Management of Healthcare Workers Infected With A Blood-borne Virus (HIV, Hepatitis B, Hepatitis C)

Solent NHS Trust policies can only be considered to be valid and up-to-date if viewed on the intranet. Please visit the intranet for the latest version.

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<th>The purpose of this policy is to minimise the risk of transmission of blood borne viruses from Healthcare Worker to a patient/client.</th>
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<td>Occupational Health Nursing Team</td>
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Review log

Include details of when the document was last reviewed

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• Updated guidance from Public Health England on the management of Healthcare Workers with HIV performing Exposure Prone Procedures (EPP) |
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1. **Glossary of Terms & Abbreviation**

<table>
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<tr>
<th>Term</th>
<th>Definition</th>
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| HCW          | Healthcare Worker  
Healthcare worker is defined as an individual who has direct clinical contact with Trust patients, whether as an employee or with the Trust’s agreement (e.g. student placements, visiting fellows) |
| BBV          | Blood-borne virus  
A virus which is carried in the blood of an infected individual and which can be transmitted to another person exposed to the individuals blood. |
| HBV          | Hepatitis B virus  
Hepatitis is caused by the Hepatitis B virus and is one of the most common infectious diseases in the world. It is passed from an infected person to another through infected blood and body fluid. |
| HCV          | Hepatitis C virus  
Hepatitis C is caused by the Hepatitis C virus. It is generally spread through direct contact with infected human blood or through transfusion e.g. unscreened blood or untreated plasma products in the UK prior to September 1991 (blood) and 1985 (plasm products) or has received blood/plasma products from a country where blood is not tested from Hepatitis C. |
| HIV          | Human Immunodeficiency virus  
It is a virus that can lead to AIDS. It is passed from one person to the other through infected blood and body fluids. |
| DNA          | Deoxyribonucleic acid  
It is the genetic material of a cell |
| EPP          | Exposure Prone Procedures  
Where worker’s gloved hands may be in contact with sharp instruments, needle tips or sharps tissues (bone or teeth) inside a patient’s open body cavity, wound or anatomical space where the hands or fingertips may not be completely visible at all times. |
| Viral Load   | Viral Load  
Viral load is the amount of virus in the blood. A reduced amount of virus means there is a reduction in the risk of transmission. |
| PEP          | Post Exposure Prophylaxis  
Preventive medical treatment started immediately after exposure to a pathogen (such as a disease-causing virus), in order to prevent infection by the pathogen and the development of disease. |
| UKAP         | UK Advisory Panel  
UKAP gives advice and guidance on healthcare workers infected with HIV, hepatitis B and hepatitis C. |
| Elite controller | Elite Controller  
An elite controller is defined as a person living with HIV who is not receiving antiretroviral therapy and who has maintained their viral load below the limits of assay detection for at least 12 months, based on at least three separate viral load measurements |

2. **Introduction and Purpose**
2.1 This policy provides a framework for managing and supporting healthcare workers (HCWs) with a blood-borne virus infection. Solent NHS Trust acknowledges its responsibilities as an employer and provider of health care service to do all that is reasonably practical to reduce the risk of infection to employees and patients. This policy therefore defines the management of new and existing healthcare workers who are / may become infected with a blood borne virus.

2.2 Patient safety is paramount and dependent upon the infected healthcare workers disclosure. The Trust ultimately seeks to promote a climate where infected healthcare workers feel supported and safe to disclose medical information relating to blood borne viruses, but it also aims to remind healthcare workers of the need to be aware of their blood borne virus status and associated risks and to comply with monitoring arrangements described within the policy.

2.3 The measures included within the policy are not intended to prevent healthcare workers from working in the Trust or from undertaking specific tasks e.g. exposure prone procedures (EPP), but to ensure that measures are in place to make decisions based on risk and to put in place appropriate health monitoring of a blood borne virus.

