regarding any limitations on HCW that are reasonable and necessary to protect patients.</p> <p>Factors to be considered are: procedures performed, adherence to universal precautions, past history of injury while performing procedures, prior evidence of transmission, physical and mental health, and current CDC prevention guidelines on the management of infected HCWs.</p>

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ALASKA	<p><i>Guidelines for Preventing Transmission of HIV and HBV During Exposure-Prone Invasive Procedures</i>, Department of Health and Social Services, 1992.</p> <p>ALASKA ADMIN. CODE tit. 7, § 12.760 (requires each health care facility to have an infection control committee which will determine specific procedures for diagnosing, reporting, investigating, reviewing, and maintaining records of infection of residents and personnel, such as the procedures set out in the federal Centers for Disease Control guidelines).</p>	Not defined.	Not defined.	Voluntary testing.	A blanket policy of disclosure would fail to make workplace safer and would have a deleterious impact on access to health care—it does little, if anything, to enhance the patient’s safety.	Infection alone is not a reason to limit the practice of an HIV-infected HCW, including for invasive procedures. Restrictions in practice or work modifications should be based solely on an individualized assessment of an infected HCW’s ability to comply with universal precautions and infection control guidelines and procedures, his or her professional competence, or documented previous transmission of bloodborne infections.
ARIZONA	<i>Recommendations for the Prevention of HIV/HBV Transmission From Health Care Workers</i>	Persons, including students and trainees, whose activities involve physical contact with patients	Surgical entry into tissues, cavities, or organs or repair of major traumatic injuries associated with any of the following: (1) an operating or	Voluntary testing.	When infected HCW’s serostatus becomes known, retroactive notification of	No restrictions for HCW who performs procedures that will not lead to the exposure of a patient to HCW’s blood, provided the infected HCW

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ARIZONA cont'd	<i>to Patients</i> , Arizona Department of Health Services, Division of Disease Prevention, Office of HIV/AIDS Services, October 1992.	or with blood or other body fluids from patients in the health-care setting.	delivery room, emergency department, or outpatient setting, including both physicians' and dentists' offices; (2) cardiac catheterization and angiographic procedures; (3) a vaginal or cesarean delivery or other invasive obstetric procedure during which bleeding may occur; or (4) the manipulation, cutting, or removal of any oral or perioral tissues, including tooth structure, during which bleeding occurs or the potential for bleeding exists.		patients should be considered on case-by-case basis considering whether exposure occurred, assessment of specific risks, confidentiality issues, and available resources. The decision should be made in consultation w/ local & state health officials and the HCW.	practices recommended surgical or dental techniques and complies with universal precautions and current recommendations for sterilization/disinfection. Infected HCWs who perform invasive procedures should seek consultation from the Arizona Department of Health Services (DOHS). The DOHS will gather information on (1) whether HCW performs a procedure that in injury could result in contamination, (2) factors effecting performance (ex: technique, skill, compliance) and (3) medical condition of HCW. An ERP will make recommendations as to whether and/or under what circumstances HCW should continue to perform procedures.
ARKANSAS	060-00-001 ARK. CODE R. § 16 (physicians); 038-00-001 ARK. CODE R. § 15 (dentists).	Not defined.	Invasive procedure means any surgical or other diagnostic or therapeutic procedure involving manual or instrumental contact with or entry into any blood, body fluids, cavity, internal organ, subcutaneous tissue, mucous	Voluntary testing.	In all cases in which an infected HCW performs an exposure-prone procedure, the HCW's HIV status must be reported to patients and	HCW cannot participate in exposure-prone procedure unless each of the following conditions have been met: (a) HCW has affirmatively advised the patient that HCW has been diagnosed as infected

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ARKANSAS cont'd			<p>membrane or percutaneous wound of the human body.</p> <p>Exposure-prone procedure means an invasive procedure in which there is a risk of percutaneous injury to the practitioner by virtue of digital palpation of a needle tip or other sharp instrument in a body cavity or the simultaneous presence of practitioner's fingers and a needle or other sharp instrument or object in a poorly visualized or highly confined anatomic site, or any other invasive procedure in which there is a risk of contact between the blood or body fluids of HCW or patient.</p>		other health care personnel.	<p>(b) Patient has been advised of the risk of HCW's transmission during an exposure-prone procedure. HCW shall personally communicate such info to patient.</p> <p>(c) Patient has subscribed a written instrument setting forth:</p> <ul style="list-style-type: none"> (1) identification of exposure-prone procedure to be performed; (2) acknowledgment that advice concerning (a) and (b) have been given to and understood by the patient; and (3) consent of patient to performance of or participation in designated procedure <p>(d) HCW's seropositivity has been affirmatively disclosed to other HC personnel who participate or assist in procedure.</p>
CALIFORNIA	CAL. CODE REGS. tit. 16, § 1633 (incorporates by reference: <i>Guidelines for Preventing the Transmission of Bloodborne Pathogens in</i>	Persons, including students and trainees, whose activities involve physical contact with patients or with blood or other body fluids from patients in the health-	Surgical entry into tissues, cavities, or organs or repair of major traumatic injuries associated with any of the following: (1) an operating or delivery room, emergency department, or outpatient setting, including both	Voluntary testing.	If procedures place patients at substantial risk of infection, HCWs should consult with an ERP concerning responsibility to disclose their	Because of low risk of transmission of HIV, general restrictions are not recommended. However, there may be certain stages of disease or a combination of other factors that may place patients and/or HCWs at

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CALIFORNIA cont'd	<p><i>Healthcare Settings, CA Dept. of Health Serv., May 1993; Recommendations for Preventing Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to patients During Exposure-Prone Invasive Procedures, CDC Morbidity and Mortality Weekly Report, July 12, 1991; Update: Universal Precautions for Prevention of Transmission of Human Immunodeficiency Virus, Hepatitis B Virus and Other Bloodborne Pathogens in Health-Care Settings, CDC Morbidity and Mortality Weekly Report, June 24, 1988; and Recommendations for Prevention of HIV Transmission in Health-Care Settings,</i></p>	care setting.	physicians' and dentists' offices; (2) cardiac catheterization and angiographic procedures; (3) a vaginal or cesarean delivery or other invasive obstetric procedure during which bleeding may occur; or (4) the manipulation, cutting, or removal of any oral or perioral tissues, including tooth structure, during which bleeding occurs or the potential for bleeding exists.		status to their patients prior to performing such procedures. In absence of a documented exposure incident, DOH does not recommend routine post-treatment notification.	elevated risk. Individual HCWs and their personal physicians should review the HCW's practices and modify any practices. The appropriateness of any such restrictions can be reviewed by ERPs convened by the Dept. of Health Services.

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	CDC Morbidity and Mortality Weekly Report, Aug. 21, 1987).					
COLORADO	<i>HIV and Hepatitis B Infected Health Care Workers</i> , Colorado Dept. of Health, Dec. 24, 1991.	Persons, including students and trainees, whose activities involve physical contact with patients or with blood or other body fluids from patients in the health-care setting.	<p>General categories of exposure-prone procedures: intra-abdominal and colorectal surgery; intra-thoracic and cardiac surgery, major orthopedic surgery, major gynecologic surgery, caesarian deliveries and vaginal deliveries requiring suturing, and surgery in the oral cavity.</p> <p>Procedures that are not considered exposure-prone: phlebotomy; administering intramuscular, intradermal, or subcutaneous injections; needle biopsies; needle aspirations; lumbar punctures; cutdown procedures; endoscopic or bronchoscopic procedures; or placing and maintaining peripheral and central intravascular lines, nasogastric tubes, endotracheal tubes, rectal tubes, and urinary catheters.</p>	Voluntary testing.	Notification may be considered if there is evidence of (1) medical conditions which would have significantly impaired the HCW's ability to perform procedures and/or increased risk of patient exposure, and/or (2) serious breaches universal precautions. Retroactive notification undertaken if (1) patients are known to have been exposed to infected HCW's blood or (2) transmission of HIV from the HCW to one or more patients is documented.	<p>If HCW performs exposure-prone invasive procedures or has had cuts/skin lesions while performing invasive procedures, then the Dept will convene an ERP to provide advice.</p> <p>Dept of Health (DOH) will investigate to determine:</p> <ul style="list-style-type: none"> (a) date of diagnosis (b) estimated date of infection (c) current medical status (d) current medications (e) whether exposure-prone procedures were performed (f) any instances where HCW had cuts or lesions which performing invasive procedures (g) infection control procedures (h) location and availability of records of HCW (i) willingness/consent to cooperate with DOH investigation (j) availability of blood specimens for DNA sequencing

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COLORADO cont'd						<p>The ERP will make recommendations on whether HCW's practice poses a risk to patients and if so, how to counsel HCW on:</p> <ul style="list-style-type: none"> (a) whether to modify practice (b) whether to modify infection control, disinfection and sterilization procedures (c) how frequently to have medical evaluation (d) if need to inform patients (e) best way to monitor HCW's practice for compliance (f) how frequently and under what circumstances panel should meet to discuss case.
CONNECTICUT	<p><i>Policy on HIV/HBV Infected Health Care Workers, State of Connecticut Dept. of Health Services, Jan. 1992.</i></p>	<p>Not defined.</p>	<p>It is the consensus of the Dept of Health Services (DOHS) and the professional organizations in Conn. that it is not possible to define specific health care procedures which elevate the extraordinarily remote transmission of HIV from HCWs to patients. The individual's skill in the procedure, the frequency with which the procedure is performed and other variables do not allow for a simple scientific rating of procedures with regard to risk.</p>	<p>Voluntary testing.</p>	<p>Whether an infected HCW will be required to prospectively notify patients in order to perform certain procedures will be judged on a case-by-case basis by a review panel.</p>	<p>Infected HCW may approach the DOHS for review, advice and monitoring. The review procedure will be voluntary, confidential, and available to any infected HCW. Review will be based on the premise that infection alone does not justify limiting the HCW's professional duties. The panel will instead focus on compliance with universal precautions, the nature of work performed and techniques used, and whether</p>

