



CPSO

Block 1: Introduction

Blood Borne Viruses (Preliminary Consultation)

The College of Physicians and Surgeons (CPSO) is currently reviewing its [Blood Borne Viruses](#) policy and is inviting feedback at this preliminary stage to help inform our review.

The following survey will ask you a few questions relating to the policy. It will take approximately **10—15 minutes** to complete. You will be able to pause during the survey and restart at a later time if you wish.

If you would like to review the survey in advance, you can download a copy [here](#).

All survey responses will be reviewed, and a summary of the results will be posted online following the close of the consultation. The identity of all respondents will be kept strictly confidential.

Are you a:

- Physician (including retired)
 - Medical student
 - Member of the public
 - Other health care professional (including retired)
 - Organization
 - Prefer not to say
-

For review only. Surveys must be completed and submitted online.

Please tell us which organization you are responding on behalf of:

Do you live in:

- Ontario
- Rest of Canada
- Outside of Canada
- Prefer not to say

Block 2: Demographics

As part of CPSO's commitment to equity, diversity, and inclusion (EDI), we are collecting demographic information about those engaging with our policy development process.

This is aligned with Ontario's [Data Standards for the Identification and Monitoring of Systemic Racism](#) which aim to establish consistent, effective practices for data collection to support evidence-based decision-making to help eliminate systemic racism and promote racial equity.

The demographic questions that follow are voluntary, anonymous, and will be kept strictly confidential. We encourage you to answer these demographic questions, however this is optional.

Would you like to complete these demographic questions?

- Yes
- No

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Gender refers to the gender that a person internally feels. A person's current gender may or may not differ from the sex a person was assigned at birth and may differ from what is indicated on their current legal documents. A person's gender may change over time.

What is your gender? Please select all that apply:

- Man
- Woman
- Non-binary:
- Transgender
- I prefer not to answer

Indigenous Peoples are those who identify as members of First Nations, Inuit, or Métis communities in Canada.

Based on this description, do you self-identify as an Indigenous person? Please select all that apply:

- Yes, First Nations
- Yes, Métis
- Yes, Inuit
- No
- I prefer not to say

Ethnic origin refers to a person's ethnic or cultural origins. Ethnic groups have a common identity, heritage, ancestry, or historical past, often with identifiable cultural, linguistic, and/or religious characteristics.

Examples include: Canadian, Chinese, East Indian, English, Italian, Filipino, Scottish, Irish, Anishinaabe, Ojibway, Mi'kmaq, Cree, Haudenosaunee, Métis, Inuit, Portuguese,

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German, Polish, Dutch, French, Jamaican, Pakistani, Iranian, Sri Lankan, Korean, Ukrainian, Lebanese, Guyanese, Somali, Colombian, Jewish, etc.

What is your ethnic or cultural origin(s)?

- Open-ended response:
- I prefer not to say
-

In our society, people are often described by their race or racial background. For example, some people are considered “White,” “Black,” or “East/Southeast Asian,” etc. These categories reflect how people generally understand and use race as a social descriptor in Ontario.

Which of the following represents your race(s)? Please select all that apply:

- Black (African, African-Canadian, Afro-Caribbean)
- East or Southeast Asian (Cambodian, Chinese, Filipino, Indonesian, Japanese, Korean, Taiwanese, Thai, Vietnamese, etc.)
- Latino (Latin-American or Hispanic descent)
- Middle Eastern (Arab, Persian, or West Asian descent, e.g., Afghan, Egyptian, Iranian, Kurdish, Lebanese, Turkish, etc.)
- South Asian (Bangladeshi, East Indian, Indo-Caribbean, Pakistani, Sri Lankan, etc.)
- White (European descent)
- Not listed:
- I prefer not to say
-

LGBTQ2S+ is an abbreviation which represents a broad array of identities including, but not limited to, lesbian, gay, bisexual, transgender, queer, and two-spirit.

Do you consider yourself to be LGBTQ2S+?

- Yes
- No

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I prefer not to answer

The term disability covers a broad range and degree of conditions, some of which are visible and some invisible. A disability may have been present at birth, caused by an accident or developed over time. Disabilities may also be permanent, temporary or episodic.

Do you identify as person with a disability?