2.4 The policy takes into consideration relevant guidance, regulations / legislation as listed below:
- Health & Safety at Work Act (1974)
- Management of Health & safety at Work Regulations:
  - Control of Substances Hazardous to health (COSHH) 2002
- Reporting of Injuries, diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
- Health Surveillance COSHH Regulation 11(3)
- Equality Act (2010)
- Health & Social Care Act 2008 - Code of Practice (Criteria 9)
- Personal Protective Equipment at Work Regulations (2002)
- Provision and Use of Work Equipment Regulations (1998)

2.5 Procedures for the management and support of infected healthcare workers are outlined in Appendix A.

2.6 This document should be read in association with the following Trust policies & procedures:
- Sharps Safety Policy
- Policy for Infection Prevention and Control Standard Precautions
- Organisational Change Consultation Policy
- Pre-Employment Health Assessment Policy
- Immunisation & Vaccination Standard Operating procedure

3. **Scope of the Policy**

3.1 This policy applies to all directly and indirectly employed staff, specifically those with clinical responsibilities and includes independent contractors, locum/agency staff and students on placement.
3.2 This policy does not cover the prevention and management of blood borne virus’s transmission from patient to healthcare worker. This is covered within the Sharps Safety Policy and Policy for Infection Prevention and Control Standard Precautions.

4. Roles & Responsibilities

4.1 The Chief Executive has ultimate accountability for the strategic and operational management of the organisation, including ensuring all policies are adhered to.

4.2 Directors, Operational Directors and Managers have a duty to ensure that the requirements of this policy are met and are responsible for operating this policy by ensuring:

   a. This document is brought to the attention of all relevant staff.
   b. Job descriptions reflect responsibilities for prevention and control of infection.
   c. Risk assessments are carried out including the likelihood of exposure to pathogen (biological agents), Exposure Prone Procedures and the requirements for ongoing health surveillance to protect staff and patients against pathogens in the workplace.
   d. That all selected job applicants have been passed fit to work by the Occupational Health Service for specific duties. This includes the requirement for additional health clearance checks for those staff whose role requires Exposure Prone Procedures (EPP).
   e. That staff attend for Occupational Health screening and vaccination as advised by the Occupational Health team.
   f. Protective equipment is available to staff at all times whilst at work and that these are used appropriately.
   g. That staff are aware of how to protect themselves and others at work, including the provision of information and training on blood-borne viruses and accidental exposure.
   h. Investigate and report untoward incidents through the Trust incident reporting system.
   i. Report incidents with a high risk of transmission of blood borne viruses to the Health & Safety Manager so that they may be reported under RIDDOR.
   j. Support staff / patient who have sustained an inoculation contamination injury ensuring the Trust Sharps Safety Policy is followed.
   k. Liaison with Occupational Health when advised that reasonable adjustments/restrictions to practice are required and seek advice from Human Resources when re-deployment / ill-health is advised by Occupational Health.
   l. That staff who disclose that they may be infected with blood-borne virus are supported and onward referral to Occupational Health is initiated.

4.3 Healthcare Workers, specifically those that have responsibility for direct clinical care of patients. They are responsible for ensuring they:

   a. Undertake mandatory training.
   b. Keep themselves informed and updated on their Code of Professional Practice and guidelines in relation to serious communicable diseases specifically blood-borne virus infections e.g. HIV, hepatitis B and C laid down by their regulatory bodies and any Department of Health guidance.
   c. Familiarise themselves with this policy.
   d. Attend for Occupational Health clearance checks and health monitoring including prophylactic vaccinations to protect them as far as reasonably practical against serious communicable disease and specifically blood-borne viruses.
   e. Are aware of the potential occupational exposure, including sharps injuries, which can and does sometimes occur, when delivering care in any care setting.
   f. Comply with Standard Precautions, including wearing / using appropriate and suitable protective clothing/equipment. Cover all wounds in a waterproof dressing. Follow safe
working practice, specifically when handling and disposing of sharps to prevent injuries to themselves and others at work.

g. Report when they believe they are infected with blood-borne virus or an accidental exposure to a blood-borne virus infection, in whatever circumstances. They must promptly seek and follow the procedures set out in the Sharps Safety Policy. Advice should be sought from Occupational Health. Failure to report accidental exposure may be a breach of duty of care to patients. If a blood-borne virus is confirmed the Healthcare Worker should keep Occupational Health informed of any changes in their health or if medication e.g. antiviral treatment therapy is stopped for any reason.

h. When indicated follow the advice given by the Occupational Health service relating to any work restrictions/adjustments, treatment and monitoring procedures.

i. Seek counselling support when they have concerns which may affect their health & wellbeing.