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CONNECTICUT cont'd			The emphasis on the use of universal precautions, and procedural modifications where indicated and possible, provide the best assurance that procedures will be performed in the safest manner possible.			illness interferes with HCW's ability to provide care. Panel may recommend HCW return for periodic review. If panel determines that HCW is not complying with recommendations, may refer case to proper regulatory body for further action.
DELAWARE	<p>DEL. CODE ANN. tit. 16, § 701 (for HCW and invasive procedure definitions only).</p> <p><i>Guidelines for Preventing Transmission of HIV and Hepatitis B From Health Care Workers to Patients</i>, Delaware Division of Public Health, Department of Health and Social Services, Aug. 24, 1992.</p>	Any persons rendering health care treatment whose activities involve contact with human body fluids containing blood including, but not limited to, any nurse, physician, chiropractor, podiatrist, laboratory and blood bank technologist and technician, phlebotomist, dialysis personnel, emergency health care provider, and persons training to be a health care provider.	Surgical entry into tissues, cavities, or organs or repair of major traumatic injuries which presents a recognized risk of percutaneous injury to the HCW, and, if such an injury occurs, the HCW's blood is likely to contact the patient's body cavity, subcutaneous tissue, and/or mucous membranes.	Voluntary testing.	<p>Any notification of patients should be considered on a case-by-case basis.</p> <p>No benefit of prospective or retroactive notification has been documented.</p>	<p>In general, limiting the practice of infected HCWs is inappropriate given the low risk of transmission. Instead, it is the obligation of the HCW's physician to report to the appropriate licensing board when the HCW is jeopardizing the safety of patients.</p> <p>A process should exist to evaluate the necessity of restrictions—this can be provided through the HCW's professional committee, or an ERP.</p> <p>A formal process should exist for referral of a HCW who is infected when there is concern that the practice of the HCW is endangering the safety of patients. The formal process should include review by an ERP.</p>

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DISTRICT OF COLUMBIA	<p><i>Guidelines for Preventing Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Patients During Exposure-Prone Invasive Procedures</i>, District of Columbia Commission of Public Health, 1993.</p>	Not defined.	<p>Characteristics of exposure-prone procedures include digital palpation of a needle tip in a body cavity or the simultaneous presence of the HCW's fingers and a needle or other sharp instrument or object in a poorly visualized or highly confined anatomic site. Performance of exposure-prone procedures presents a recognized risk of percutaneous injury to the HCW, and--if such an injury occurs--the HCW's blood is likely to contact the patient's body cavity, subcutaneous tissues, and/or mucous membranes.</p>	Voluntary testing.	Unknown.	<p>No restrictions for HCWs not performing exposure-prone procedures provided that HCWs comply with universal precautions.</p> <p>HCWs who are infected should consider voluntarily seeking counsel from an ERP to obtain advice on the circumstances under which they may continue to perform exposure-prone procedures.</p> <p>HCWs whose practices are modified should be provided opportunities to continue appropriate patient care activities.</p>
FLORIDA	<p>FLA. STAT. § 456.032 (dept. and boards have authority to establish procedures to address health care professionals infected with HIV).</p> <p>FLA. ADMIN. CODE ANN. § 64B8-9.005 (physicians); § 64B9-9.002 (nurses); § 64B15-14.003 (osteopaths); § 64B32-5.005 (respiratory care</p>	Not defined.	Not defined.	<p>Voluntary testing.</p> <p>Board of medicine encourages all licensees to be tested and, in the event a licensee tests positive, the licensee must enter and comply with the requirements</p>	<p>Notification on case-by-case basis by ERP.</p> <p>For retroactive notification should consider:</p> <p>(a) infection control practices of HCW</p> <p>(b) physical or mental status of HCW</p> <p>(c) occurrence of known exposure to patients</p>	<p>The dept of health and each appropriate board within the Division of Medical Quality Assurance shall have the authority to establish procedures to handle, counsel, and provide other services to health care professionals within their respective boards who are infected with HIV.</p> <p>Infection alone does not justify limiting HCW's duties. No need to alter the practice of infected HCW unless health</p>

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FLORIDA cont'd	providers). <i>Florida Recommended Guidelines on Health Care Workers Infected With HIV and/or HBV</i> , Florida Department of Health and Rehabilitative Services, State Health Office, AIDS Program, Oct. 1992.			of the Professionals Resource Network.	(d) availability of patient records (e) time of infection in relation to time of care (f) evidence of transmission Generally require informed consent of HCW. Decision should be made in consultation w/ public health officials.	status and functional ability interfere w/ performance of specific procedures. Infected HCW should seek counsel from ERP and be advised under what circumstances they may continue to perform specific procedures.
GEORGIA	<i>State of Georgia Guidelines for the Management of the Human Immunodeficiency Virus (HIV)/Hepatitis B Virus (HBV) Infected Health Care Workers</i> , Georgia Department of Human Resources, Division of Public Health, Oct. 22, 1993.	Not defined.	Not defined.	Voluntary testing.	Notification considered on a case-by-case basis taking into consideration whether exposure has occurred, an assessment of specific risks, and confidentiality issues. If documented transmission has occurred, written informed consent should be obtained from all future patients who will have exposure-prone invasive	Upon identification of an infected HCW performing an invasive procedure, the HCW will be contacted and the Director of the Division of Public Health may convene an ERP to evaluate the individual circumstances.

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					procedures performed.	
GUAM	<p><i>Policy Statement and Guidelines to Prevent Transmission of HIV and Hepatitis B Through Medical/Dental Procedures</i>, Guam Dept. of Public Health and Social Services, 1993.</p> <p>25 GUAM ADMIN. R. & REGS. § 11106 (all physicians should comply with the guidelines established by the CDC for preventing the transmission of HIV to patients, and physicians who are infected should not perform exposure-prone procedures as defined by the CDC except within guidelines set by the Guam Board of Medical Examiners).</p>	Not defined.	Not defined.	Voluntary testing.	Determined on a case-by-case base by the advisory committee appointed by the Director of Health.	Infection alone is not a basis for restriction. Limitations, if any, determined on case-by-case basis after review by a panel appointed by the Director of Public Health and Social Services and consideration of factors that influence transmission risk.
HAWAII	HAW. REV. STAT. § 325-18 (on advisory committee only).	All persons, including but not limited to students, trainees, and emergency response	Characteristics include digital palpation of a needle tip in a body cavity or the simultaneous presence of the	Voluntary testing.	In event of patient exposure to HCW's potentially infected blood or body	Director of Health may appoint an advisory committee. The HCW cannot perform an invasive

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HAWAII cont'd	<i>Hawaii's Policy Statement and Guidelines to Prevent Transmission of Hepatitis B and HIV to Patients During Exposure-Prone Invasive Procedures</i> , Jan. 9, 1993.	personnel, whose employment or training activities involve actual or potential physical contact, whether direct or indirect, with another person's blood or body fluids in the course of providing health care services.	HCW's fingers and a needle or other sharp instrument or object in a poorly visualized or highly confined anatomic site.		fluids, patient should be retroactively notified as soon as possible. Exposed patient shall not be notified of source's name or exact circumstances of exposure.	<p>procedure absent seeking counsel from the committee and their physician. The committee may recommend changes in a HCW's practice, including patient notification, to reduce the possibility of transmission to patients.</p> <p>In general, limiting the practice is inappropriate because of the remote risk. Recommendations regarding restrictions should be provided only if there is clear evidence that the HCW poses a risk through (a) an inability to adhere to universal precautions, (b) prohibitive median condition, or (c) clear scientific evidence of the potential for direct transmission. Where appropriate, the HCW will appear before the Advisory committee for review and re-evaluation.</p>
IDAHO	<i>Idaho Guidelines on HIV/HBV Infected Health Care Workers</i> , Idaho Dept. of Health and Welfare, Jan. 1993.	A person who has direct or supervisory responsibility for the delivery of health care or medical services. This shall include, but not be limited to: licensed	"Invasive procedure" is defined as surgical entry into tissues, cavities, or organs or repair of major traumatic injuries associated with any of following: (1) operating or delivery room, emergency dept, or outpatient setting,	Voluntary testing.	Patient notification will be considered only in the case of imminent public health threat.	HIV alone does not justify limiting the worker's professional duties. The State Epidemiologist will assess the risk of exposure, focusing on compliance with universal precautions, the nature of the work performed and the

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IDAHO cont'd		physicians, nurse practitioners, physician assistants, nurses, dentists, chiropractors, and administrators, superintendents, and managers of clinics, hospitals, and licensed laboratories.	including both physicians' and dentists' offices; (2) cardiac catheterization and angiographic procedures; (3) a vaginal or cesarean delivery or other invasive obstetric procedure during which bleeding may occur; or (4) the manipulation, cutting, or removal of any oral or perioral tissues, including tooth structure, during which bleeding occurs or potential for bleeding exists. "Exposure-prone procedures" are defined as certain procedures which have been implicated in the transmission of HBV from infected HCWs to patients despite adherence to the principles of universal precautions. Characteristics include digital palpation of a needle tip in a body cavity or the simultaneous presence of the HCW's fingers and a needle or other sharp instrument or object in a poorly visualized or highly confined anatomic site.			techniques used by the individual.
ILLINOIS	ILL. ADMIN. CODE tit. 77, § 693.10 (for definitions), § 693.15 (for guidelines reference), § 693.40 (ERP).	Any physician, dentist, podiatrist, nurse or other person providing health care services of any kind.	"Invasive procedure" means surgical entry into tissues, cavities, or organs or repair of major traumatic injuries associated with any of following: operating or delivery	Voluntary testing.	If any exposure-prone invasive procedures performed, or DOH identifies any other potential risk of	If the invasive procedures performed by HCW were not exposure-prone invasive procedures, and no other potential risk of transmission was identified, the entity

