

Blood Borne Viruses: Protection of staff and patients

(an Occupational Health Policy)

Reference/Number	POL/CL/O160		
Version:	1.0		
Ratified by:	Infection Control Committee		
Ratification Date:	February 2015		
Approval Committee	Policy Approval Group		
Date Approved:	14/04/2015		
Date Issued:	24/04/2015		
Executive Owner:	Philippa Davies, Director of Nursing and DIPC		
Name of Author and Job Title:	Cathy Ferguson, Head of Occupational Health & Wellbeing Service		
Target Audience:	All staff / students/ contractors		
Review date:	April 2018		
Procedural document linked to/Tagged:	Tick as appropriate	√	
	Regulatory Compliance		
	Organisation-wide	√	
	Directorate	√	Human Resources
	Service	√	Occupational Health
Keywords	Blood borne viruses, HIV, Hepatitis C, Hepatitis B, Exposure Prone procedures, Health clearance		

Blood Borne Viruses POL/CL/0160.....Version 1 Month (04) Year (2015)

This is an online document. Hard copies and downloaded versions are valid only on the day printed or downloaded. It is the responsibility of staff to verify current status from the Intranet.

PRINT DATE -

Dissemination and Implementation

Responsible person for coordinating dissemination and implementation		The head of OH Service and OH staff are responsible for education and raising awareness of this policy and implementation.	
Methods of dissemination (Delete as appropriate)	Intranet	Infection Control Committee	Email to key Stakeholders
	Yes	The BBV policy will be published via the Infection control committee.	Yes/No

Consultation

List of those consulted	This policy is based on previous ratified policies which have been approved by the relevant stakeholders and will be circulated to the Infections Control Committee member for comments.
Period of consultation	<i>February 2015</i>

Version Control Summary

Version No	Description of change	Author	Date
<i>Old version</i>	<i>This Policy supersedes and replaces previous Policies on HIV and Hepatitis B and Hepatitis C</i>		
1.0	New guidance, change of practice and transfer to new template	Cathy Ferguson, Head of Occupational Health	March 2015

Blood Borne Viruses POL/CL/0160.....Version 1 Month (04) Year (2015)

This is an online document. Hard copies and downloaded versions are valid only on the day printed or downloaded. It is the responsibility of staff to verify current status from the Intranet.

PRINT DATE -

Contents

1.0	INTRODUCTION	4
2.0	PURPOSE.....	4
3.0	SCOPE	5
4.0	DEFINITIONS	5
5.0	DUTIES (Roles and Responsibilities)	8
6.0	BLOOD BORNE VIRUSES; PROTECTION OF STAFF AND PATIENTS	8
7.0	MONITORING COMPLIANCE and EFFECTIVENESS	20
8.0	ASSOCIATED DOCUMENTS.....	21
9.0	REFERENCES	21
10.0	APPENDIX 1	22
11.0	EQUALITY IMPACT ANALYSIS	24

Blood Borne Viruses POL/CL/0160.....Version 1 Month (04) Year (2015)

This is an online document. Hard copies and downloaded versions are valid only on the day printed or downloaded. It is the responsibility of staff to verify current status from the Intranet.

PRINT DATE -

1.0 INTRODUCTION

Blood-borne viruses, namely Hepatitis B, Hepatitis C and HIV pose a potential risk to staff and patients. The risks are significant and as a healthcare employer, Whittington Health has legal, ethical and moral responsibilities to provide a safe working environment for the delivery of excellent healthcare in which the risks of harm to staff and patients are minimised.

2.0 PURPOSE

This policy aims, so far as is reasonably practicable, to protect staff and patients from accidental transmission of blood borne viruses.

The policy is to be used by the Occupational Health and Wellbeing Department in the health clearance of all staff new to the NHS and those new to Exposure Prone Procedures (EPP). To be available to all staff for information regarding the health clearance of staff new to the NHS, those new to EPP's and those who are working with a blood borne virus.

It outlines the measures required in the document 'Health Clearance for Tuberculosis, Hepatitis B, C and HIV: New Health care workers (Dept. of Health 2007) at:

http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_073164

and in the UK Health Department's guidance, *Immunisation against infectious disease*.

The following infections will be addressed.

Hepatitis B

Hepatitis C

HIV

(Tuberculosis will be addressed in the separate TB Policy)

The vast majority of nursing and medical duties do not pose a risk of infection to patients, provided that normal infection control precautions are observed. However, there is a low risk of BBV transmission during EPPs. Healthcare workers who are infected with BBVs are not allowed to carry out EPPs, until they have been checked and cleared by Occupational health to do so, as injury to the worker could result in their blood contaminating their patient's open tissue.

The purpose of this policy is intended not to prevent those infected with BBVs from working in the Trust, but rather restrict them from working in those clinical areas where their infection may pose a risk to patients in their care

Blood Borne Viruses POL/CL/0160.....Version 1 Month (04) Year (2015)

This is an online document. Hard copies and downloaded versions are valid only on the day printed or downloaded. It is the responsibility of staff to verify current status from the Intranet.

PRINT DATE -

Healthcare workers at Whittington Health are valued and will be supported before, during and after the testing process by the Occupational Health & wellbeing team. Healthcare workers should benefit from these health clearance arrangements both personally (e.g. earlier diagnosis may lead to curative or life-prolonging treatment and prevention of onward transmission), and professionally (e.g. avoiding work activities that may pose a risk to their own health and making career choices appropriate to their infection status).