4.4 Occupational Health & Wellbeing have a responsibility to:

a. Work proactively with the Infection Prevention & Control team to provide awareness training and promote safe working practices e.g. safer needles and other devises and in relation to procedures for the management of accidental exposures to blood borne viruses.

b. Undertake Work Health Assessments for all job applicants to provide an opinion of fitness for specific roles and health clearance checks (standard and additional checks).

c. As part of New Entrant Health checks Occupational Health will take the opportunity to emphasise the importance of routine infection control procedures, the use of protective equipment and to explain procedures for managing an accidental exposure to blood-borne virus.

d. In line with Department of Health guidance and best practice provide a pro-active immunisation service to staff working within the Trust. Risk assessment will take into account the risk of exposure to pathogens in the workplace and the safety and efficacy of available vaccines. Staff not considered at risk need not routinely be offered immunisation, although post-exposure prophylaxis may occasionally be indicated.

e. Provide specialist advice on the management of infected healthcare workers and to refer on for specialist counselling and Consultant Hepatologist when indicated.

f. Assist in the management of inoculation contamination incidents and as indicated undertake risk assessments, provide advice, prophylactic treatment, health surveillance and support and counselling.

g. Maintain staff confidentiality; inform managers of the need for a change in individual duties. The medical condition will not normally be disclosed without the consent of the member of staff and where disclosure is required in the public interest wherever possible the healthcare worker should be informed of the disclosure beforehand.

h. Undertake health monitoring / surveillance to detect any early health changes and to assist with decisions in relation to whether an infected healthcare worker is safe to start or continue to undertake specific duties e.g. viral load levels and Exposure Prone Procedures work.

i. Liaise with the Virology/Microbiology/Pathology and Genito Urinary Department (Sexual Health) and the Emergency department, in the event of inoculation / contamination incidents.

j. Seek advice when necessary from the UK Advisory Panel (UKAP) for healthcare workers infected with blood-borne viruses.

k. Register infected HCWs who are cleared to perform Exposure Prone Procedures on the UK Advisory Panel database. These healthcare workers are subject to viral load testing every three months while continuing to perform such procedures and the outcome of health monitoring /surveillance should be recorded on the database.
I. The decision to clear individual HCWs for work involving EPPs is the responsibility of the consultant occupational physician in consultation with the treating physician. UKAP may be consulted on the application of the policy, as needed.

4.5 **Human Resources Team** has responsibility to:
   a. Assist and support manager and staff when re-deployment / ill-health is advised by Occupational Health.

4.6 **Health & Safety & Risk Management Team** has a responsibility to:
   a. Develop and maintain a reporting system for the Trust that ensures that all staff are able to report incidents.
   b. Report under RIDDOR any incidents which involve a source, member of staff or patient known or highly suspected to be HIV/hepatitis B/hepatitis C positive.
   c. Report on statistics relating to incidents that can be shared across the Trust.

4.7 **Infection Prevention & Control Team** has a responsibility to:
   a. Develop policies and procedures to assist the Trust in its duty to protect its staff.
   b. To liaise with Occupational Health service and work together to provide training awareness and promote a safe and healthy workplace.
   c. To train Link Advisors for the Trust, to raise awareness of Standard Precautions at department level.

5. **Confidentiality**

5.1 It is extremely important that healthcare workers infected with hepatitis B, hepatitis C or HIV receive the same right of confidentiality as any patient seeking or receiving medical care. Occupational Health staff, who work within strict guidelines on confidentiality, have a key role in this process. Occupational Health notes are separate from other hospital notes. Occupational Health staff are ethically and professionally obliged not to release information without the consent of the individual.

5.2 There are occasions when an employer may need to be advised that a change of duties should take place, but their blood-borne virus status itself will not normally be disclosed without the healthcare worker’s consent. Where patients are, or have been, at risk, however, it may be necessary in the public interest for the employer to have access to confidential information.