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ILLINOIS cont'd			<p>room, emergency dept, or outpatient setting, including both physicians' and dentists' offices; cardiac catheterization and angiographic procedures; vaginal or cesarean delivery or other invasive obstetric procedure during which bleeding may occur; or manipulation, cutting, or removal of any oral or perioral tissues, including tooth structure, during which bleeding occurs or potential for bleeding exists.</p> <p>"Exposure-prone invasive procedure" means an invasive procedure involving digital palpation of a needle tip in a body cavity or the simultaneous presence of the HCW's fingers and a needle or other sharp instrument or object in a poorly visualized or highly confined anatomical site.</p>		transmission to patients, the DOH shall advise HCW that such patients must be retroactively notified of their potential risk of exposure to HIV. HCW has 45 days to self-notify, but if the HCW refuses to do so, the DOH will notify patients.	performing an investigation process shall provide HCW with information concerning the use of universal precautions. HCW shall also be advised to refrain from any future performance of exposure-prone invasive procedures, except in accordance with the recommendations of an ERP.
INDIANA	410 IND. ADMIN. CODE 1-4-4.4 (definition of HCW); 1-4-8.1 (definition of invasive procedure and ERP).	Any covered individual providing health care for or to a patient during the patient's care or treatment and whose professional employment, volunteer, or student training duties or	Digital palpation of a needle tip in a body cavity or the simultaneous presence of the HCW's fingers and needle or other sharp instrument in a poorly visualized or highly confined human anatomic site.	Voluntary testing.		<p>An HIV+ HCW whose practices include invasive procedures should either seek the advice of an ERP approved by the dept or voluntarily cease these practices.</p> <p>An ERP shall advise the HCW whether and how to modify</p>

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INDIANA cont'd		activities can reasonably anticipated to result in skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials.				techniques or to cease performing certain procedures. The ERP shall consider the past history of the HCW's technique, and the extent to which, in the context of other indicated procedures with a measurable and unavoidable significant risk to patients, an indicated invasive procedure does or does not expose patients to the significant risk of HIV transmission from the HCW.
IOWA	IOWA CODE § 139A.2 (definitions); § 139A.22 (ERP).	"Health care provider" means a person licensed to practice medicine and surgery, osteopathic medicine and surgery, osteopathy, chiropractic, podiatry, nursing, dentistry, optometry, or as a physician assistant, dental hygienist, or acupuncturist.	"Exposure-prone procedure" means a procedure performed by a health care provider which presents a recognized risk of percutaneous injury to the health care provider and if such an injury occurs, the health care provider's blood is likely to contact a patient's body cavity, subcutaneous tissues, or mucous membranes, or an exposure-prone procedure as defined by the Centers for Disease Control and Prevention of the United States department of health and human services.	Voluntary.	Unknown.	Infected HCWs should not perform exposure-prone procedures unless they have sought counsel from an ERP and been advised under what circumstances, if any, they may continue to perform these procedures. Recommendations should be made on a case-by-case basis, taking into consideration the technical skill, mental and physical health, degree of risk, and frequency of procedure.
KANSAS	KAN. ADMIN. REGS. § 100-25-2 (states that "each person licensed to practice a	"Dental health care worker" means dentist, dental hygienist, dental assistant, or other	"Invasive procedure" means any surgical or other diagnostic or therapeutic procedure involving manual or	Unknown.	Unknown.	When the board learns that a dental HCW is HIV+, contact shall be made with that dental health care worker to review

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KANSAS cont'd	<p>branch of the healing arts who maintains an office within this state shall adopt and follow a written procedure for sanitation and safety that includes at least... procedures to limit the spread of infection among patients and personnel through universal precautions, hand hygiene, and the proper handling and disposal of sharp objects").</p> <p>For Dentists: KAN. ADMIN. REGS. § 71-1-18.</p>	employee of the dentist, or any other person who performs or participates in an invasive or exposure-prone procedure or functions ancillary to invasive procedures.	<p>instrumental contact with or entry into any blood, body fluids, cavity, internal organ, subcutaneous tissue, mucous membrane, or percutaneous wound of the human body.</p> <p>"Exposure-prone procedure" means a procedure in which there is an increased risk of percutaneous injury to the health care worker by virtue of digital palpation of a needle tip or other sharp instrument in a body cavity or simultaneous presence of the dental health care worker's fingers and a needle or other sharp instruments in a poorly visualized or highly confined anatomic site, or any other circumstance in which there is a significant risk of contact between the blood or body fluids of the dental health care worker and the blood or body fluids of the patient.</p>			the regulations of the board and develop a process of monitoring that individual's practice. A dental HCW who is HIV+ or who otherwise knows or should know that the worker carries and is capable of transmitting HIV, shall not thereafter perform or participate directly in an exposure-prone procedure unless the HCW has sought counsel from an ERP.
KENTUCKY	<p>201 KY. ADMIN. REGS. 9:315 (physicians); 201 KY. ADMIN. REGS. 20:235 (nurses); 201 KY. ADMIN. REGS. 8:420 (dentists).</p> <p>(Note: this statute</p>	<p>Physician is undefined.</p> <p>Nurse means an advanced registered nurse practitioner, registered nurse or licensed practical nurse.</p>	<p>"Invasive procedure" means entry into body tissues, cavities or organs.</p> <p>"Exposure-prone invasive procedure" means the digital palpation of a needle tip in a body cavity or the simultaneous</p>	Voluntary testing.	Unknown.	HIV + physician may seek counsel from the board. Board can convene an ERP to monitor the adherence of an HIV+ physician to universal precautions; clinical competency and practice limitations or restrictions

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KENTUCKY cont'd	also incorporates by reference U.S. Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report, Dec. 19, 2003, Volume 52, Number RR-17.)	Dental HCW means a licensee, or an unlicensed person under the direction, control, supervision, or employment of a licensee, including students and trainees under the direction, control, supervision, or employment of a licensee, whose activities involve contact with: Patients or teeth; Blood or other body fluids from patients in a dental health care setting or laboratory; or Instruments, equipment, appliances or intra-oral devices that have been used in the mouth or which have come in contact with body fluids, teeth or saliva.	presence of a nurse's finger and a needle or other sharp instrument or object in a poorly visualized or highly confined anatomic site.			established by the review panel to monitor compliance with universal precautions and periodically evaluate the effects of the disease on the competency of the HIV+ physician. HIV+ nurse or dentist who performs exposure-prone invasive procedures may seek counsel from the board and, upon request, the board will convene an ERP. After review of a particular case, the ERP shall offer counsel regarding under what circumstances, if any, the nurse or dentist may continue to perform exposure-prone invasive procedures.
LOUISIANA	LA. ADMIN. CODE tit. 46, § 6701, et. seq. (physicians); § 4007, et. seq. (reg. nurses); § 308 et seq. (practical nurses); § 1201, et seq. (dentists).	"Health care provider" means a person, partnership, corporation, facility, or institution licensed by the state or federal government to provide health care or	Invasive procedure: any surgical or other diagnostic or therapeutic procedure involving manual or instrumental contact with or entry into any blood, body fluids, cavity, internal organ, subcutaneous tissue, mucous	Voluntary testing.	For Practitioners, patient must be notified and must give consent. For Registered Nurses, patients shall be notified of	HIV+ practitioner cannot perform exposure-prone invasive procedures unless each of the following is met: • the practitioner has affirmatively advised the patient of the practitioner's HIV+ status

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LOUISIANA cont'd		<p>professional services as a physician, osteopath, hospital, blood bank or tissue bank and/or an officer, employee, or agent thereof acting in the course and scope of his employment.</p> <p>Practitioner: a physician, podiatrist, physician's assistant, respiratory therapist, or other health care provider licensed or certified by the board and authorized by applicable laws and regulations to perform or participate in invasive procedures or functions ancillary to invasive procedures.</p> <p>Registered Nurse: an individual licensed as a registered nurse in LA, or an individual licensed as a registered nurse in another state and holding a 90-day permit to practice nursing in LA or a nursing student enrolled in a clinical</p>	<p>membrane, or percutaneous wound of the human body</p> <p>Exposure-prone procedure: an invasive procedure in which there is an increased risk of percutaneous injury to the practitioner by virtue of digital palpation of a needle tip or other sharp instrument in a body cavity or the simultaneous presence of the practitioner's fingers and a needle or other sharp instrument or object in a poorly visualized or highly confined anatomic site, or any other invasive procedure in which there is a significant risk of contact between the blood or body fluids of the dental health care provider and the blood or body fluids of the patient.</p>		<p>the registered nurse's HIV+ status before they undergo exposure-prone invasive procedures in which the registered nurse will participate or perform and an informed consent shall be obtained from the patient,</p> <p>For Practical Nurses, patient or patient's representative must be notified and must give consent.</p>	<ul style="list-style-type: none"> • the patient has been advised of the risk of transmission of HIV during an exposure-prone procedure • the patient has subscribed a written instrument setting forth the exposure-prone procedure, an acknowledgment that the advice has been given and understood and the consent of the patient • the practitioner's status has been affirmatively disclosed to each practitioner or other health care personnel participating in the exposure-prone procedure <p>HIV+ Registered Nurses cannot perform exposure-prone procedures unless they have sought periodic counsel from an ERP and have been advised under what circumstances they may continue to perform these procedures.</p> <p>HIV+ Practical Nurses cannot participate in exposure-prone invasive procedures unless each of the following is met:</p> <ul style="list-style-type: none"> • the HIV+ status of the practical nurse has been

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LOUISIANA cont'd		<p>nursing course.</p> <p>Practical Nurse: a licensed practical nurse and/or a practical nursing student/graduate.</p> <p>Dental Health Care Provider: any dentist, dental hygienist, or other personnel working under the supervision of a dentist in a dental health care setting who may perform exposure-prone procedures during patient care.</p>				<p>reviewed and the licensee has been approved for practice to include invasive and exposure-prone procedures by the board or the practical nurse has affirmatively advised the patient that the nurse is HIV+ and the patient has been advised of the risks</p> <ul style="list-style-type: none"> • the patient has subscribed a written instrument setting forth the exposure-prone procedure, an acknowledgement that the advice has been given and understood by the patient, the consent of the patient • the nurse's status has been affirmatively disclosed to each nurse who may participate or assist in the exposure-prone procedure. <p>Any HIV+ Dental health care provider who may participate in an exposure-prone procedure shall be required to give notice of their status to the board. HIV+ dental health care providers shall not perform exposure-prone procedures unless and until they have provided proper notice, submitted to periodic physical and psychological</p>

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LOUISIANA cont'd						evaluations by an ERP, and have received authorization to practice and perform procedures—decisions will be made on a case-by-case basis.
MAINE	<p><i>Policy Statement and Guidelines to Prevent Transmission of HIV and Hepatitis B Through Medical/Dental Procedures</i>, Maine State Department of Human Services, Bureau of Health, 1993.</p> <p>ME. REV. STAT. ANN. tit. 5, § 19201 (health care provider definition only).</p>	"Health care provider" means any appropriately licensed, certified or registered provider of mental or physical health care, either in the public or private sector or any business establishment providing health care services.	Not defined.	Voluntary testing.	Not required to disclose to patients or staff.	HIV infection alone does not justify restrictions—any restrictions should be determined on a case-by-case basis by an ERP. Factors to be considered include: HCW's physical or mental condition, adherence to optimal infection control practices, lack of compliance with established guidelines, appropriateness of techniques as related to performance of procedures, any health condition that would pose a significant risk to others. Any modification shall be the least restrictive possible.
MARSHALL ISLANDS	<i>Guidelines on Prevention of HIV/HBV Transmission</i> , Ministry of Health and Environment Republic of the Marshall Islands, Oct. 1993.	Unknown.	Surgical entry into tissues, cavities, or organs or repair of major traumatic injuries associated with any of following: operating or delivery room, emergency dept, or outpatient setting such as physicians' and dentists' offices; vaginal or cesarean delivery or other invasive obstetric procedure during which bleeding may occur; or	Unknown.	Unknown.	Unknown.

