

**Blood – borne viruses
Work guidance for employees**

CATEGORY:	Procedure
CLASSIFICATION:	Clinical
PURPOSE	The purpose of this procedure is to protect patients, staff and the general public from blood-borne viruses.
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1 Policy Statement

- 1.1 This procedural guidance has been approved by the Chief Nurse in accordance with the Trust's policy on Infection prevention and control and is intended to assist in the implementation of that policy and other associated procedures.
- 1.2 The University Hospital Birmingham NHS Foundation Trust is committed to protecting and promoting the health of its employees and the residents of Birmingham. It is therefore committed to the development of an unprejudiced, positive and caring attitude to those who are infected or perceived to be infected by a blood-borne virus (hepatitis B, Hepatitis C and HIV).
- 1.3 The Trust also intends to ensure that staff neither practice nor experience unfair discrimination in relation to the issue of blood-borne viruses.
- 1.4 Guidance on blood-borne viruses' infected health care workers has been issued both by the Department of Health and by some of the professional bodies of health care workers. These clarify the duties and obligations of both the employer and of the infected health care worker.
- 1.5 For the majority of blood-borne virus infected health care workers there is no risk of transmission of blood-borne viruses to the patient.
- 1.6 In certain situations, namely 'exposure-prone invasive procedures' (see Appendix B) the trust has adopted procedures to minimise the risk to patients
- 1.7 There are a number of other relevant guidelines within the Trust and it is important that these are read in conjunction with this document. These include:
 - Health Screening and Surveillance, General Guidelines.
 - Inoculation Accidents/Incidents.
- 1.8 This guidance replaces the HIV guidance

2 Scope

- 2.1 This procedure applies to all staff involved in the care of patients being treated by the Trust, food handlers and staff working in laboratories. Staff supplied by agencies to work in any of the above categories in the Trust must also be able to demonstrate compliance with this procedure.

3 DUTIES AND OBLIGATIONS OF THE TRUST

3.1 Implementation

- 3.1.1 The Trust will ensure that this guidance and the relevant statements made by the General Medical Council, General Dental Council and the Nursing and Midwifery Council are brought to the notice of all current and new health care workers covered by the scope of this guidance.
- 3.1.2 Specific guidance will also be given to the managers of health care workers involved in exposure-prone invasive procedures.

3.2 **Pre-employment**

- 3.2.1 The Trust will not discriminate on the grounds of gender, sexuality, race, ethnicity, religion or disability.
- 3.2.2 Job applicants will not be questioned about their blood-borne virus status prior to offer of employment
- 3.2.3 There is no requirement for routine screening for blood-borne viruses in all staff; however, all new entrants to the NHS to jobs or training posts that require them to perform exposure prone procedures (see appendix B) will need to be screened for blood-borne viruses unless they have validated evidence of a negative screen undertaken by a UK laboratory.
- 3.2.4 Where an applicant advises Occupational Health of their status, this will remain confidential to the Occupational Health Department. The only information made available to managers will be in terms of 'medical suitability' to undertake the duties of the post.
- 3.2.5 Practising health care workers who undertake EPPs are under a professional duty to seek medical advice on the need to be tested as soon as they are aware they may have been exposed to blood borne viruses, occupationally or otherwise and if found to be positive, to obtain and follow appropriate clinical and occupational health advice.
- 3.2.6 Having a blood born virus, or declining a test, will not affect the employment or training of a health care worker who **does not** perform EPPs.

3.3 **During Employment**

- 3.3.1 The success of this guidance is dependent on self-referral. The Trust will ensure a secure and confidential reporting system in order to encourage those affected to self-report.
- 3.3.2 Support and counselling will be offered to the employee and those in whom the employee has confided.
- 3.3.3 The status and rights of employees will be respected and safeguarded as far as practicable.
- 3.3.4 The Trust will make every effort to arrange suitable alternative work if an infected employee is unable to undertake their role. Where appropriate, re-training will be offered in conjunction with the Medical Director, the Occupational Health Physician and the Regional Postgraduate Dean.

3.4 **'Look-Back Procedure'**

- 3.4.1 A 'look –back' procedure may be indicated when an employee who has been undertaking exposure prone procedures e.g. surgery, reports they have acquired a blood-borne viruses. This is to ensure there has been no transmission to patients.
- 3.4.2 The decision to perform a 'look-back' exercise is the responsibility of the Director of Public Health.

- 3.4.3 If a 'look-back' exercise is to be considered then the employee will be notified, and they and their family given immediate practical and psychological support.
- 3.4.4 In the event of a 'look-back' procedure being activated then every effort will be made to maintain the employee's confidentiality. Patients who are being informed under this procedure will not be routinely informed of the identity of the individual health care worker.
- 3.4.5 Staff involved in the 'look-back' exercise will not act as personal advisors to the health care worker.

