

# Vermont's Response to HIV Guidelines

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At press time Vermont, like most states, was still working to meet a federally mandated deadline of October 28 for development of guidelines regarding HIV positive health care workers. State guidelines must be similar to those issued by the Centers for Disease Control (CDC). Deterring many states from acting on the mandate is that two sets of guidelines come into play, one much more restrictive than the other.

The first set of guidelines, issued in July 1991, stopped short of requiring mandatory testing, but said that HIV positive health care workers who perform "exposure-prone" procedures should submit to a "expert review panel" which would determine whether they could continue to perform their jobs. If they received panel approval to continue working, workers would be required to inform all patients of their HIV-positive status. President Bush supported these recommendations in October 1991, by signing a law requiring states to develop "equivalent" guidelines within one year.

In December the CDC responded to sharp criticism of the restrictions by announcing their intent to develop new guidelines. Vermont was among a number of states that postponed action while awaiting the new guidelines.

A much less restrictive set of guidelines was issued in June 1992. The compilation of a list of "exposure-prone" procedures was deleted as well as the recommendation that HIV-positive health care workers

inform their patients. Instead of officially releasing the new guidelines, the CDC wrote to state health departments reminding them of their obligation to be consistent with the original guidelines of July 1991. However, in this and other communications to state health departments the CDC has indicated that states may develop less restrictive guidelines. In reviewing the guidelines developed by New York State, CDC Director William Roper found them to be in compliance. This is significant in that New York's policy is among the least restrictive and holds that "HIV or HBV infection alone does not justify limiting a health care worker's professional duties."

Although Vermont's policy is at press time still being drafted, Richard Steen of the Vermont State Health Department stated that they have drawn heavily from guidelines developed by New York and Michigan (outlined below). Universal precautions (taking the same precautions with all patients, regardless of type of infection) is an important part of the policy.

## Highlights of Michigan's Guidelines:

All health care workers required to adhere to universal precautions.

Routine or mandatory testing of health care workers is opposed.

In general, limiting the practice of HIV-infected health care workers is inappropriate, given the extremely low risk

of HIV transmission from worker to patient as well as the negative consequences of practice restrictions.

Infected health care workers who perform invasive or exposure-prone procedures should continue practicing only after consultation with their personal physician. The personal physician may wish to consult public health officials or health care panels.

## Highlights of New York's Guidelines:

Mandatory screening is opposed.

All licensed health care professionals must undergo formal training infection control. Health care professionals and institutions must ensure compliance with appropriate infection control techniques. Medical and dental offices are subject to investigation.

Health care facilities should develop a mechanism to evaluate HIV or HBV infected health care workers. Evaluation should be based on the premise that HIV or HBV infection alone is not sufficient justification to limit a health care worker's professional duties.

The state health department will establish a mechanism to provide guidance to health care workers who voluntarily seek consultation.

HIV-infected health care workers are not required to disclose their HIV status to patients or employers. ▼

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