2.0 SCOPE

This Policy applies to all staff in clinical roles working for The Whittington Hospital NHS Trust.

4.0 DEFINITIONS

Health Care Worker: An employee who works within a healthcare setting and may be directly or indirectly involved with patient care. Healthcare workers can be categorised as follows:-

Category 1	Those who have regular clinical contact with patients, including doctors, nurses, dentists, paramedics, physiotherapists, radiographers, occupational therapists, ambulance workers, porters and students of any of these disciplines
Category 2	Laboratory workers and mortuary staff who have direct contact with potentially infectious clinical specimens and who may be exposed to pathogens in a laboratory setting, but do not normally have contact with patients
Category 3	Non clinical staff who may have administrative contact with patients, but not usually of a prolonged or close nature. This includes receptionists, ward clerks, administrative staff, maintenance engineers and domestic staff. This group of staff may be exposed to specific occupational risks.

New healthcare worker: A new healthcare worker can be defined as an individual who has direct clinical contact with NHS patients, including:-

- First salaried post within the NHS

Blood Borne Viruses POL/CL/0160.....Version 1 Month (04) Year (2015)

This is an online document. Hard copies and downloaded versions are valid only on the day printed or downloaded. It is the responsibility of staff to verify current status from the Intranet.

PRINT DATE -

- An individual returning to the NHS who may have been exposed to a serious communicable disease whilst undertaking research, voluntary or locum work or periods of time spent in geographical areas of increased risk of tuberculosis or blood borne viruses
- Healthcare worker undertaking EPP for the first time
- Students commencing training courses involving EPP activities
- Healthcare worker employed within the NHS moving from a non EPP to an EPP role for the first time, e.g. a nurse transferring from a medical ward to A&E or Operating theatres
- Temporary staff e.g. locum or agency workers
- Visiting clinical fellows or attachments

Pre-employment: The period of time before an individual commences work within the Trust. It is not advisable to undertake invasive procedures or administer vaccines at this stage. Exceptions are drawing blood for EPP clearance

New starter: An individual who has been cleared fit to work via the pre-employment process, but requires an immunisation update. The individual should be seen within 4 weeks of the starting date. A robust procedure should be in place to demonstrate reasonable attempts to ensure attendance. The managers of employees who fail to attend or comply with recommended immunisation schedules for identified risks will be notified and the associated risks to patients and staff highlighted.

Exposure Prone Procedures (EPP): Defined as “Procedures where the workers gloved hands may be in contact with sharp instruments, needle tips and sharp tissues (e.g. spicules of bone or teeth) inside a patients open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times.” (Health Service Guidance HSG (93) 40) Staff undertaking Exposure Prone Procedures include:-

- **Medical staff working in the following disciplines:**
- Urology Surgery
- Orthopaedics
- General surgery
- Plastic Surgery
- Vascular surgery
- Obs/Gynae
- Neurosurgery
- A&E
- ENT surgery (not if purely micro surgery)
- Ophthalmology surgery (only if undertaking annucleation)
- Midwives

Blood Borne Viruses POL/CL/0160.....Version 1 Month (04) Year (2015)

This is an online document. Hard copies and downloaded versions are valid only on the day printed or downloaded. It is the responsibility of staff to verify current status from the Intranet.

PRINT DATE -

- Specialist nurses trained in specific surgical procedures considered to be exposure prone including A&E nurses and Operating theatre practitioners
- GPs carrying out procedures in practices which are considered exposure prone
- Dentists
- Dental Nurses
- Dental hygienists
- Anaesthetists placing portocaths which involves excavating a small pouch under the skin and may sometimes require maneuvers which are not under direct vision (this is a very rare procedure)
- Anaesthetists who insert chest drains in accident and emergency trauma cases, e.g. patients with multiple rib fractures

The following procedures are no longer considered to be exposure prone

- Anaesthetists undertaking cut down/tunneling work
- Cardiologists undertaking cut down/tunneling work
- Radiologists undertaking cut down/tunneling work

Identified Validated Samples (IVS): Laboratory test results required for clearance for undertaking exposure prone procedures (EPPs) must be derived from an identified validated sample (IVS). Results should not be recorded in occupational health records, if not derived from an IVS. An IVS is defined according to the following criteria:-

- The health care worker should show proof of identity with a photograph – e.g. a Trust identity badge, new driver's photo-license, photo-credit cards or passport, when the sample is taken
- The sample of blood should be taken in the occupational health department (or by an occupational health clinician if blood is drawn outside of the department)
- The sample of blood must not be transported to the laboratory by the health care worker
- When results are received from the laboratory, OH staff should check the records to determine if the sample was sent by the OH department. OH departments should indicate, on the lab results form, that the result is from an IVS.
- Laboratory tests should be carried out in accredited laboratories, which are experienced in performing the necessary tests, and which participate in appropriate external quality assurance schemes

Blood Borne Viruses POL/CL/0160.....Version 1 Month (04) Year (2015)

This is an online document. Hard copies and downloaded versions are valid only on the day printed or downloaded. It is the responsibility of staff to verify current status from the Intranet.