6. **The UK Advisory Panel (UKAP)**

6.1 UKAP gives advice and guidance on healthcare workers infected with HIV, hepatitis B and hepatitis C. The panel also provides support for local incident management teams and maintains a register of infected healthcare workers. Their role is:
   - to establish, and update as necessary, criteria on which local advice on modifying working practices may be based
   - to provide supplementary specialist occupational advice to physicians of healthcare workers infected with blood-borne viruses, occupational physicians and professional bodies
   - to advise individual healthcare workers or their advocates how to obtain guidance on working practices
   - to advise directors of public health on patient notification exercises, where these are indicated, of patients treated by healthcare workers infected with blood-borne viruses
to keep under review the literature on occupational transmission of blood-borne viruses and revise guidelines as necessary

7. **Patient Notification Exercises**

7.1 Where it is found that a healthcare worker infected with a blood-borne virus does perform Exposure Prone Procedures they must immediately cease such work activity until the situation has been fully assessed. In such circumstances the Director of Public Health or their delegated deputy will be responsible for deciding whether a patient notification exercise should be performed. The Director of Public Health may be supported in this decision by the Consultant in Communicable Diseases, regional Epidemiologist, and Regional Director of Public Health UKAP. Telephone: 023 8327 6423.

7.2 The Expert Advisory Group and Aids (EAGA) and UKAP have recommended that the decision on whether a patient notification exercise should be made on a case-by-case basis.

8. **Occupational Health Monitoring**

8.1 In order to ensure the safe practice of infected healthcare workers, health monitoring is required. The Occupational Health service will maintain a record of all infected healthcare workers and put in place an appropriate monitoring programme which is proportionate to the level of risk.

8.2 Infected healthcare workers who do not perform Exposure Prone Procedures but who continue to provide clinical care to patients must remain under regular medical and occupational health supervision in accordance with good practice.

9. **Redeployment**

9.1 It is recognised that a very small number of healthcare workers that are infected with a blood borne virus will need their working practices restricted or redeployment may be necessary e.g. unable to perform exposure prone procedures if they are unable to meet specified criteria (see Appendix A for specific details).

In such circumstances every effort should be made to arrange suitable alternative work and retraining opportunities in accordance with the Organizational Change Consultation Policy.

10. **Training**

10.1 Solent NHS Trust recognises the importance of appropriate training for staff. For training requirements and refresher frequencies in relation to this procedure subject matter, please refer to the training Needs Analysis (TNA) on the intranet.

10.2 The Infection Control & Prevention team meets all staff at Corporate Induction to present on the Principles of Standard Precautions. As part of this training staff are advised of the emergency action to be taken when a sharps or contamination (scratches, splashes, bites and cuts) injury occurs. This includes first aid, reporting and recording procedures.

10.3 Annual updates are required through the Infection Prevention & Control e-learning modules and monitoring of training compliance will be carried out by the Line Manager and Learning & Development team.
10.4 The Occupational Health service provides advice about screening and monitoring for infections and vaccination programme and basic awareness guidance is covered during health clearance checks in the first two weeks of employment.

10.5 Line Managers must ensure that staff receive the relevant induction regarding local information and procedures relating to Infection Prevention & Control and emergency procedures in the event of accidental exposure to blood-borne viruses.

10.6 Outcomes from audits will be shared with Trust Teams / Committees (Risk Health & Safety and Learning & Development) to ensure that learning outcomes from audit are included in training programmes.

11 Equality and Diversity

11.1 This policy aims to prevent healthcare worker to patient transmission of infection. To support healthcare worker who are infected with a blood borne virus to manage their own health; and whenever reasonably practical and safe, to maximize their ability to stay in a clinical role by advising restrictions on their work practice, re-training and education of infection prevention and control measures.