Yes

No

I prefer not to answer

Block 4: All Respondents

The policy defines an **exposure prone procedure (EPP)** as one which involves:

- digital palpation of a needle tip in a body cavity (a hollow space within the body or one of its organs) or the simultaneous presence of the health-care worker's fingers and a needle or other sharp instrument or object in a blind or highly confined anatomic site (e.g., during major abdominal, cardiothoracic, pelvic, vaginal and/or orthopaedic operations); or
 - repair of major traumatic injuries; or
 - manipulation, cutting or removal of any oral or perioral tissue, including tooth structures during which blood from a health-care worker has the potential to expose the patient's open tissue to a blood borne pathogen.
-

Published cases of physicians acquiring or transmitting blood borne viruses (BBVs) [hepatitis C virus (HCV), human immunodeficiency virus (HIV) and hepatitis B virus (HBV)], if they have not been confirmed immune to HBV through EPPs are rare.

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Please indicate how important/unimportant you think it is that physicians undertake the following actions to monitor their infection or immunity status:

	Very important	Somewhat important	Neither important nor unimportant	Somewhat important	Not important
Testing before commencing performing or assisting in performing exposure prone procedures in Ontario.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Testing when exposed to bodily fluids of unknown status through a specific incident, such as a needle prick or splash onto a mucous membrane or non-intact skin.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Periodic testing to monitor one's status over time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Optional: Feel free to elaborate on the answer:

We'd like to know your thoughts on the following statement:

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“The effort involved in physicians having to undergo periodic testing is proportionate to the risk associated with transmission of BBVs.”

- Strongly agree
 - Somewhat agree
 - Neither agree nor disagree
 - Somewhat disagree
 - Strongly disagree
-

Optional: Feel free to elaborate on the answer:

If periodic testing is employed to support physician self-monitoring of their infection or immunity status, how often do you think physicians should get tested?

- Annually
- Every 3 years
- Every 5 years or longer

Other (specify):

Optional: Feel free to elaborate on the answer:

Block 5: Policy

In order to answer the next few questions, it is necessary for you to have read the current [Blood Borne Viruses](#) policy.

If you have not read the current policy, you will be skipped to the end of this section; however, the answers you have provided to all previous questions will still be submitted.

If you would like, you may take a moment to read the current policy by clicking [here](#).

For review only. Surveys must be completed and submitted online.

Have you read the current [Blood Borne Viruses](#) policy?

Yes

No

Please indicate the extent to which you agree or disagree with each of the following statements regarding the policy:

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
The policy is clearly written.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The policy is easy to understand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The policy defines all key terms.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The policy sets reasonable expectations for physicians.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Optional: Does the current policy contain content or expectations that you feel are unnecessary and should be removed?

Block 6: Advice

The current [Blood Borne Viruses](#) policy has a companion [Advice to the Profession](#) document. The purpose of this companion document is to provide additional information, rationale for policy expectations, and guidance for interpreting the policy expectations.

In order for you to answer the next few questions, it is important that you have read the current [Advice to the Profession: Blood Borne Viruses](#) document. If you have not read the current document, you will be skipped to the next section; however, the answers you have provided to all previous questions will still be submitted.

If you would like, you may take a moment to read the current *Advice* document by clicking [here](#).

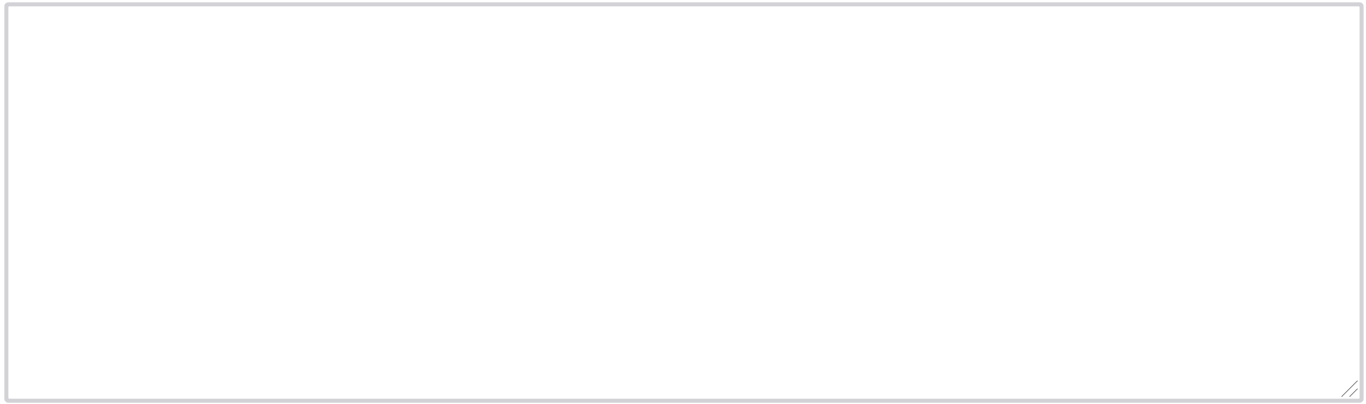
Have you read the current *Advice to the Profession* document?