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MARSHALL ISLANDS cont'd			manipulation, cutting, or removal of any oral or perioral tissue, including teeth, during which bleeding occurs or potential for bleeding exists.			
MARYLAND	MD. CODE ANN., HEALTH—GEN. § 18-338.1 (states that the Medical and Chirurgical Faculty of the State of Maryland in consultation with the Centers for Disease Control, the Maryland Hospital Association, and the Department of Health and Mental Hygiene shall develop a practice protocol for physicians who are infected with HIV). 76 Md. Op. Att'y. Gen. 260 (1991) (HIV-positive physicians who are contract employees).	“Health care provider” means a person who is licensed, certified, or otherwise authorized under the Health Occupations Article to provide health or medical care in the ordinary course of business or practice of a profession, or in an approved education or training program.	Undefined.	Unknown	Unknown.	All HCWs must follow universal precautions—no further regulations exist.
MASSACHUSETTS	<i>Recommendations and Action Plan to Prevent the Transmission of HIV and HBV in the</i>	A health care provider is any licensed doctor of medicine, osteopathy, or dental science, or a registered	Whether a procedure is invasive depends on the judgment of an expert state-wide committee which will assess the likelihood of	Voluntary testing.	No mandatory disclosure—mandatory disclosure would compromise the	Voluntary evaluation by ERP (though any of the boards of registration may mandate that their registrants go before the panel)—ERP will make

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MASSACHUSETTS cont'd	<i>Delivery of Health Care Services</i> , Commonwealth of Massachusetts, Oct. 1992. MASS. GEN. LAWS ch. 111, § 1 (health care provider definition only).	nurse, social worker, doctor of chiropractic, or psychologist, or a resident, fellow, or medical officer, or a hospital, clinic or nursing home and its agents and employees, or a public hospital and its agents and employees.	transmission on a case-by-case basis—elements to be considered include: procedures performed, infection control mechanisms utilized and the general health status, skill, and training of the HCW performing the procedures (adopts CDC approach)		HCW's right to privacy and protection from discrimination, thus rendering them less likely to be voluntarily tested	recommendations on case-by-case basis.
MICHIGAN	<i>Michigan Recommendations on HBV-Infected and/or HIV-Infected Health Care Workers</i> , Michigan Department of Public Health, Sept. 1992. Revised version: <i>Michigan Recommendations on HIV, Hepatitis B, and Hepatitis C Infected Health Care Workers</i> , Michigan Department of Community Health, Sept. 2004.	Persons, including students and trainees, whose activities involve physical contact with patients or with blood or other body fluids from patients in the health-care setting.	“Invasive procedure”: surgical entry into tissues, cavities, or organs or repair of major traumatic injuries associated with any of following: (1) operating or delivery room, emergency dept, or outpatient setting, including both physicians’ and dentists’ offices; (2) cardiac catheterization and angiographic procedures; (3) a vaginal or cesarean delivery or other invasive obstetric procedure during which bleeding may occur; or (4) the manipulation, cutting, or removal of any oral or perioral tissues, including tooth structure, during which bleeding occurs or potential for bleeding exists. “Exposure-prone procedures”: certain procedures which have	Voluntary testing.	Notification should be considered on a case-by-case basis taking into consideration whether exposure has occurred, an assessment of specific risks, confidentiality issues, and available resources. Any decision to notify patients should be made in consultation with local and state public health officials and the HCW, if available.	In general, limiting the practice of HIV-infected HCWs is inappropriate. The practice of an infected HCW should be evaluated by his or her physician and modified only if there is clear evidence that the HCW poses a risk of transmitting HIV through an inability to meet basic infection control standards, personal medical conditions, evidence of previous transmission of blood-borne infections, or because the HCW is functionally unable to care for patients. All infected HCWs who perform invasive procedures should practice only after the evaluation, and with continued monitoring by their personal physician and/or

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MICHIGAN cont'd			been implicated in the transmission of HIV from infected HCWs to patients despite adherence to the principles of universal precautions. Characteristics include digital palpation of a needle tip in a body cavity or the simultaneous presence of the HCW's fingers and a needle or other sharp instrument or object in a poorly visualized or highly confined anatomic site.			under recommendations of public health officials, expert panels, or in compliance with institutional policies.
MINNESOTA	MINN. STAT. § 214.18 (definition of "regulated person"); § 214.23 (ERP); § 214.25 (disclosure).	"Regulated person" means a licensed dental hygienist, dentist, physician, nurse who is currently registered as a registered nurse or licensed practical nurse, podiatrist, a registered dental assistant, a physician's assistant, and for some purposes, a chiropractor.	Not defined.	Voluntary testing but mandatory reporting of HIV+ HCWs.	Unknown. The commissioner may disclose data addressed under this subdivision as necessary: to identify, establish, implement, and enforce a monitoring plan; to investigate a regulated person; to alert persons who may be threatened by illness as evidenced by epidemiologic data; to control or prevent the spread of HIV, HBV, or HCV disease; or to	After receiving a report that a HCW is infected, the board shall evaluate the past and current professional practice of the regulated person to determine whether there has been a violation of universal precautions as set forth by the CDC. A monitoring plan shall be established to address the scope of HCW's practice and to determine if there is an identifiable risk of transmission, the health of the HCW, and other provisions deemed reasonable. The board may establish an ERP to assist in the monitoring plan.

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MINNESOTA cont'd					diminish an imminent threat to the public health.	
MISSISSIPPI	<p>MISS. CODE ANN. § 41-34 (states: "Each board licensing health care providers may establish by rule and regulation practice requirements based, in part, on applicable guidelines from the Federal Centers for Disease Control which will protect the public from the transmission of the Hepatitis B Virus and Human Immunodeficiency Virus in the practice of a profession regulated by the appropriate board").</p> <p><i>Mississippi State Board of Medical Licensure Rules and Regulations, Rev. 9/1/2007, available at: http://www.msaml.state.ms.us/</i></p>	"Health care provider" shall mean a person licensed by this state to provide health care or professional services as a physician, podiatrist, registered nurse, licensed practical nurse, nurse practitioner, dentist, chiropractor or optometrist.	"Exposure-Prone Procedure" means an invasive procedure in which there is an increased risk of percutaneous injury to the practitioner by virtue of digital palpation of a needle tip or other sharp object in a body cavity or the simultaneous presence of the practitioner's fingers and a needle or other sharp instrument or object in a poorly visualized or highly confined anatomic site, or any other invasive procedure in which there is a significant risk of contact between the blood or body fluids of the practitioner and the blood or body fluids of the patient.	Voluntary.	Unknown.	<p>Medical Board: Any practitioner who is or becomes HIV+ shall give written notice of such seropositivity to the Board of Medical Licensure on or before 30 days from the date the seropositivity is determined. A panel shall be established to monitor HIV+ physicians. The panel shall designate two or more of its members to meet with seropositive physicians to evaluate the physicians' practice, extent of illness and other factors to determine what modifications, if any, will be required in their practice patterns. The panel shall meet at least annually with the Board to report its progress and discuss enforcement and related issues.</p> <p>For Dentists: All professionals licensed by the Mississippi State Board of Dental Examiners must meet or exceed the current Recommended Infection-</p>

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MISSISSIPPI cont'd	<p>July12007RegBook.pdf.</p> <p><i>Regulations Adopted by the Mississippi State Board of Dental Examiners</i>, available at: http://www.msbde.state.ms.us/msbde/msbde.nsf/webpages/Laws_lawsregs/\$FILE/lawsregs.pdf?OpenElement</p> <p>Board of Nursing Position Statement on Blood-Borne Infections, available at: http://www.msbn.state.ms.us/position.htm#Blood-borne%20infections (states that they will follow CDC recommendations).</p>					<p>Control Practices for Dentistry as published by the federal Centers for Disease Control and Prevention.</p> <p>For Nurses: HIV+ nurses, should not perform exposure-prone procedures unless they have sought council from an ERP and have been advised under what circumstances, if any, they may continue to perform these procedures.</p>
MISSOURI	<p>MO. REV. STAT. § 191.650 (definitions); § 191.700 (review panel).</p> <p>MO. CODE REGS. ANN.</p>	"Health care professional" is a member of the professional groups regulated by chapters 330 (podiatrists), 332	"Invasive procedures" are those surgical or obstetric procedures that involve surgical entry into tissues, cavities, or organs and dental procedures involving	Voluntary testing.	If the panel is uncertain about whether a procedure may pose some risk of HIV transmission, it	Voluntary evaluation process for infected HCWs who perform invasive procedures. The panel may determine which procedures HCW may or may not perform, or