11.2 This policy will be applied to all job applicants and employed staff through all stages of employment.

11.3 See Equality Impact Assessment in Appendix D.

12. References


b. NHS Management Executive 1(993) Protecting healthcare workers and patients from hepatitis B, Health Service Guidelines HSG(93)40, and its addendum issued under cover of EL(96)77


e. Advisory Committee on Dangerous Pathogens Protection against blood-borne infections in the workplace: HIV and Hepatitis http://www.hse.gov.uk/biosafety/diseases/bbv.pdf


13. Policy Review

13.1 This policy may be reviewed at any time at the request of either staff side or management, or in response to changes in Legislation / Guidance / best practice. It will be automatically reviewed on a 3 yearly basis.

14. Related Policies and Documents

- Sharps Safety’ Policy
- Screening and Vaccination SOP
- Health Surveillance Policy
- Pre-employment Health Assessment Policy
Appendix A

Procedures for the Management and Support of Infected Healthcare Workers

1. **Management of Infected Healthcare Workers**
   To ensure NHS employees are fit to carry out their specific work, risk assessments and health checks are undertaken at recruitment and during ongoing employment. Employees will be screened for any blood-borne virus and offered vaccinations to protect them at work. Identifying an individual has a blood borne virus means they can be working in an area where they are not at risk to patients and can be given advice to manage their own health.

   **Health Clearance checks**

   1.1 **Standard health checks** - All new HCWs will be offered screening for the three main blood-borne viruses which pose a potential risk of infection in the clinical setting, (hepatitis B, Hepatitis C and HIV). Employees will be reminded of the way BBV’s can be transmitted and their professional responsibilities in relation to serious communicable diseases. They will also be given information about what to do if they receive an inoculation injury.

   1.2 **Additional health checks** - All new HCWs who role requires exposure prone procedures (EPPs) will be screened to an additional level providing identified validated evidence of screening for hepatitis B, Hepatitis C and HIV.

   1.3 **Health clearance certificates** - These will be given to all staff needing EPP clearance for work. Outcome of Work Health Assessment clearance certificates will be provided by Occupational Health to management to indicate if an individual is fit for employment.

2. **Risk assessment** - This will be done with the completed Occupational Health medical questionnaire, job hazard sheet and validated evidence provided by the employee. If needed blood tests for screening will be carried out at a new entrant screening examination. Assessments will also take place if there is a change in role or following a contamination incident.

3. **Occupational Health Surveillance** - Ongoing screening will be offered to employees who are found to have a blood-borne virus with reviews every 6 months in Occupational Health. Employees with a confirmed blood-borne virus who are EPP workers will be screened every 3 months. Employees who sustain a contamination injury will also be offered on-going surveillance as per Sharps Safety Policy.

4. **Criteria to be met for EPP clearance of an infected employee**

<table>
<thead>
<tr>
<th>Virus</th>
<th>Infective status</th>
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<td>Hepatitis B</td>
<td>HBsAg positive, HBeAg negative healthcare workers may perform EPPs if they:</td>
</tr>
<tr>
<td></td>
<td>a) have a viral load &lt;200 IU/ml (either from natural suppression or 12 months after cessation of antiviral therapy), and.</td>
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<tr>
<td></td>
<td>b) be subject to annual plasma viral load monitoring, and</td>
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<tr>
<td></td>
<td>c) be under joint supervision of a consultant occupational physician and their treating physician, and</td>
</tr>
<tr>
<td></td>
<td>d) be registered with the UKAP Occupational Health Register (UKAP-OHR)</td>
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HBsAg positive, HBeAg negative healthcare workers with a pre-treatment viral load of 200 IU/ml – 20,000 IU/ml may perform EPPs if they:

a) have a viral load <200 IU/ml whilst on continuous antiviral therapy, and
b) be subject to plasma viral load monitoring every three months, and
c) be under joint supervision of a consultant occupational physician and their treating physician, and
d) be registered with the UKAP-OHR

Hepatitis C
Must be HCV RNA negative:

a) as a consequence of natural clearance, or
b) at 6 months after cessation of antiviral therapy

HIV
Must either:

a) Be on an effective combination antiretroviral therapy (CART) and
b) Have a plasma viral load < 200 copies/ml
   Or
   c) Be an elite controller
       And
   d) Be subject to plasm viral load monitoring every three months and
   e) Be under joint supervision of a consultant occupational physician and their treating physician and
   f) Be registered with the UKAC Occupational Health monitoring Register (UKAP-OHR)

5. Failure to attend for health monitoring
In the event of failure to attend for a monitoring appointment or refusal to have their viral loads tested, the Occupational Health team will inform the line manager that they are no longer cleared for exposure prone procedures (EPP), until it has been established that they are safe to do so e.g. once their viral load levels meet the required criteria.