- Yes
- No
-

Optional: Is there any additional guidance that would be helpful to include in the *Advice to the Profession* document?

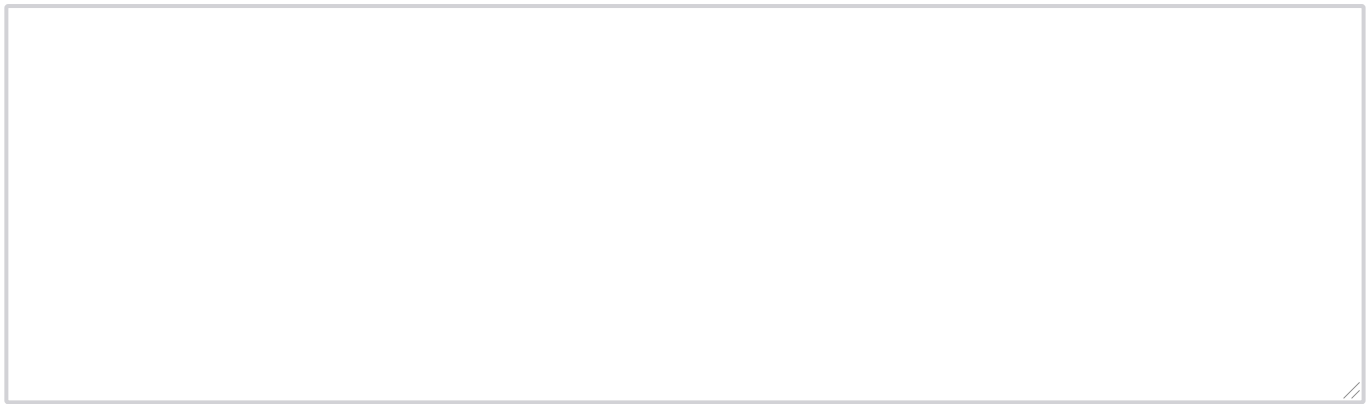
Optional: Is there any information in the *Advice to the Profession* document that you think is unhelpful or unnecessary?

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Block: End

Optional: If you have any additional comments that you have not yet provided, please provide them below, by [email](#) or through our [online discussion forum](#):



Block 3: Physicians & EPPs

The policy defines an **exposure prone procedure (EPP)** as one which involves:

- digital palpation of a needle tip in a body cavity (a hollow space within the body or one of its organs) or the simultaneous presence of the health-care worker's fingers and a needle or other sharp instrument or object in a blind or highly confined anatomic site (e.g., during major abdominal, cardiothoracic, pelvic, vaginal and/or orthopaedic operations); or
- repair of major traumatic injuries; or

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- manipulation, cutting or removal of any oral or perioral tissue, including tooth structures during which blood from a health-care worker has the potential to expose the patient's open tissue to a blood borne pathogen.
-

Do you perform or assist in performing EPPs?

This would include physicians who perform or assist in performing procedures that may become exposure-prone (for example, a laparoscopic procedure that may convert to an open procedure). In addition, this would include physicians who have the potential to perform or assist in performing EPPs in the course of providing day-to-day care even though they may not be currently performing them.

In relation to “the potential to perform or assist in performing EPPs,” an explicit reference to emergency physicians was removed from the current policy, but we recognize that every practice is unique and some emergency physicians may still have the potential in the context of their specific practice.