PRINT DATE -

5.0 DUTIES (Roles and Responsibilities)

Under existing health and safety legislation (Health and Safety at Work Act 1974, Management of Health and Safety at Work Regulations 1999, Control of Substances Hazardous to Health Regulations, 2002) employers have a duty to provide a safe working environment. This includes ensuring that activities that involve potential exposure to blood-borne viruses in the workplace are properly risk assessed, and to take action to ensure that any avoidable exposure is prevented. Whilst the ultimate responsibility for health and safety rests with the Chief Executive of the Whittington Health NHS Trust, all managers have a responsibility to ensure a safe environment for their staff and patients.

It is Occupational Health & Well-being Department's responsibility to ensure that all staff who are exposed to patient's blood or body fluids are educated about the risks of blood-borne viruses are appropriately screened and vaccinated.

Employees also have individual obligations, under health and safety legislation, to safeguard the health and safety of themselves, as well as others, whilst at work. This means reporting and declaring any concerns regarding their health to the Occupational Health & Well-being Department.

Healthcare workers are under an obligation to seek professional advice about the need to be tested if they have been exposed to a serious communicable disease.

All tests, discussions and referrals undertaken in the Occupational Health and Well-being Department are documented in the confidential Occupational Health records and will not be disclosed without informed, written consent except on rare occasions when it is in the public interest when a patient is likely to be endangered.

6.0 BLOOD BORNE VIRUSES; Protection of Staff and Patients

6.1 Hepatitis B

Standard Health clearance

It is recommended that all healthcare workers who have direct contact with blood, blood-stained body fluids or patients' tissues, are offered immunisation against hepatitis B and tests to check their response to immunisation, including investigation for non-response. This may be undertaken on starting and does not need to be done before health clearance is given.

Additional health checks for workers who are new to the NHS and who will perform EPPs, and for existing workers who are new to EPPs.

Blood Borne Viruses POL/CL/0160.....Version 1 Month (04) Year (2015)

This is an online document. Hard copies and downloaded versions are valid only on the day printed or downloaded. It is the responsibility of staff to verify current status from the Intranet.

PRINT DATE -

At the pre-employment stage, all Healthcare workers undertaking EPPs must provide satisfactory documentary evidence of immunity and non-infectivity to Hepatitis B by producing:-

- A laboratory report or an Occupational Health report from an accredited source, indicating HbsAb >100miu/ml (IVS not required) OR a laboratory report indicating HbsAb >10miu/ml and evidence of a booster dose of Hepatitis B AND at least one of the following relating to non-infectivity;-
- A laboratory report from an accredited source, indicating confirmation of IVS dated January 2003 or later, demonstrating HbsAg negative status.
- A smartcard/ESR print out.
- A report from a UK Occupational Health Department, indicating confirmation of IVS, dated January 2003 or later demonstrating HbsAg negative status. Documentation from countries outside of the European Union, USA, Canada, Australia and New Zealand will not be accepted

If none of the above can be produced, the healthcare worker should give consent to have a validated sample of blood drawn to be screened for Hepatitis B markers.

Screening tests required;

- Hepatitis B surface antigen (HbsAg)
- Hepatitis B core antibody (HBc)
- Hepatitis B surface antibody (HbsAb) following completion of course of immunisation

Who should be screened?

- All new healthcare workers who are identified as undertaking EPP. (n.b. To include FY1 Drs, who technically will not be required to undertake EPPs but in practice may well do so).
- Visiting clinical fellows and attachments undertaking EPP in accordance with local Trust policy
- Healthcare workers who believe they may be at risk of Hepatitis B infection because of working practices/born in geographical areas of high risk, contamination injuries or lifestyle factors.

When should staff be screened?

- Prior to clearance for new appointments involved in EPPs if unable to provide adequate documentary evidence in the form of verified reports from accredited laboratories or Occupational Health Departments

Blood Borne Viruses POL/CL/0160.....Version 1 Month (04) Year (2015)

This is an online document. Hard copies and downloaded versions are valid only on the day printed or downloaded. It is the responsibility of staff to verify current status from the Intranet.

PRINT DATE -

- For staff potentially undertaking EPPs, clearance to commence EPP work will normally be withheld until blood results are known. However, clinical directors may take the decision to allow an individual to work if the requirements of the Trust outweigh the small potential risks.
- In the case of FY1 Drs, BBV screening should take place as part of the induction process. While it is recommended that commencement of a vaccination programme should be instigated at the time of screening for unimmunised EPP workers, it will usually be delayed until the individual commences work.
- There are no requirements for retrospective screening of existing staff undertaking EPPs

http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_073164

- This guidance does not apply to healthcare workers already in the NHS, with the exception of those moving to a post requiring the performance of EPPs for the first time in their career. However, professional codes of practice from regulatory bodies require healthcare workers who may have been exposed to infection with a serious communicable disease, in whatever circumstances promptly to seek and follow confidential professional advice about whether to undergo testing. Failure to do so may be breach the duty of care to patients.
- Staff moving from another Trust to Whittington Health will need to provide evidence of non-infectivity to Hepatitis B (see above). If no documented evidence is provided, an IVS blood sample will be taken and health clearance delayed until satisfactory results are received.