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MISSOURI cont'd	tit. 19, § 20-26.060.	(dentists), and 335 (nurses); and sections 334.010 to 334.210 (physicians and surgeons).	manipulation, cutting, or removal of oral or perioral tissues, including tooth structure. Routine health care procedures such as physical examinations, blood pressure checks, eye examination, or oral, rectal or vaginal examinations are not considered as invasive procedures.		may recommend that such procedures be performed only after the patients have been informed of the health care professional's infection status.	perform with modifications.
MONTANA	MONT. CODE ANN. § 50-16-1003 (for health care provider definition only). <i>Montana Recommendations Regarding HBV-Infected and/or HIV-Infected Health Care Workers, Nov. 19, 1993.</i>	"Health care provider" means a person who is licensed, certified, or otherwise authorized by the laws of this state or who is licensed, certified, or otherwise authorized by the laws of another state to provide health care in the ordinary course of business or practice of a profession. The term does not include a person who provides health care solely through the sale or dispensing of drugs or medical devices.	"Invasive procedure" is defined as surgical entry into tissues, cavities, or organs or repair of major traumatic injuries associated with any of following: (1) operating or delivery room, emergency dept, or outpatient setting, including both physicians' and dentists' offices; (2) cardiac catheterization and angiographic procedures; (3) a vaginal or cesarean delivery or other invasive obstetric procedure during which bleeding may occur; or (4) the manipulation, cutting, or removal of any oral or perioral tissues, including tooth structure, during which bleeding occurs or potential for bleeding exists. "Exposure-prone procedures" are defined as those which	Voluntary testing.	Unknown.	Local review panels will be developed on a case-by-case basis as specific problems arise. The panel will consider the following: (a) whether HCW performs procedures in which injury could result in contamination of a patient's body cavity, subcutaneous tissues, and/or mucous membranes by the HCW's blood; (b) factors affecting the performance of procedures by HCW (e.g., techniques used, skill and experience, and compliance with recommended infection control practices); and (c) the medical condition of HCW (e.g., presence of physical conditions or mental impairments that may interfere with the HCW's ability to perform those

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MONTANA cont'd			include digital palpitation of a needle tip in a body cavity or the simultaneous presence of the HCW's fingers and a needle or other sharp instrument or object in a poorly visualized or highly confined anatomic site.			procedures safely)
NEBRASKA	<i>Recommendations and Policies for Preventing Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Patients During Exposure-prone Invasive Procedures</i> , Nebraska Dept. of Health, effective Oct. 26, 1995	Not defined.	Invasive procedure: surgical entry into tissues, cavities, or organs or repair of major traumatic injuries associated with any of following: (1) operating or delivery room, emergency dept, or outpatient setting, including both physicians' and dentists' offices; (2) cardiac catheterization and angiographic procedures; (3) a vaginal or cesarean delivery or other invasive obstetric procedure during which bleeding may occur; or (4) the manipulation, cutting, or removal of any oral or perioral tissues, including tooth structure, during which bleeding occurs or potential for bleeding exists. Exposure-prone procedures: certain procedures which have been implicated in the transmission of HBV from infected HCWs to patients despite adherence to the	Voluntary testing.	HCWs who operate within the limitations and monitoring recommendations of an ERP may be exempt from the need to inform patients of the HIV status. Retroactive notification of patients of infected HCWs should be made on a case-by-case basis and include consultation with an ERP.	Infected HCWs who provide direct patient care shall seek counsel from an ERP and be advised under what circumstances, if any, they may continue to practice. Recommendations of an ERP regarding limitation of practice and monitoring should be made on a case-by-case basis. Factors to consider include: types of procedures performed, technique used, infection control technique, mental and physical condition of HCW, work site(s) of HCW.

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NEBRASKA cont'd			principles of universal precautions. Characteristics include digital palpation of a needle tip in a body cavity or the simultaneous presence of the HCW's fingers and a needle or other sharp instrument or object in a poorly visualized or highly confined anatomic site.			
NEVADA	<p><i>Nevada Recommendations on HBV-Infected and/or HIV-Infected Health Care Workers</i>, Nevada State Health Division, Apr. 1993.</p> <p>(Note: these guidelines note that legislation was considered and a bill containing these recommendations was drafted.)</p> <p>NEV. ADMIN. CODE § 441A.110.</p>	<p>Persons, including students and trainees, whose activities involve physical contact with patients or with blood or other body fluids from patients in the health-care and emergency care settings.</p> <p>"Health care provider" means a physician, nurse, physician's assistant, or veterinarian licensed in accordance with state law.</p>	<p>Surgical entry into tissues, cavities, or organs to repair major traumatic injuries that are associated with any of the following: (1) an operating or delivery room, emergency department, or outpatient setting, including both physicians' and dentists' offices; (2) cardiac catheterization and angiographic procedures; (3) a vaginal or cesarean delivery or other invasive obstetric procedure during which bleeding may occur; or (4) the manipulation, cutting, or removal of any oral or perioral tissues, including tooth structure, during which bleeding occurs, or the potential for bleeding exists.</p>	Voluntary testing.	<p>Any notification should take place on a case-by-case basis taking into consideration whether exposure occurred, an assessment of specific risks, confidentiality issues, and available resources. Notification should be made in consultation with local and state public health officials, and the infected HCW, if available. If appropriate, carefully designed studies may be indicated to provide further</p>	<p>The practice of an infected HCW should be evaluated by his or her physician and modified only if there is clear evidence that the HCW poses a risk of transmitting HIV through an inability to meet basic infection control standards, personal medical conditions, evidence of previous transmission of blood-borne infections, or because the HCW is functionally unable to care for patients.</p> <p>All infected HCWs who perform invasive procedures should practice only after the evaluation, and with continued monitoring, by their personal physician and/or under recommendations of public health officials, expert panels, or in compliance with</p>

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NEVADA cont'd					information on the risk of transmission.	institutional policies.
NEW HAMPSHIRE	N.H. REV. STAT. ANN. § 141-F:2 (definitions); § 141-F:9-a (testing). (Note: N.H. REV. STAT. ANN. §§ 141-F:9-a, 9-b, 9-c related to notification of patients and the role of the ERP were repealed in 2007. The text is included here for historical purposes.)	"Health care worker" means dentists and dental hygienists licensed under RSA 317-A, nurses licensed under RSA 326-B, physicians licensed under RSA 329, physician assistants licensed under RSA 328-D, and podiatrists licensed under RSA 315.	"Exposure prone invasive procedure" means any medical, surgical, or dental procedure during which a health care worker palpates a needle tip in a body cavity, or any procedure during which a health care worker's fingers and a needle or other sharp instrument or object are present in a poorly visualized or highly confined anatomic site.	Voluntary testing.	The ERP may require notification of previous patients who may have experienced exposure prone invasive procedures in which the HCW participated while infected, notification of prospective patients prior to undergoing exposure prone invasive procedures, and notification of past and future employers engaged in the provision of health care.	No HCW who is knowingly infected with HIV shall perform or participate in the performance of any exposure prone invasive procedure unless the HCW has filed a letter of application with the commissioner to engage in such procedures. Upon receipt of the application, an ERP will be appointed. The ERP shall approve or deny an application, and may impose conditions limiting the type of exposure prone invasive procedures the HCW may perform and the circumstances under which such procedures may be performed. The ERP shall require notification of current employers engaged in the provision of health care when any conditions are imposed.
NEW JERSEY	<i>Policy on HIV- and HBV-Infected Health Care Workers</i> , New Jersey Department of Health, Aug. 18, 1994.	Not defined.	Not defined.	Voluntary testing.	Should the expert committee feel that disclosure of otherwise confidential info to a regulatory agency or others is necessary for	Expert Committee shall be appointed and will approach HIV with a balanced and comprehensive perspective to consider issues related to infected HCWs on a case-by-case basis.

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NEW JERSEY cont'd					protection of the public health, it shall advise the Commissioner of Health.	
NEW MEXICO	<p><i>Guidelines to Prevent Transmission of Bloodborne Infections During Invasive Surgical and Dental Procedures</i>, New Mexico Dept. of Health, Oct. 23, 1992.</p> <p>Dentists: N.M. CODE R. § 16.5.1.7 (definition); § 16.5.1.16 (control and prevention of bloodborne infections).</p>	<p>The guidelines apply to licensed health professionals who perform invasive procedures with sharp instruments.</p> <p>For dentists: provider means a provider of dental health care services, including but not limited to dentists, dental hygienists, and dental assistants.</p>	<p>Any entry into, or repair of tissues, cavities, or organs using a sharp instrument, or any procedure in which bleeding of the health professional is likely to occur. Examples are surgical procedures, obstetrical delivery, repair of lacerations, and dental procedures involving cutting, removal, or manipulation of tissue. Procedures that aren't invasive for the purposes of these guidelines are things like administration of injections, obtaining blood samples by venipuncture, finger or heelstick, placing intravascular lines, obtaining tissue samples by needle biopsy or aspiration, endoscopy and bronchoscopy.</p>	Voluntary testing.	<p>Any "look-back" studies to determine patients' infection status after undergoing invasive procedures must be based on documentation of the risk of blood-to-blood transmission and on an evaluation of the individual HCW's practices. Such studies shall only be carried out by, or under the direct guidance of, the Division of Epidemiology, Evaluation and Planning of the New Mexico Dept. of Health.</p> <p>For Dentists:</p>	<p>Infected HCW who desires to continue to perform invasive procedures is strongly encouraged to notify state epidemiologist to request a review of his/her practice. This notification may be done anonymously. After notification, ERP will determine need for and scope of an individual evaluation. If ERP determines that HCW's continued performance of all or certain invasive procedures constitutes a significant risk to patients, it shall recommend restrictions to protect patients' safety.</p> <p>For Dentists: Infected providers who perform invasive procedures which might cause increased risk of transmission are strongly urged to submit to a voluntary evaluation process established by the New Mexico DOH. Individual evaluations will be</p>

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NEW MEXICO cont'd					Policies and procedures must be implemented to report and manage patient and/or provider exposure to blood. Affected individuals must be notified when exposure may constitute a significant risk of transmission of blood borne infection. The notification must include the nature of possible infection, but need not include the identity of the provider should the provider be the known source of infection.	strictly confidential unless that agency recommends practice restrictions. The DOH will notify the Board and/or Committee of recommended practice restrictions. Any violation of practice restrictions will be considered grounds for disciplinary action by the Board and Committee.