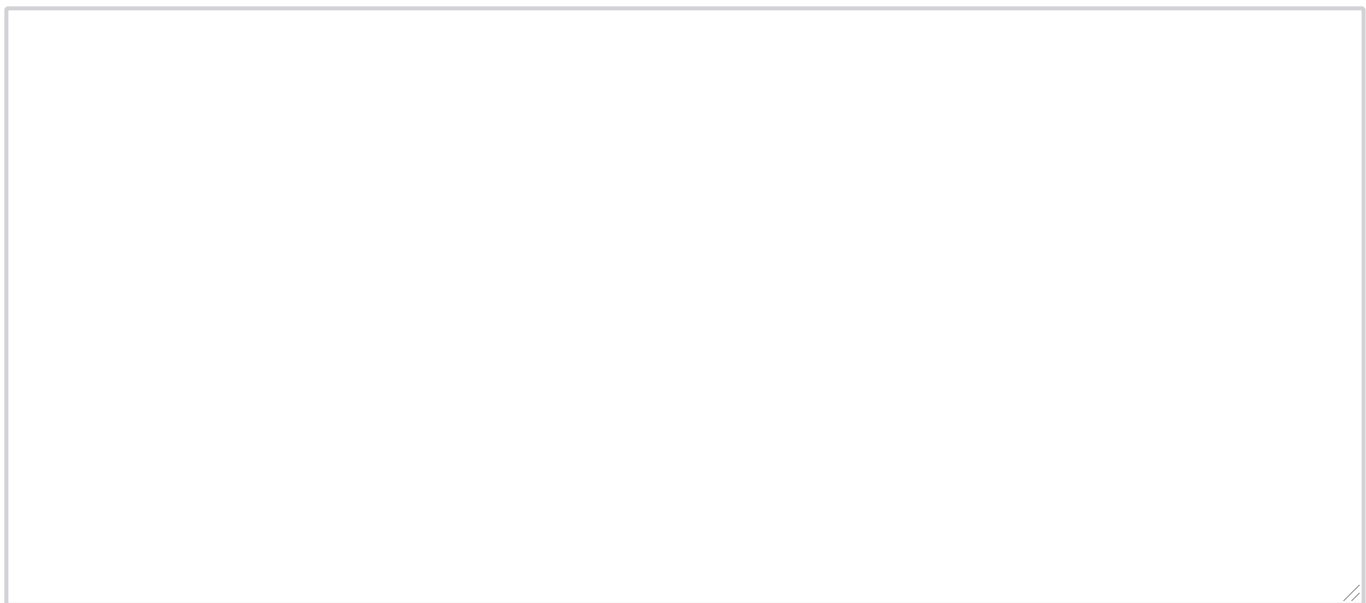
- Yes
- No
-

How important is it for you to know your infection or immunity status?

- Very important
- Somewhat important
- Neither important nor unimportant
- Somewhat important
- Not important
-

Optional: Feel free to elaborate on the answer:

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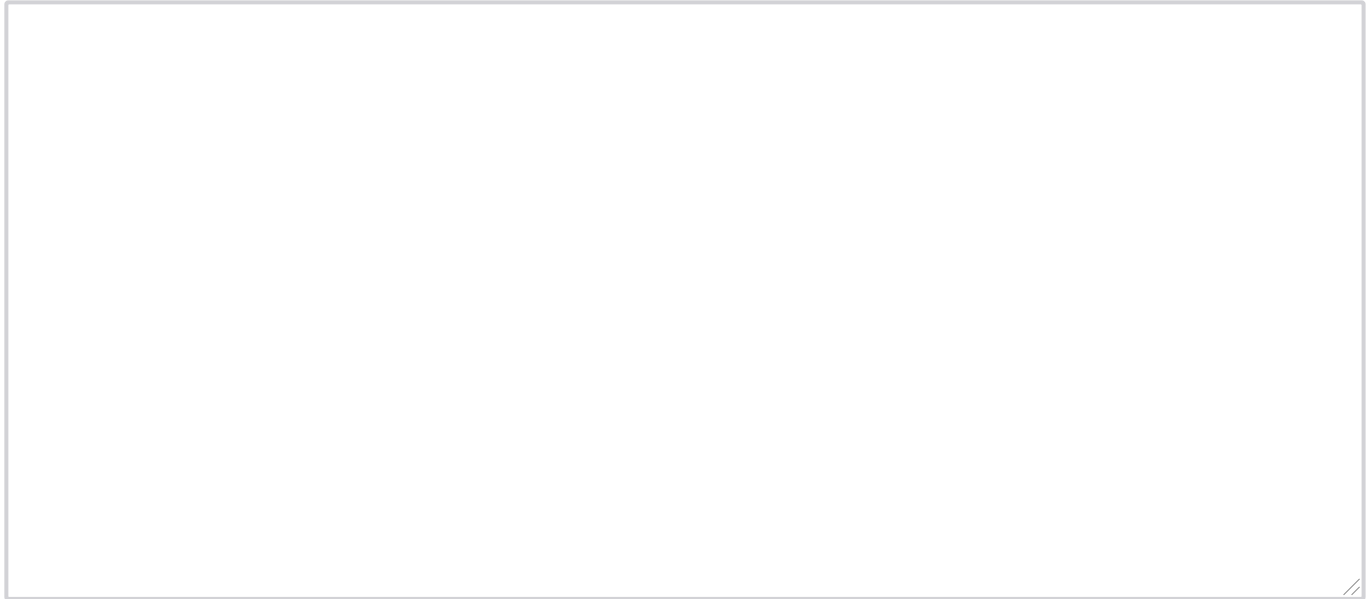
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Please indicate how important/unimportant you think it is that physicians undertake the following actions to monitor their infection or immunity status:

	Very important	Somewhat important	Neither important nor unimportant	Somewhat important	Not important
Testing before commencing performing or assisting in performing exposure prone procedures in Ontario.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Testing when exposed to bodily fluids of unknown status through a specific incident, such as a needle prick or splash onto a mucous membrane or non-intact skin.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Periodic testing to monitor one's status over time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Optional: Feel free to elaborate on the answer:

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We'd like to know your thoughts on the following statement:

“The effort involved in undergoing periodic testing is proportionate to the risk associated with transmission of BBVs.”

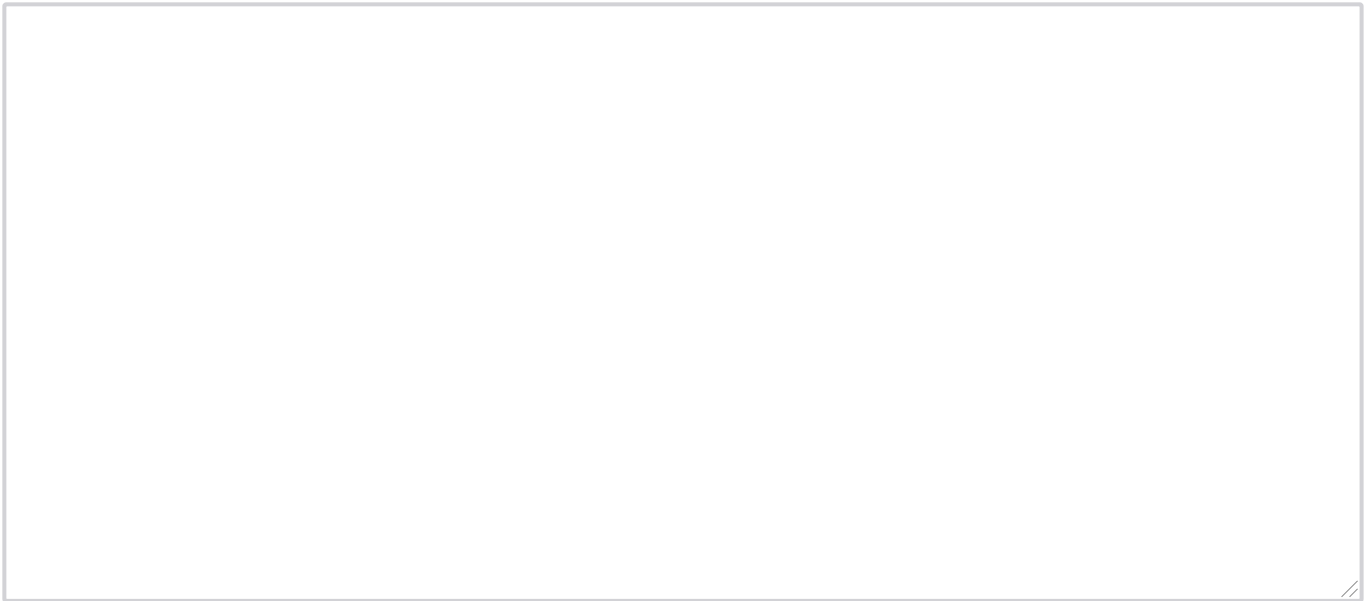
- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Optional: Feel free to elaborate on the answer:

If periodic testing is employed to support physician self-monitoring of their infection or immunity status, how often do you think physicians should get tested?

- Annually
- Every 3 years
- Every 5 years or longer
- Other (specify):

Optional: Feel free to elaborate on the answer:



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