Action following results

- HBsAg negative with satisfactory anti-HBs response to vaccine - no further action required
- HBsAg negative with low response to vaccine – consider immune with no further action
- HBsAg negative and known non responder to Hepatitis B vaccine. Fit for EPP with repeat HBsAg testing annually or following a contamination injury. In addition, consideration could be given to vaccines specifically developed for high risk groups, or double doses of vaccine during a repeat course
- HbsAg negative, and HBc positive – no further action
- HBsAg negative and HBc negative – consider primary course of immunisation if unvaccinated
- HBsAg positive – restrict from EPP until further testing carried out. *The protocol for testing and clearance standards is set out below

Blood Borne Viruses POL/CL/0160.....Version 1 Month (04) Year (2015)

This is an online document. Hard copies and downloaded versions are valid only on the day printed or downloaded. It is the responsibility of staff to verify current status from the Intranet.

PRINT DATE -

- HbsAb >100miu/ml classed as immune
- HbsAb >10miu/ml and evidence of a booster dose of vaccine classed as immune
- HbsAb <10 mui/ml are classified as non-responders to the vaccine and advised of the risk of exposure to hepatitis B while at work and of the ways transmission can be minimised. They will be reminded of the requirement for all staff to report any blood or body fluid exposures promptly and advised of the reporting procedures. In the event of a non-immune employee experiencing a blood or body fluid exposure involving a donor infected with hepatitis B, passive protection in the form of hepatitis B immunoglobulin will be offered. A further attempt will be made to update their immunity by active immunisation at the same time.
- Any staff member who does not wish to take up the offer of vaccine/who refuse to have the vaccination when required, must have this recorded in their occupational health records by the Occupational Health nurse.
- For those in high risk jobs, or if pregnancy is the reason for not vaccinating, a review of the tasks involved should be made by the line manager and high risk tasks avoided where possible.

*Protocol for testing HBsAg positive health care workers

Hepatitis B minimum immunisation standard

All Healthcare workers, not undertaking EPPs, who are in categories 1 & 2 defined in Table 1, will be offered a course of Hepatitis B vaccine for personal protection. Where the risk assessment indicates it, those in category 3 will also be offered a course of vaccine. Those who decline should be advised of the increased risk.

A standard immunisation course will be one dose of vaccine at 0, 1 & 6 months with antibodies checked 1 - 4 months after completion of course. Satisfactory immunity will be confirmed by antibody levels of 100miu/ml, or antibody levels of >10miu/ml and an immediate booster dose of vaccine. A further single dose of vaccine after 5 years should be given, and booster doses offered following contamination injuries.

An accelerated immunisation course will be one dose of vaccine at 0, 1 & 2 months with a reinforcing dose at 12 months, with antibodies checked 1- 4 months after completion of course. Immunity will be assessed as for the standard immunisation course. This regime should be used for post exposure prophylaxis and can be considered for un-immunised occupational groups at high risk, e.g. Health Care Workers undertaking EPPs, or unimmunised staff working in renal dialysis, liver units or other high risk areas specific to individual Trusts.

Blood Borne Viruses POL/CL/0160.....Version 1 Month (04) Year (2015)

This is an online document. Hard copies and downloaded versions are valid only on the day printed or downloaded. It is the responsibility of staff to verify current status from the Intranet.

PRINT DATE -

In addition, consideration should be given to vaccines specifically developed for high risk groups, or double doses of vaccine administered during a repeat course for non-responders.

Staff who are Hepatitis B infected

Any member of staff who is found to be hepatitis B surface antigen positive through routine testing will be offered an appointment with the occupational health physician. They will be given accurate and detailed advice on ways of minimising the risks of transmission in the health care setting and to close contacts. Hepatitis B infected health care workers who are e-antigen negative and whose viral loads exceed 10³ genome equivalents per ml should not perform exposure prone procedures.

Hepatitis B infected health care workers who are e-antigen negative, on antiviral treatment and whose viral loads do not exceed 10³ should be advised that they can continue performing exposure prone procedures, but that their viral loads will have to be re-tested regularly at 12 monthly intervals because research has shown that viral loads in some infected individuals may fluctuate over time. The occupational health physician will refer hepatitis B infected health care workers for specialist clinical assessment as necessary.

For further details on Hepatitis B infected EPP Healthcare Workers on antiviral treatment, please refer to:

Hepatitis B 2007 infected Healthcare Workers on antiviral treatment:

http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_073164

When a member of staff has to restrict his/her duties by avoiding EPPs, the manager or consultant in charge will be informed, to ensure that, if they are to continue working, they do so without further risk to patients. This will be documented in the Occupational Health records which are securely and retrievably stored.

Where patients may have been put at risk of contracting hepatitis B as a result of treatment received at this Trust, their Consultant in charge, the medical Director and the Director of nursing will be informed in order to arrange follow-up of patients who may have been affected and we would discharge our duty of candour.

The trust has designated the Lead Clinician responsible for a patient's care and the Infection Control Consultant to assess any incidents of patient exposure and to consider the need for hepatitis B immunoprophylaxis (* immunoglobulin can be obtained from HPU) to be offered where indicated by the lead consultant . Any hepatitis B infected health care worker who experiences a clinical incident where

Blood Borne Viruses POL/CL/0160.....Version 1 Month (04) Year (2015)

This is an online document. Hard copies and downloaded versions are valid only on the day printed or downloaded. It is the responsibility of staff to verify current status from the Intranet.

PRINT DATE -

there is any possibility of a patient being exposed to infection must immediately inform the Lead Clinician and/or the Infection Control Consultant. All health care staff are required by the Trust to comply with established procedures to ensure patients are not exposed to such a risk, and to cooperate with management and Occupational Health and Wellbeing Department regarding any follow up arrangements.