State	Source(s)	Health Care Worker (HCW) Defined	Invasive Procedure Defined	Testing of HCW	Informing Patients and Staff	Restrictions Based on Type of Practice, HIV Status, and/or Physical Ability
NEW YORK	<p>N.Y. PUB. HEALTH LAW, § 2760 (establishes state advisory panel on HIV+ HCWs); § 2780 (definition of health care provider); § 2782(9) (release of confidential info regarding HCW on request of panel).</p> <p><i>Policy Statement and Guidelines to Prevent Transmission of HIV and Hepatitis B Through Medical/Dental Procedures</i>, New York State Dept. of Health, Aug. 1992.</p>	<p>"Health care provider" means any physician, nurse, provider of services for the mentally disabled as defined in article one of the mental hygiene law, or other person involved in providing medical, nursing, counseling, or other health care or mental health service, including those associated with, or under contract to, a health maintenance organization or medical services plan.</p>	Not defined.	Voluntary testing.	Unknown.	<p>A state advisory panel for the evaluation of HIV+ HCWs is established. The panel shall only evaluate and advise an HCW who voluntarily seeks the panel's review of the risk of transmission to others. The panel shall evaluate the HCW pursuant to comprehensive medical criteria, including: physical or mental condition that interferes with or is significantly likely to interfere with the worker's ability to perform assigned tasks or regular duties, lack of compliance with established guidelines, the appropriateness of techniques as related to performance of procedures and any health condition that would pose a significant risk to others. Only when evidence indicates that the HCW's practice poses a significant risk of harm to patients, the panel shall make appropriate recommendations that are least restrictive with respect to the HCW's practice including, but not limited to, training or monitoring, or, if necessary, reassignment or practice restrictions.</p>

State	Source(s)	Health Care Worker (HCW) Defined	Invasive Procedure Defined	Testing of HCW	Informing Patients and Staff	Restrictions Based on Type of Practice, HIV Status, and/or Physical Ability
NEW YORK cont'd						When the panel recommends training, monitoring, reassignment, any similar action, HCW shall provide written assurance to the panel that s/he has informed facilities licensed by the dept where the HCW provides patient care of the panel's recommendations and shall identify the person or persons at the facilities so informed.
NORTH CAROLINA	10A N.C. ADMIN. CODE 41A.0207.	Not defined.	<p>"Invasive procedure" means entry into tissues, cavities, or organs or repair of traumatic injuries. The term includes the use of needles to puncture skin, vaginal and cesarean deliveries, surgery, and dental procedures during which bleeding occurs or the potential for bleeding exists.</p> <p>"Surgical or obstetrical procedures" means vaginal deliveries or surgical entry into tissues, cavities, or organs. The term does not include phlebotomy; administration of intramuscular, intradermal, or subcutaneous injections; needle biopsies; needle aspirations; lumbar punctures; angiographic procedures;</p>	Voluntary testing.	Expert panel will make recommendations regarding the identification of patients that have been exposed to a significant risk.	All HIV+ HCWs who perform surgical or obstetrical procedures or dental procedures shall notify the State Health Director (SHD). The SHD shall investigate the practice of any infected HCW and the risk of transmission to patients. If the SHD determines that there may be a significant risk of transmission patients, the SHD shall appoint an expert panel to evaluate the risk of transmission to patients, and review the practice, skills, and clinical condition of the infected HCW, as well as the nature of the surgical or obstetrical procedures or dental procedures performed and operative and infection

State	Source(s)	Health Care Worker (HCW) Defined	Invasive Procedure Defined	Testing of HCW	Informing Patients and Staff	Restrictions Based on Type of Practice, HIV Status, and/or Physical Ability
NORTH CAROLINA cont'd			endoscopic and bronchoscopic procedures; or placing or maintaining peripheral or central intravascular lines.			control techniques used. The panel shall make recommendations to the SHD that address restrictions that are necessary to prevent transmission to patients, identification of patients that have been exposed to a significant risk of transmission and periodic review of the clinical condition and practice of the infected HCW. If, prior to receipt of the recommendations of the expert panel, the SHD determines that immediate practice restrictions are necessary to prevent an imminent threat to the public health, the SHD shall issue an isolation order.
NORTH DAKOTA	<i>Guidelines Regarding HIV- and HBV- Infected Health Care Workers</i> , North Dakota State Dept. of Health and Consolidated Laboratories, 1992.	Persons, including students and trainees, whose activities involve physical contact with patients or with blood or other body fluids from patients in the health care setting.	Surgical entry into tissues, cavities, or organs, or repair of major traumatic injuries associated with any of the following: (1) an operating or delivery room, emergency dept., or outpatient setting, including both physicians' and dentists' offices; (2) cardiac catheterization and angiographic procedures; (3) vaginal or cesarean delivery or other invasive obstetric procedure during which	Voluntary testing.	ND law does not allow retroactive notification of patients that they may have been exposed to HIV. The law does not allow for disclosure of the source of exposure. The infected HCW may choose to release that info to their patients.	Infected HCWs who perform invasive or exposure-prone procedures should not continue to perform those procedures until they have sought counsel from their personal physician or an ERP. The practice of an infected HCW should be modified only if there is clear evidence that the HCW poses a risk of transmission through an inability to meet basic infection control standards,

State	Source(s)	Health Care Worker (HCW) Defined	Invasive Procedure Defined	Testing of HCW	Informing Patients and Staff	Restrictions Based on Type of Practice, HIV Status, and/or Physical Ability
NORTH DAKOTA cont'd			<p>bleeding may occur; or (4) the manipulation, cutting, or removal of any oral or perioral tissues, including tooth structures, during which bleeding occurs or the potential for bleeding exists.</p> <p>Characteristics of exposure-prone procedures include digital palpation of a needle tip in a body cavity or the simultaneous presence of HCW's fingers and a needle or other sharp object in a poorly visualized or highly confined anatomic site.</p>			<p>personal medical conditions, evidence of previous transmission of bloodborne infections, or because the HCW is functionally unable to care for patients. Among the items the ERP should consider are: whether HCW performs invasive or exposure-prone procedures, factors affecting the performance of procedures by the HCW (e.g., techniques used, skill and experience, and compliance with universal precautions), and the medical condition of HCW (e.g., presence of physical conditions or mental impairment that may interfere with HCW's ability to perform these procedures safely).</p>
NORTHERN MARIANA ISLANDS	<p>Letter to William L. Roper, M.D., M.P.H., Sept. 23, 1993, from Jose Chong, M.O., Director Public Health & Environmental Quality.</p>	Not defined.	Not defined.	Voluntary testing.	Unknown.	<p>HCWs who know they are infected and wish continue working with patients are advised to report their condition to their supervisor, practice good sense and refrain from all care that may be deemed exposure prone invasive procedures.</p> <p>HCWs with exudative lesions or weeping dermatitis are to refrain from all direct patient care and from handling</p>

State	Source(s)	Health Care Worker (HCW) Defined	Invasive Procedure Defined	Testing of HCW	Informing Patients and Staff	Restrictions Based on Type of Practice, HIV Status, and/or Physical Ability
NORTHERN MARIANA ISLANDS cont'd						patient care equipment and devices used in performing invasive procedures until they've been cleared by an Internist from the Commonwealth Health Center.
OHIO	<i>Recommendations for HIV/HBV Infected Health Care Workers</i> , Ohio Dept. of Health, Dec. 1992.	Not defined.	Characteristics of exposure-prone procedures incl. digital palpation of a needle tip in a body cavity or the simultaneous presence of HCW's fingers and a needle or other sharp object in a poorly visualized or highly confined anatomic site. Exposure-prone procedures present a recognized risk of percutaneous injury to the HCW and if such an injury occurs the HCW's blood is likely to contact the patient's body cavity, subcutaneous tissues, and/or mucous membranes.	Voluntary testing.	Retroactive notification will be determined by Director of Health after the evaluation of the possibility of exposure, assessment of the risk of infection, and the type of procedures performed by infected HCWs.	ERP will evaluate HCW's medical condition and ability to perform specific job duties. ERP will make recommendations to the Director of Health concerning the circumstances under which the HCW may perform exposure-prone procedures. Recommendations shall be based on HCW's impairment and shall pay attention to their likelihood of performing exposure prone procedures.
OKLAHOMA	OKLA. ST. tit. 63, § 1-502.2 (for review process). <i>Oklahoma Guidelines on HIV Infected Health Care Workers</i> , Oklahoma State Dept. of Health, Apr. 1992.	Persons, including students, trainees, and emergency room personnel, whose activities involve physical contact with patients or patients' blood/body fluids in the healthcare setting, regardless of licensure or certification.	Invasive procedure is defined as: surgical entry into tissues, cavities, or organs or repair of major traumatic injuries. This may occur in inpatient settings, such as in operating or delivery room or emergency dept, or in outpatient settings, such as physicians' and dentists' offices. Examples include: (1) surgical procedures; (2) cardiac	Voluntary testing.	HCW who exposes a patient to his/her blood or body fluid is ethically bound to ensure that the patient is notified and to undergo testing as appropriate.	The State Dept of Health may convene a confidential meeting of a multidisciplinary advisory committee to make recommendations regarding the practice of HIV+ HCWs who may be performing exposure-prone procedures. Upon advice of the committee, the Commissioner of Health may notify an

State	Source(s)	Health Care Worker (HCW) Defined	Invasive Procedure Defined	Testing of HCW	Informing Patients and Staff	Restrictions Based on Type of Practice, HIV Status, and/or Physical Ability
OKLAHOMA cont'd			<p>catherization and angiographic procedures; (3) a vaginal or cesarean delivery or other invasive obstetric procedure in which bleeding may occur; or (4) the manipulation, cutting, or removal of any oral or perioral tissues, including tooth structure, during which bleeding may occur.</p> <p>The lack of reports of transmission of HIV in health care setting prevent any definition of "HIV exposure-prone procedures," however, invasive surgical and dental procedures that have been implicated in the transmission of hepatitis B virus from infected HCWs to patients, despite adherence to the principals of universal precautions should be considered "exposure prone." Characteristics of exposure-prone procedures include digital palpation of a needle tip in a body cavity or the simultaneous presence of HCW's fingers and a needle or other sharp object in a poorly visualized or highly confined anatomic site.</p>			<p>appropriate official at the health care facility where the HCW practices that said HCW is infected. Notification shall be made only when necessary to monitor the ability of the HCW to comply with universal precautions and appropriate infection control practices, and/or to monitor the ongoing functional capacity of the HCW to perform his or her duties.</p>