All infected healthcare workers (including locum and agency staff) who wish to perform exposure prone procedures, and who meet the criteria for clearance must have the outcome of their three monthly monitoring promptly reported by the relevant Occupational Health department to the central UKAP-Occupational Health Monitoring Register of Blood Borne Virus Infected HCWS (UKAP-OHR).

6. Testing of specimens- Identified validated sample (IVS)
The HCW should show proof of identity with a photograph, NHS Trust identity badge, passport or driving license at the time the blood sample is taken.
The sample of blood should be taken in the OH department.
The blood sample should be transported to the laboratory in the usual manner and not taken by the employee.
APPENDIX B

FLOW CHART FOR HEPATITIS B IMMUNISATION AND FOLLOW-UP

Not Immunised

- EPP worker
  - Test hepatitis B markers
    - Positive
      - Immunise
    - Negative
      - Check anti-HBs three months after 3rd dose

- Non-EPP worker
  - Test hepatitis B markers
    - Positive
      - Immunise
    - Negative
      - Check anti-HBs

Immunised, response but NOT documented

- Check anti-HBs
  - Non Response
    - Anti-HBs <10miu/ml
      - Test for markers of hepatitis B infection
        - HBeAg positive
          - Stop ‘exposure prone procedures’. Refer to OHW for treatment & advice
        - HBeAg negative
          - Test for HBV viral load
            - <10³ viral load - annual retesting
            - >10³ viral load - stop exposure prone procedures.
  - Poor Response
    - Anti-HBs 10-100 miu/ml
      - (immediate booster dose may improve response)
  - Good Response
    - Anti-HBs > 100miu/ml
      - Satisfactory response following a course/booster of hepatitis B. Follow up booster dose at 5 years. No further testing or booster doses required

Immunised, response documented

- Action on Serology Results
  - Non Response
    - Anti-HBs <10miu/ml
  - Poor Response
    - Anti-HBs 10-100 miu/ml
  - Good Response
    - Anti-HBs > 100miu/ml
  - Current Infection
    - Anti-HBe pos
      - Check markers of infectivity (HBeAg / Anti-HBe)
        - HBeAg positive
          - Stop ‘exposure prone procedures’. Refer to OHW for treatment & advice
        - HBeAg negative
          - Test for HBV viral load
            - <10³ viral load - annual retesting
            - >10³ viral load - stop exposure prone procedures.
  - Naturally Acquired Immunity
    - Anti-HBc pos
      - Not infected
      - Not at risk of infection
  - Non Responder
    - Anti-HBc neg
      - Not infected
      - Susceptible to infection
      - Give an accelerated course of alternative vaccine. If no response, counsel about follow-up of inoculation injuries. Consider whether regular testing is appropriate i.e. 6 monthly blood tests.
INVESTIGATION OF HEPATITIS B INFECTED HEALTHCARE WORKERS (HEPATITIS B SURFACE ANTIGEN (HBsAg) POSITIVE) WHO PERFORM EXPOSURE PRONE PROCEDURES

(Compiled by the Department of Health, 2000)

- **Test for HBsAg**
  - **HBsAg positive**
    - **Test for e-markers**
      - **HBeAg positive**
        - Practice restricted
      - **Anti-HBe positive**
        - No e-markers
      - Practice restricted
  - **HBsAg negative**
    - No restrictions

- Test for HBV DNA using genomic amplification assay at designated laboratory
  - HBV DNA exceeding $10^3$ genome equivalents per ml
    - Practice restricted
  - HBV DNA not exceeding $10^3$ genome equivalents per ml
    - Practice not restricted but subject to annual testing

Any hepatitis B infected health care worker associated with transmission of infection to a patient should cease performing exposure prone invasive procedures.
APPENDIX D