Any staff who are concerned that they may be infected with, or have questions about working with hepatitis B may contact the health and work centre for confidential advice.

6.2 Hepatitis C

Minimum Screening and Clearance Standard

All Healthcare workers who commenced professional training for a career that relies upon the performance of EPPs, on or after September 2002, will provide satisfactory documentary evidence of non-infectivity to Hepatitis C, prior to clearance, by producing one or more of the following:-

- A laboratory report from an accredited source, indicating confirmation of IVS dated September 2002 or later, demonstrating an HCV negative result.
- A smartcard/ESR printout
- A report from a UK Occupational Health Department, indicating confirmation of IVS dated September 2002 or later, demonstrating an HCV negative result. Documentation from countries outside of the European Union, USA, Canada, Australia and New Zealand will not be accepted

If none of the above can be produced, the healthcare worker should give consent to have a validated sample of blood drawn to be tested for HCV antibody screen., in which case they will not be cleared to perform EPPs.

http://www.nhs.uk/Livewell/hepatitisc/Documents/hep_c_infected_healthcare_workers.pdf

Which screening tests are required?

- HCV antibody screen
- HCV RNA if antibody positive, or if already known to be infected

Who should be screened?

- All new healthcare workers, as defined on page 2, who are intending to undertake professional training for a career that relies upon the performance of EPPs. This includes midwives, qualified nurses working in A&E and

Blood Borne Viruses POL/CL/0160.....Version 1 Month (04) Year (2015)

This is an online document. Hard copies and downloaded versions are valid only on the day printed or downloaded. It is the responsibility of staff to verify current status from the Intranet.

PRINT DATE -

Operating theatres, Theatre technicians who assist during surgical procedures, dental students, qualified dentists, dental nurses, dental hygienists and all new Drs entering the NHS, to include all FY1, FY2 grades and ST1 grades who commenced training after August 2002.

- Healthcare workers who undertake EPPs and already know themselves to be infected with Hepatitis C
- Visiting clinical fellows and attachments in accordance with local Trust policy
- Healthcare workers who believe they may be at risk of Hepatitis C infection because of working practices/born in geographical areas of high risk contamination injuries or lifestyle factors.
- All other non EPP Healthcare workers at their request

When should staff be screened?

- Prior to being health cleared to start work if unable to provide adequate documentary evidence in the form of verified reports from accredited laboratories or Occupational Health Departments
- Prior to Occupational Health clearance for those already known to be infected to determine restrictions
- For staff potentially undertaking EPPs, clearance to commence EPP work will normally be withheld until blood results are known. In the case of FY1 Drs, while EPP screening is practical at this stage, clearance need not be delayed as the likelihood of this occupational group undertaking EPPs during the first week of employment is extremely remote. Therefore to reduce the burden of pre-employment clearance, screening could take place as part of the induction process.
- There are no requirements for retrospective screening of existing staff undertaking EPPs

http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_073164

This guidance does not apply to healthcare workers already in the NHS, with the exception of those moving to a post requiring the performance of EPPs for the first time in their career. However, professional codes of practice from regulatory bodies require healthcare workers who may have been exposed to infection with a serious communicable disease, in whatever circumstances promptly to seek and follow confidential professional advice about whether to undergo testing. Failure to do so may be breach the duty of care to patients.

- Neither is there a requirement for staff moving from Trust to Trust to undergo screening, unless it is the first time they will be undertaking EPPs

Blood Borne Viruses POL/CL/0160.....Version 1 Month (04) Year (2015)

This is an online document. Hard copies and downloaded versions are valid only on the day printed or downloaded. It is the responsibility of staff to verify current status from the Intranet.

PRINT DATE -

Action following results

HCV antibody negative – no further action

HCV antibody positive – undertake HCV RNA testing and restrict from EPP practice until the results of HCV RNA results are available

HCV RNA positive – restrict in accordance with HSC 2002/010 guidance and refer to a liver unit for specialist intervention.

Staff who are Hepatitis C infected

Any member of staff found to be or known to be infected with hepatitis C must be seen by the occupational health physician to consider ongoing arrangements for clinical care and any restrictions required in the workplace.

If a member of staff is found to be hepatitis C and has been performing EPPs, a risk assessment will be conducted for possible patient transmission, in conjunction with the Infection Control Consultant and the Consultant in Communicable Diseases.

Where patients may have been put at risk of contracting hepatitis B as a result of treatment received at this Trust, their Consultant in charge, the medical Director and the Director of nursing will be informed in order to arrange follow-up of patients who may have been affected and we would discharge our duty of candour.

Returning to EPP work after having been treated for hepatitis C is permitted if the individual is shown to be RNA negative for at least six months after cessation of antiviral treatment. A further test should be done to confirm they have remained RNA negative six months later.

For further details see:

HSC 2002/010 - Hepatitis C infected health care workers at:

http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4012257.pdf

For staff whose work has to be restricted to avoid EPPs will be advised of the work that they can and cannot continue. Where EPPs form a substantial part of the work, redeployment to more suitable alternative work will be considered and appropriate careers advice arranged in conjunction with human resources.

Any staff who are concerned that they may be infected with, or have questions about working with hepatitis C may contact the health and work centre for confidential advice.

Blood Borne Viruses POL/CL/0160.....Version 1 Month (04) Year (2015)

This is an online document. Hard copies and downloaded versions are valid only on the day printed or downloaded. It is the responsibility of staff to verify current status from the Intranet.