State	Source(s)	Health Care Worker (HCW) Defined	Invasive Procedure Defined	Testing of HCW	Informing Patients and Staff	Restrictions Based on Type of Practice, HIV Status, and/or Physical Ability
OREGON	Or. Admin. R. 333-012-0280 (health care provider definition); 333-012-0340 (process for review); 333-012-0350 (process for review); 333-012-0390 (patient notification).	"Health Care Provider" means a person who has direct or supervisory responsibility for the delivery of health care or medical services. This shall include, but not be limited to: Licensed physicians, nurse practitioners, physician assistants, nurses, dentists, medical examiners, and administrators, superintendents and managers of clinics, health care facilities and licensed laboratories.	"Reviewable Health Care Provider" means a health care provider who routinely performs or participates in the performance of surgical, obstetric, or dental procedures that: (a) Pose a significant risk of a bleeding injury to the arm or hand of the health care provider; and (b) Are of a nature that reasonably could result in the patient having an exposure to the health care provider's blood in a manner capable of effectively transmitting HIV or hepatitis B virus (HBV), for example, due to the inability of the health care provider to withdraw the injured limb. Examples of procedures that do not carry this significant risk include, but are not limited to: oral, rectal, or vaginal examinations; phlebotomy; administering intramuscular, intradermal, or subcutaneous injections; needle biopsies, need aspirations, and lumbar punctures; cutdown and angiographic procedures; excision of epidermal or dermal lesions; suturing of superficial lacerations; endoscopy; placing	Voluntary testing.	Notification of patients as to their possible exposure to HIV shall not occur except in any of the following circumstances: (1) HIV transmission from reviewable health care provider to at least one of his or her patients has occurred; (2) The patient to be notified has had a substantial exposure to the reviewable health care provider's blood or body fluids; or (3) The reviewable health care provider has had significant violations of infection control practices that were standard at the time of the patient contact and which resulted in a significant risk of a substantial	Any reviewable health care provider who learns that s/he is HIV+ is encouraged to refrain from participating in the performance risky or exposure-prone procedures until the health care provider's status is reported to either the Division of Public Health or his or her own institution of employment for review of professional practices. The Division shall determine the date of the initial positive test result, an estimated date of initial infection, if available from clinical and exposure history information, and the reviewable health care provider's current medical status with special emphasis on presence or absence of exudative lesions or weeping dermatitis, pulmonary tuberculosis, and cognitive, emotional, behavioral or neurologic impairment and whether the reviewable health care provider complies with standard infection control procedures and whether he or she has a history of incidents in which there was a substantial

State	Source(s)	Health Care Worker (HCW) Defined	Invasive Procedure Defined	Testing of HCW	Informing Patients and Staff	Restrictions Based on Type of Practice, HIV Status, and/or Physical Ability
OREGON cont'd			and maintaining peripheral and central intravascular lines, nasogastric tubes, rectal tubes, and urinary catheters; or acupuncture.		exposure to the patient being notified; (4) The identity of the HIV-infected health care provider shall not be explicitly disclosed during the notification process.	likelihood that a patient received a substantial exposure to the reviewable health care provider's blood. The Division shall convene an expert panel within two weeks of completion of the investigation to make recommendations regarding the reviewable health care provider's continued practice.
PENNSYLVANIA	35 PA. CONS. STAT. § 7603 (definition of Individual Health Care Provider and Significant Exposure only). <i>Guidelines for Preventing the Transmission of Human Immunodeficiency Virus and Hepatitis B Virus From Infected Health Care Workers to Patients</i> , Pennsylvania Dept. of Health, Bureau of HIV/AIDS and Bureau of Epidemiology, Oct. 1993.	"Individual Health Care Provider" means a physician, nurse, emergency medical services worker, chiropractor, optometrist, psychologist, nurse-midwife, physician assistant, dentist or other person, including a professional corporation or partnership, providing medical, nursing, drug or alcohol rehabilitation services, mental health services, other health care services or an employee or agent of such individual or an institutional health care provider.	"Significant exposure" means direct contact with blood or body fluids of a patient in a manner which, according to the most current guidelines of the Centers for Disease Control, is capable of transmitting human immunodeficiency virus, including, but not limited to, a percutaneous injury (e.g., a needle stick or cut with a sharp object), contact of mucous membranes or contact of skin (especially when the exposed skin is chapped, abraded or afflicted with dermatitis) or if the contact is prolonged or involves an extensive area.	Voluntary testing.	Infected HCW should notify prospective patients before patient undergoes exposure-prone procedure. Retrospective notification of patient is only indicated if evidence of significant exposure has occurred and should be conducted only after ERP has had an opportunity to assess risk.	Limiting the practice of infected HCW is not necessary or justified unless (i) there is evidence that such worker poses a threat to his/her health or safety or to the health or safety of others and (ii) that direct threat cannot be eliminated or reduced to a medically acceptable level with reasonable accommodation—such a direct threat should be based strictly on valid medical analysis and/or other objective evidence. Work restrictions are justified only if there is evidence that the infected HCW poses a significant risk of substantial harm to him/herself or others because of (i) his/her inability or refusal to meet basic

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PENNSYLVANIA cont'd						infection control standards or because (ii) s/he is unable to care for his/her patients or otherwise perform essential functions of the job.
PUERTO RICO	Administrative Order No. 74, signed by Carmen Feliciano de Melecio, Secretaria, Departamento de Salud, October 20, 1993.	Not defined.	Not defined.	Voluntary testing.	Unknown.	No restrictions if the HCW follows universal precautions and the recommendations for disinfection and sterilization of instruments.
RHODE ISLAND	<i>Policy on HIV/HBV Infected Health Care Workers</i> , Rhode Island Dept. of Health, 1992.	Not defined.	The HCW's skill in the procedure, the frequency with which the procedure is performed, the degree of technical complexity of the procedure, and other variables do not allow for a simple scientific rating of procedures with regard to risk. Emphasis on the use of universal precautions, infection control practices, and procedural modifications, where indicated and possible, provide the best assurance that procedures will be performed in the safest manner possible.	Voluntary testing.	Whether infected HCW will be required to prospectively notify patients in order to perform certain procedures will be judged on a case-by-case basis.	Review of infected HCW will be based on premise that infection alone does not justify limiting HCW's duties. ERP will instead focus on HCW's compliance with universal precautions, competency, infection control practices, the nature of the work performed and techniques used by HCW. ERP may recommend adjustments of practice, restrictions, or other appropriate measures.
SOUTH CAROLINA	S.C. CODE ANN. § 44-30 Health Care Professional Compliance Act (states that health care professionals	"Health care professional" means a physician, physician's assistant, dentist, dental hygienist, registered nurse,	An invasive procedure is defined as: surgical entry into tissues, cavities, or organs or repair of major traumatic injuries associated with any of the following: (1) an operating	Voluntary testing.	Decisions regarding patient notification before performance of an invasive procedure to be decided by	HCWs must follow recommendations of the CDC and an ERP. HCWs should not perform invasive procedures unless they have sought counsel from an ERP and been

State	Source(s)	Health Care Worker (HCW) Defined	Invasive Procedure Defined	Testing of HCW	Informing Patients and Staff	Restrictions Based on Type of Practice, HIV Status, and/or Physical Ability
SOUTH CAROLINA cont'd	are to follow the CDC's <i>Recommendations for Preventing Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Patients During Exposure-Prone Invasive Procedures</i> (1991) or equivalent guidelines developed by the department and approved by the CDC and any appropriate supplements or revisions thereto).	licensed practical nurse, or podiatrist practicing or licensed to practice in South Carolina.	or delivery room, emergency dept, or outpatient setting, including both physicians' and dentists' offices; (2) cardiac catheterization and angiographic procedures; (3) a vaginal or cesarean delivery or other invasive obstetric procedure in which bleeding may occur; or (4) the manipulation, cutting, or removal of any oral or perioral tissues, including tooth structure, during which bleeding occurs or the potential for bleeding exists.		an ERP.	advised under what circumstances they can continue to perform such procedures.
SOUTH DAKOTA	<i>Guidelines for Preventing Transmission of Human Immunodeficiency Virus and Hepatitis B Virus in Health Care Settings</i> , South Dakota Department of Health, Sept. 1993. S.D. ADMIN. R. 44:20:01:01 (health care worker definition only).	"Health care worker" is a person, including a student or a trainee, whose activities involve contact with patients or with blood or other body substances from patients in a health care setting.	An invasive procedure is defined as: surgical entry into tissues, cavities, or organs or repair of major traumatic injuries associated with any of the following: (1) an operating or delivery room, emergency dept, or outpatient setting, including both physicians' and dentists' offices; (2) cardiac catheterization and angiographic procedures; (3) a vaginal or cesarean delivery or other invasive obstetric procedure in which bleeding may occur; or (4) the manipulation, cutting,	Voluntary testing.	HCWs who expose patients to their blood/body fluids are ethically bound to retroactively inform the patients of this exposure in a timely manner and to undergo testing. Infected HCWs must inform the patient's physician and/or health care facility when there is a significant risk of	An HCW who performs surgical or obstetrical procedures that involve surgical entry into tissues, cavities, or organs, or who perform dental procedures involving manipulation, cutting, or removal or oral or perioral tissues, including tooth structure should not continue to perform those procedures until they have sought counsel from an ERP. ERP should consider: whether HCW performs invasive or

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SOUTH DAKOTA cont'd			or removal of any oral or perioral tissues, including tooth structure, during which bleeding occurs or the potential for bleeding exists.		compromised patient care.	exposure-prone procedures, factors affecting the performance by the HCW (e.g., techniques used, skill and experience, and compliance with universal precautions), and the medical condition of HCW (e.g., presence of physical conditions or mental impairment that may interfere with HCW's ability to perform procedures safely).
TENNESSEE	TENN. COMP. R. & REGS. 1200-14-3.	Any person whose activities involve contact with patients or with blood or other body fluids in, a health care setting, including persons licensed to practice the healing arts or any branch thereof in this state pursuant to the provisions of Title 63 of the Tennessee Code Annotated, and students and trainees.	Not defined.	Voluntary testing.	The review panel may recommend notification of patients.	The Chief Medical Officer of the State of Tennessee will, at the request of an HIV or HBV infected HCW, convene an expert review panel to provide advice and give guidelines for assuring patient safety in the provision of the HCW's health care services. The review panel may recommend modification of procedures, notification of patients, or monitoring of restrictions if the panel determines that a significant risk of transmission to patients may exist. The recommendations of the review panel will then be set out in a written agreement and, if agreed to by the HCW, such agreement will be