Equality & Human Rights and Mental Capacity Act Impact Assessment

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<thead>
<tr>
<th>Policies aims</th>
<th>Answer</th>
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<tr>
<td>1. What are the main aims and objectives of the policy?</td>
<td><strong>Aim and objectives</strong>&lt;br&gt;1) To reduce the risk of HCW-to-patient infection and reduce the likelihood of look back exercises.&lt;br&gt;2) To restrict infected HCWs from working in clinical areas where their infection may pose a risk to others i.e. (EPPs)&lt;br&gt;3) To support infected healthcare-workers to manage their own health&lt;br&gt;4) To support infected HCW to make decision about their careers</td>
</tr>
<tr>
<td>2. Who will be affected by it?</td>
<td>All job applicants and all employees throughout all stages of employment.</td>
</tr>
<tr>
<td>3. What are the existing performance indicators/Measures for this? What are the outcomes you want to achieve?</td>
<td>All job applicants will be screened via pre-employment forms/ or in the case of exposure prone procedures – applicants will be required to produce documented evidence of non infectivity/or be screened for blood borne viruses in accordance with current DH guidance.&lt;br&gt;New employees attend OH within the first two weeks to commence vaccination programmes.&lt;br&gt;Outcomes:&lt;br&gt;HCWs will be screened for infection to identify infection/immunity. HCWs who are identified as infected will be able to manage their own health. They will be given OH advice and there may be restrictions on work activities to prevent HCW-to-patient transmission of infection.&lt;br&gt;HCWs will be offered vaccination programmes to protect them from pathogen in the workplace.&lt;br&gt;HCW who are infected with a blood-borne virus will be monitored by Occupational Health</td>
</tr>
<tr>
<td>4. What information do you already have on the equality impact of this policy?</td>
<td>This policy is in line with current DH guidance and applies to all NHS employees.&lt;br&gt;The DH does not intend to prevent those infected with blood borne viruses from working in the NHS, but rather to restrict them from working in those clinical areas where their infection may pose a risk to patients in their care.&lt;br&gt;This is consistent with DH existing policy, which imposes restrictions on the working practices of those healthcare workers who are known to be infectious carriers of HIV, hepatitis B and hepatitis C.</td>
</tr>
<tr>
<td>5. Are there demographic changes or trends locally to be considered?</td>
<td>No this policies covers all employees.</td>
</tr>
</tbody>
</table>
6. What other information do you need?

<table>
<thead>
<tr>
<th>Assessing the Impact; consider the data and research</th>
<th>Yes</th>
<th>No</th>
<th>Answer (Evidence)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Could the policy unlawfully against any group?</td>
<td></td>
<td>X</td>
<td>This policy applies to all and is consistent with current DH policy.</td>
</tr>
<tr>
<td>2. Can any group benefit or be excluded?</td>
<td></td>
<td>X</td>
<td>This is a consistent policy across all groups of people.</td>
</tr>
<tr>
<td>3. Can any group be denied fair &amp; equal access to or treatment as a result of this policy?</td>
<td></td>
<td>X</td>
<td>This policy applies to all staff throughout all stages of employment</td>
</tr>
<tr>
<td>4. Can this actively promote good relations with and between different groups?</td>
<td></td>
<td>X</td>
<td>As all staff are treated the same</td>
</tr>
<tr>
<td>5. Have you carried out any consultation internally/externally with relevant individual groups?</td>
<td></td>
<td>X</td>
<td>Externally- OH Departments in Hampshire/Dorset through network groups – this DH Policy is national. Internally – Essential training (discussion) and as new employees at health clearance checks. Policy sent to other relevant teams for comments IPC, RH&amp;S</td>
</tr>
<tr>
<td>6. Have you used a variety of different methods of consultation/involvement</td>
<td></td>
<td>X</td>
<td>As above</td>
</tr>
</tbody>
</table>

**Mental Capacity Act implications**

| 7. Will this policy require a decision to be made by or about a service user? (Refer to the Mental Capacity Act policy for further information) |     | X  | This policy applies to staff and part of the aim is to protect service users. |

The assessment is that there is no negative impact.