PRINT DATE -

6.3 HIV

HIV - screening and clearance standards

All new healthcare workers who commence professional training for a career that will involve the performance of EPPs, will provide satisfactory documentary evidence of non-infectivity to HIV, prior to being health cleared by occupational health to do the job, by producing one or more of the following:-

- A laboratory report from an accredited source, indicating confirmation of IVS, dated March 2007 or later demonstrating an HIV negative result.
- A smartcard/ESR print out, dated March 2007 or later
- A report from a UK Occupational Health Department, indicating confirmation of IVS dated March 2007 or later, demonstrating an HIV negative result. Documentation from countries outside of the European Union, USA, Canada, Australia and New Zealand will not be accepted. If none of the above can be produced, the healthcare worker should give consent to have a validated sample of blood drawn to be tested for HIV antibody screen

Which screening tests are required?

- HIV antibody screen

Who should be screened?

- All new healthcare workers, as defined on page 6, who are intending to undertake professional training for a career that will involve the performance of EPPs. This includes midwives, qualified nurses working in A&E and Operating theatres, theatre technicians who assist during surgical procedures, dental students, qualified dentists, dental nurses, dental hygienists and all new Drs entering the NHS, to include all FY1, FY2 grades and ST1 grades (if they are on a rotation that includes EPPs).
- Healthcare workers who undertake EPPs and already know themselves to be infected with HIV
- Visiting clinical fellows and attachments involved in EPPs in accordance with local Trust policy
- Healthcare workers who believe they may be at risk of HIV infection because of working practices/born in geographical areas of high risk,
- All other non EPP Healthcare workers at their request

Blood Borne Viruses POL/CL/0160.....Version 1 Month (04) Year (2015)

This is an online document. Hard copies and downloaded versions are valid only on the day printed or downloaded. It is the responsibility of staff to verify current status from the Intranet.

PRINT DATE -

When should staff be screened?

- Prior to Occupational Health clearance
- Prior to Occupational Health clearance for those already known to be infected, to determine restrictions with regard to PPE.
- For staff potentially undertaking EPPs, clearance to commence EPP work will normally be withheld until blood results are known. However, clinical directors may take the decision to allow an individual to work if the requirements of the Trust outweigh the small potential risks. In the case of FY1 Drs, while EPP screening is practical at this stage, clearance need not be delayed as the likelihood of this occupational group undertaking EPPs during the first week of employment is extremely remote. Therefore to reduce the burden of pre-employment clearance, screening could take place as part of the induction process.
- There are no requirements for retrospective screening of existing staff undertaking EPPs. Neither is there a requirement for staff moving from Trust to Trust to undergo screening, unless it is the first time they will be undertaking EPPs. For example a consultant surgeon moving from one Trust to another is not obliged to undergo EPP screening for HIV.

http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_074981.pdf

This guidance does not apply to healthcare workers already in the NHS, with the exception of those moving to a post requiring the performance of EPPs the first time in their career. However, professional codes of practice from regulatory bodies require healthcare workers who may have been exposed to infection with a serious communicable disease, in whatever circumstances promptly to seek and follow confidential professional advice about whether to undergo testing. Failure to do so may be breach the duty of care to patients.

Action following results:

- HIV antibody negative – no further action
- HIV antibody positive – restrict from EPP and refer to OH physician.
- **HIV positive HCWs may perform EPPs providing they are stabilized on Combination antiretroviral therapy (Cart) and viral load is reduced to < 200 copies per ml and agree to –**
- Attend Occupational Health department 3 monthly for viral load testing
- The Occupational health physician will notify the senior manager by confidential letter, informing of HIV status advising of the action plan and follow up.
- Notify OH if changes in health, practice or place of employment (see Appendix 1)

Blood Borne Viruses POL/CL/0160.....Version 1 Month (04) Year (2015)

This is an online document. Hard copies and downloaded versions are valid only on the day printed or downloaded. It is the responsibility of staff to verify current status from the Intranet.

PRINT DATE -

Other considerations

New entrants

Occupational health physicians should consider the impact of HIV positivity on the individual's resistance to infection when advising management on suitability for particular posts, especially if the duties may involve exposure to known or undiagnosed TB

Staff who are HIV positive

There are some general considerations which apply to any staff with HIV infection. The Equality Act does specify HIV infection to be defined as a disability from the point of diagnosis. This is to ensure that staff with HIV are not discriminated against on the ground of the infection.

Where appropriate, reasonable adjustments to work should be considered, although with effective treatment, adjustments to work are not commonly needed.

Any other restriction or adjustments that may apply depend on an occupational health assessment of the individual case and will take into account any potential risk to the individual and to patients.

http://www.legislation.gov.uk/ukpga/2010/15/pdfs/ukpga_20100015_en.pdf

All health care workers have an overriding ethical as well as a legal duty to protect the health and safety of their patients. Those who believe they may have been exposed to infection with HIV, in whatever circumstances, **MUST** seek medical advice and diagnostic HIV testing if appropriate.

Health care workers who are infected with HIV must seek appropriate Occupational Health advice and have ongoing engagement with appropriate HIV clinical care.

All consultations and enquiries will be dealt with in strictest confidence. Where patients may have been put at risk of contracting HIV as a result of treatment received at this Trust, their Consultant in charge, the medical Director and the Director of nursing will be informed in order to arrange follow-up of patients who may have been affected and we would discharge our duty of candour.