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TENNESSEE cont'd						evidenced by the HCW's signature.
TEXAS	TEX. HEALTH & SAFETY CODE § 85.201, et. seq.	"Health care worker" means a person who furnishes health care services in direct patient care situations under a license, certificate, or registration issued by this state or a person providing direct patient care in the course of a training or educational program.	"Invasive procedure" means: (A) a surgical entry into tissues, cavities, or organs; or (B) repair of major traumatic injuries associated with any of the following: (i) an operating or delivery room, emergency department, or outpatient setting, including a physician's or dentist's office; (ii) cardiac catheterization or angiographic procedures; (iii) a vaginal or cesarean delivery or other invasive obstetric procedure during which bleeding may occur; or (iv) the manipulation, cutting, or removal of any oral or perioral tissues, including tooth structure, during which bleeding occurs or the potential for bleeding exists. "Exposure-prone procedure" means a specific invasive procedure that poses a direct and significant risk of transmission of HIV or hepatitis B virus, as designated by a health professional association or health facility.	Voluntary testing.	HCW cannot perform an exposure-prone invasive procedure absent patient notification and consent prior to the procedure.	HCW should not perform exposure-prone invasive procedures unless he has sought counsel from an expert review panel and has notified the prospective patient of his status and obtained the patient's consent before the patient undergoes an exposure-prone procedure, unless the patient is unable to consent.
UTAH	<i>Policy and Procedure on the management of HIV-Positive and</i>	Not defined.	Not defined.	Voluntary testing.	DOH, in consultation with infected HCW, will	Mandatory reporting of infection to DOH. Upon notification of an infected

State	Source(s)	Health Care Worker (HCW) Defined	Invasive Procedure Defined	Testing of HCW	Informing Patients and Staff	Restrictions Based on Type of Practice, HIV Status, and/or Physical Ability
UTAH cont'd	<i>HBV-positive Health Care Workers</i> , State of Utah Dept. of Health, Apr. 30, 1992.				consider value of prospective and retrospective patient notification on case-by-case basis.	HCW the DOH will consult with local health officer and determine who will contact HCW. Discussion will cover the following: infectious disease history of HCW; infection control practices, scope of HCW's practice, recommendations on strict adherence to universal precautions, how HCW can prevent transmission, guidelines for necessary follow-up testing. If the assigned investigator determines that a case involves complex or specialized practices, the DOH may convene an ERP to evaluate individual circumstances.
VERMONT	<i>Guidelines for Preventing Transmission of the Human Immunodeficiency Virus and the Hepatitis B Virus During Exposure-Prone Invasive Procedures</i> , State of Vermont Dept. of Health, 1992.	Persons, including students and trainees, whose activities include physical contact with patients.	Exposure-prone invasive procedures are best determined on a case-by-case basis by ERPs, taking into consideration the specific procedure as well as the skill, technique, nature of infection, and possible impairment of the infected HCW. Characteristics of exposure-prone procedures incl. digital palpation of a needle tip in a body cavity or simultaneous	Voluntary testing.	In some instances, ERP may require notification of prospective patients before they undergo exposure-prone invasive procedures.	Infected HCWs should not perform procedures which could be designated as exposure-prone procedures unless they have sought counsel from an ERP and been advised under what circumstances, if any, they may continue to perform these procedures.

State	Source(s)	Health Care Worker (HCW) Defined	Invasive Procedure Defined	Testing of HCW	Informing Patients and Staff	Restrictions Based on Type of Practice, HIV Status, and/or Physical Ability
VERMONT cont'd			<p>presence of the HCW's fingers and a needle or other sharp instrument or object in a poorly visualized or highly confined anatomic site.</p> <p>Most routine procedures are not considered invasive procedures. Similarly, many invasive procedures are not considered exposure prone.</p>			
VIRGINIA	<p>Va. Code Ann. § 32.1-6 (facility that tests any person for HIV must report any positive results to the Dept. of Health); § 32.1-116.3 (all HCWs must follow universal precautions).</p> <p>(Note: In 1992, Virginia adopted the <i>Recommendations for Preventing Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to patients During Exposure-Prone Invasive Procedures</i>, CDC Morbidity and Mortality Weekly</p>	Not defined.	Not defined.	Voluntary testing.	Case-by-case decision by Commissioner of Health.	All HCWs must follow universal precautions. Individual cases may be referred to the Commissioner of Health and additional restrictions may be placed if necessary.

State	Source(s)	Health Care Worker (HCW) Defined	Invasive Procedure Defined	Testing of HCW	Informing Patients and Staff	Restrictions Based on Type of Practice, HIV Status, and/or Physical Ability
VIRGINIA cont'd	<p>Report, July 12, 1991. Since 1992 the Virginia Dept. of Health has been working on a guidance document further elaborating Virginia's position. That document is reportedly similar to the 1991 CDC recommendations but primary differences are (1) the inclusion of hepatitis C virus and (2) the omission of language for "notifying prospective patients of the HCW's seropositivity before they undergo exposure-prone invasive procedures").</p>					
WASHINGTON	<p><i>Report on Compliance of Washington State</i>, Oct. 1992.</p> <p>(Note: The report stated that individual institutions should establish a written</p>	Not defined.	Not defined.	Voluntary testing.	Patient notification will be discussed on a case-by-case basis.	Unknown.

State	Source(s)	Health Care Worker (HCW) Defined	Invasive Procedure Defined	Testing of HCW	Informing Patients and Staff	Restrictions Based on Type of Practice, HIV Status, and/or Physical Ability
WASHINGTON cont'd	Exposure Control Plan designed to minimize exposure. The Washington State Department of Health appointed an Expert review Panel on Infection Control which is available to assist the institutions in developing plans, and to consider possible exposures case by case.					
WEST VIRGINIA	<i>Policy Statement and Guidelines to Prevent Transmission of HIV and Hepatitis B Through Medical/Dental Procedures</i> , West Virginia Department of Health and Human Resources, Oct. 1992.	Not defined.	Not defined.	Voluntary testing.	Retroactive notification should be based on documentation of an injury to HCW that could have resulted in the HCW's blood coming into direct contact with a patient's bloodstream or mucous membrane.	Whether an infected HCW poses a significant risk to patients that warrants job modification, limitation or restriction requires a case-by-case evaluation that considers the following factors that influence risk: physical or mental conditions; presence of exudative or weeping lesions; lack of compliance with infection control guidelines and/or documentation or evidence of previous transmission; appropriateness of techniques that might increase the risk of exposure; any health condition that would pose a significant risk to others.

State	Source(s)	Health Care Worker (HCW) Defined	Invasive Procedure Defined	Testing of HCW	Informing Patients and Staff	Restrictions Based on Type of Practice, HIV Status, and/or Physical Ability
WISCONSIN	<i>Recommendations for Preventing Transmission of Human Immunodeficiency Virus and Hepatitis B Virus from Health Care Workers to Patients and from Patients to Health Care Workers through Medical/Dental Procedures</i> , Wisconsin Department of Health and Social Services, Oct. 28, 1992.	Persons, including students, trainees and volunteers, whose activities involve contact with patients or with blood or other body fluids from patients (living or dead), or who provide other medical, psychiatric or consultative services in a health-care setting.	Surgical entry into tissues, cavities, or organs or repair of major traumatic injuries, (1) in an operating or delivery room, emergency department, or outpatient setting, including both physicians' and dentists' offices; (2) cardiac catheterization and angiographic procedures; (3) a vaginal or cesarean delivery or other invasive obstetric procedure during which bleeding may occur; or (4) the manipulation, cutting, or removal of any oral or perioral tissues, including tooth structure, during which bleeding occurs or the potential for bleeding exists.	Voluntary testing.	Retrospective notification should occur when an infected HCW has been identified and infection control practices were seriously inadequate, exposures of patients was known to have occurred, or a patient has been identified to have acquired HIV from HCW.	An infected HCW should practice only after an evaluation by their personal clinician and an additional clinician with expertise in HIV disease and notification of the DOH. An infected HCW has an ethical obligation to consult with his/her personal clinician to determine whether conditions exist which would require limitation or modification of practice. Practice restrictions or work modifications should be based on the HCW's noncompliance with established infection control guidelines and procedures, significant physical or mental impairment, lack of competence or documented previous transmission. An ERP should be convened if infected HCW wishes to continue to practice and an impairment of functioning of the infected HCW is perceived or documented.
WYOMING	1 WYO. CODE R., HEALTH STD § 2(s) (definition of HCW). <i>Recommendations on HBV-Infected and/or</i>	"Health Care Professional" shall include licensed physicians, nurses, physician's assistants, nurse practitioners,	Exposure-prone procedures should be identified by medical/surgical/dental organizations and institutions at which procedures are performed.	Voluntary testing.	In some instances as determined by ERP, prospective patients may be notified before they undergo	Infected HCWs should not perform exposure-prone procedures unless they have sought counsel from an ERP and have been advised under what circumstances, if any,

State	Source(s)	Health Care Worker (HCW) Defined	Invasive Procedure Defined	Testing of HCW	Informing Patients and Staff	Restrictions Based on Type of Practice, HIV Status, and/or Physical Ability
WYOMING cont'd	<i>HIV-Infected Health-care Workers</i> , Department of Health, Nov. 22, 1993.	dentists, dental hygienists, and dental assistants.			exposure-prone invasive procedures. Retroactive notification of patients is considered on a case-by-case basis. Specific risks to the patient, type of exposure, and confidentiality issues will be taken into consideration.	they may continue to perform these procedures. A physician infected with HIV shall take appropriate steps to guard against the spread and take steps to assure competent patient care if the disease may lead to or cause incapacity or inability to practice medicine safely and skillfully and appropriately adapt medical practice if possessing any physical or mental disability caused by such infectious disease and/or take appropriate steps to insure patient safety if the disease causes physical impairment.