It is rare that any restrictions on non EPP work need to be applied in the interest of protecting patients. Much more commonly it is necessary to consider the risks to the individual member of staff affected. If the individual's immunity has become low, there is a real risk of acquiring infections more readily from patients. Infections such as tuberculosis are potentially very dangerous, particularly to someone who is immunocompromised.

All staff who run a high risk of contracting HIV through life style choices who know they have acquired the virus should have regular checkups with their own specialist

Blood Borne Viruses POL/CL/0160.....Version 1 Month (04) Year (2015)

This is an online document. Hard copies and downloaded versions are valid only on the day printed or downloaded. It is the responsibility of staff to verify current status from the Intranet.

PRINT DATE -

and be periodically reviewed by the Occupational Health Physician to ensure that every attempt is made to keep the risks to their own health to a minimum

Any staff who are concerned that they may be infected with, or have questions about working with HIV may contact the Occupational Health and Wellbeing department for confidential advice on 020 7288 3351.

For further information see:

AIDS/HIV infected health care workers: Guidance on the management of infected health care workers and patient notification.

<http://www.dh.g>

Overseas recruitment

All healthcare workers from outside the UK, who are applying for employment or a training place in the NHS (including those applying under international recruitment arrangements) will need to have standard clearance for serious communicable diseases (i.e. in relation to TB and hepatitis B).

Where their employment involves, or may involve, the performance of EPPs additional health clearance for serious communicable diseases will be required (i.e. in relation to Hepatitis C and HIV). It is recommended that both standard and additional health checks for serious communicable diseases be carried out in the home country before applying for employment or training in the NHS. The results of these health checks should be included in their health declaration.

The prospective NHS employer or training institution should arrange for the necessary tests in this country to confirm the results of the tests already carried out *before* the post or training place is taken up. It should be made clear to the applicant that all offers of employment or admission to training institutions will be conditions upon satisfactory health clearance.

Blood Borne Viruses POL/CL/0160.....Version 1 Month (04) Year (2015)

This is an online document. Hard copies and downloaded versions are valid only on the day printed or downloaded. It is the responsibility of staff to verify current status from the Intranet.

PRINT DATE -

7.0 MONITORING COMPLIANCE and EFFECTIVENESS

Element/s to be monitored	Lead	Tool	Frequency	Reporting and feedback arrangements
Annual sample audit of new entrant screening of health care workers.	Occupational Health Dept.	Audit of medical notes Include as part of audit programme and develop action plan	Annual Annual	Reports to Infection Prevention and Control Committee Findings to be disseminated through divisional boards
Annual recall of EPP non responders – blood test and medical 3 monthly surveillance for Hep B positive employees – blood test and medical	Occupational Health Dept.	Blood tests and medical review	Annual	
Surveillance for Hep B positive employees – blood test and medical	Occupational Health Dept.	Blood tests and medical review	Quarterly	

Blood Borne Viruses POL/CL/0160.....Version 1 Month (04) Year (2015)

This is an online document. Hard copies and downloaded versions are valid only on the day printed or downloaded. It is the responsibility of staff to verify current status from the Intranet.

PRINT DATE -

8.0 ASSOCIATED DOCUMENTS

Document	Intranet Hyperlink
Exposure to Blood and Body fluids Policy	http://whittnet.whittington.nhs.uk/document.ashx?id=5802
Infection Prevention and Control pages and documents on Whittington Health Intranet	http://whittnet.whittington.nhs.uk/default.asp?c=11313

9.0 REFERENCES

- DH (2007) Health clearance for tuberculosis, hepatitis B, C and HIV: New healthcare workers. London: Department of Health
- DH (2002) Hepatitis C infected Health Care Workers Health Service Circular HSC 2002/010 London: Department of Health
- DH (2005) HIV infected health care workers: guidance on management and patient notification. London: Department of Health
- DH (2006) Immunisation against Infectious Disease. London: The Stationary Office.

Expert Advisory Group on AIDS (1998) Guidance for Clinical Health Care Workers – Protection against Infection with Blood-borne Viruses

[\[ARCHIVED CONTENT\] Guidance for clinical health care workers: protection against infection with blood-borne viruses: Department of Health - Publications](#)

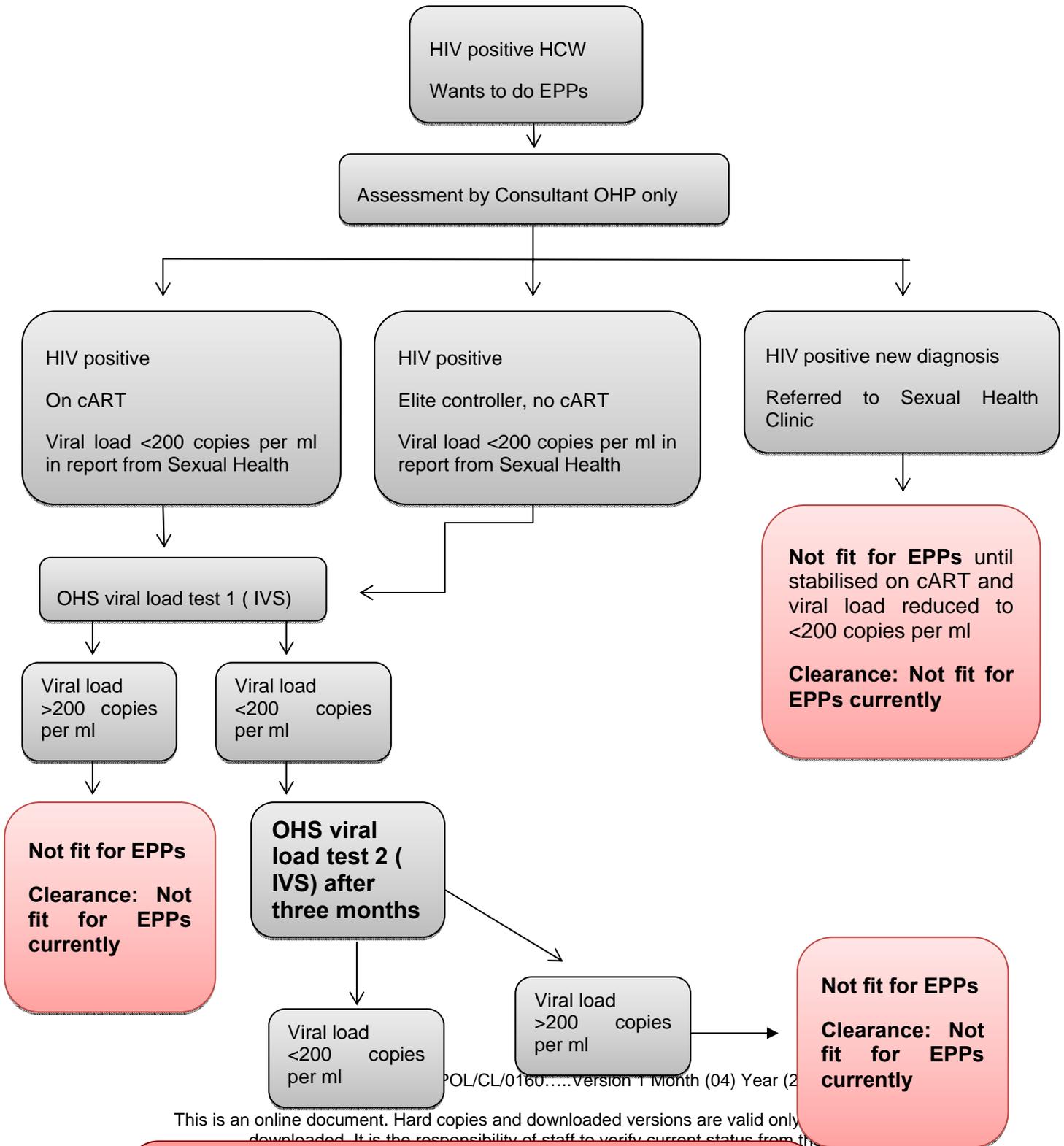
http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_073164

Blood Borne Viruses POL/CL/0160.....Version 1 Month (04) Year (2015)

This is an online document. Hard copies and downloaded versions are valid only on the day printed or downloaded. It is the responsibility of staff to verify current status from the Intranet.

PRINT DATE -

10.0 APPENDIX 1:



This is an online document. Hard copies and downloaded versions are valid only if downloaded. It is the responsibility of staff to verify current status from the...

- Fit for EPP if :**
- Agrees to UKAP-OHR
 - Agrees to attend OH 3 monthly for viral load
 - Agrees to letter to manager: **Fit for EPPs subject to monitoring**
 - Agrees to notify OH if change in health
 - Agrees to notify OH if changing their practice or place of employment

Blood Borne Viruses POL/CL/0160.....Version 1 Month (04) Year (2015)

This is an online document. Hard copies and downloaded versions are valid only on the day printed or downloaded. It is the responsibility of staff to verify current status from the Intranet.

PRINT DATE -

11.0 EQUALITY IMPACT ANALYSIS:

Whittington Health – Equality Impact Analysis Form

1. Name of Policy or Service

Blood Borne Viruses; Protection of Staff and Patients

2. Assessment Officer

Jonathan Rowe for Policy Approval Group

3. Officer responsible for policy implementation

Cathy Ferguson, Head of Occupational Health Services

4. Completion Date of Equality Analysis: 22/April/2015

5. Description and aims of policy

The policy aims, so far as is reasonably practicable, to protect staff and patients from accidental transmission of blood borne viruses.

6. Initial Screening

An initial analysis has been carried out to explore whether the XXXXX is likely to have a detrimental impact in terms of people included in one or more of the following equality categories:

- Race
- Disability
- Gender
- Age
- Sexual orientation

Blood Borne Viruses POL/CL/0160.....Version 1 Month (04) Year (2015)

This is an online document. Hard copies and downloaded versions are valid only on the day printed or downloaded. It is the responsibility of staff to verify current status from the Intranet.

PRINT DATE -

- Religion and belief
- Gender Reassignment
- Marriage and civil partnership
- Pregnancy and maternity

7. Outcome of initial screening

Some employees may be subjected to testing depending on the job they are being employed to do but the policy does not discriminate against or privilege any of the equality categories.

8. Monitoring and review/evaluation

9. Publication of document: Intranet

Blood Borne Viruses POL/CL/0160.....Version 1 Month (04) Year (2015)

This is an online document. Hard copies and downloaded versions are valid only on the day printed or downloaded. It is the responsibility of staff to verify current status from the Intranet.

PRINT DATE -