3.5 Disciplinary Matters

- 3.5.1 The Trust and its employees will observe a strict duty of confidentiality about the health, including the blood-borne virus status, of all employees and patients.
- 3.5.2 It will be regarded as a disciplinary matter to:
- Unfairly discriminate against any member of staff who is infected, perceived to be infected, or is affected by blood-borne viruses.
 - Use and disclose personal information about a patient. This includes giving unauthorised information to the media on the subject of blood-borne viruses conditions in relation to patients or co-workers who are either infected, perceived to be infected, or are affected by a blood-borne viruses.
 - Disclose any medical information about a co-worker or patient.

3.6 Risk Reduction

- 3.6.1 Employees will routinely adopt the universal infection control measures to prevent transmission of all blood-borne viruses.
- 3.6.2 Reporting procedures of exposure incidents will be as specified in the Trust Procedure for the Management of Inoculation Incidents.

4. PROCEDURE

- 4.1 **Health care worker who may have been previously exposed to blood-borne viruses (BBVs)**
- 4.1.1 Those health care workers who believe that they may have been exposed to possible contamination/infection with blood-borne viruses in whatever circumstances MUST seek medical advice and diagnostic BBV testing where applicable.

- 4.1.2 The testing should be arranged individually by the employee through whatever practitioner they may choose. The testing should be confidential and it is strongly advised that it only be carried out after appropriate counselling.
- 4.1.3 If the employee is in doubt about whether blood-borne virus testing is applicable then this should be discussed confidentially by the employee with the Consultant Occupational Health Physician.
- 4.1.4 If Occupational Health advise that no test is required, or if the test is negative after an appropriate interval, then no further action will be taken.

4.2 All infected health care workers

- 4.2.1 Those who are infected MUST seek appropriate medical advice.
- 4.2.2 They must also seek advice from the Occupational Health Department about the risk to patients and the possible modification or restriction of work practices.
- 4.2.3 All infected health care workers MUST remain under the supervision of the Occupational Health Department, whatever their duties, as both their work and health circumstances may change.
- 4.2.4 No health care worker should continue to work merely on the basis of their own assessment of risk to the patient.

4.3 Blood-borne virus infected health care worker – Assessing the Risks

- 4.3.1 If the infected health care worker is assessed as not having carried out exposure-prone procedures, and if they comply with any Occupational Health advice about work practices, then the employing authority, including the manager, will not be informed by the Occupational Health Department and need not be informed by the employee.
- 4.3.2 All information obtained by the Occupational Health Department will remain strictly confidential to that department alone.
- 4.3.3 If the infected health care worker has performed exposure-prone invasive procedures then these MUST cease IMMEDIATELY. The employee should certify themselves as 'sick' and go off work, informing the manager that they are 'unwell'
- 4.3.4 They, their Occupational Health physician, or their medical advisor MUST inform the Director of Public Health.
- 4.3.5 If the employer is not notified, or if work practices are not modified, then Occupational Health will notify the employer and the appropriate regulatory body, e.g. General Medical Council.
- 4.3.6 Failure to comply with the above guidelines may constitute grounds for disciplinary action.
- 4.3.7 Any employee who knows that a health care worker is infected with a blood-borne virus and is aware that the person has not sought or followed advice to modify his or her professional practice, has a duty to inform the appropriate regulatory body and the Medical Director.

5. Guidelines for managers

The manager is responsible for ensuring that all health care workers under their charge have received and understood copies of this guidance, as well as copies of their relevant professional guidelines on blood-borne viruses.

- 5.1 The manager should ensure that such education and training as will be provided by the Trust is received by all new and existing staff.
- 5.2 With specific reference to HIV/AIDS, it is important to emphasise that managers should not discriminate on the grounds of gender, sexuality, race, ethnicity, religion or disability. The procedure is primarily that of self-referral. The responsibility is therefore that of the individual employee rather than that of the manager. Emphasis is placed on employee awareness as no routine screening will take place except for those that will undertake exposure prone procedures at the start of their employment or subsequent to a source positive inoculation injury
- 5.3 Where the manager has specific concerns about an employee with regard to blood-borne viruses then the employee should be referred to the Consultant Occupational Health Physician requesting advice on 'fitness to work'. The specific concerns about blood borne viruses should be brought to the attention of the physician prior to the referral.
- 5.4 The referral should be discussed with the employee and consent obtained prior to the referral being made.
- 5.5 Should the employee choose not to accept the referral then this should be discussed with the Occupational Health Physician. All discussions with the employee and Occupational Health should remain entirely confidential.
- 5.6 If the employee accepts the referral to Occupational Health then the reply from the Occupational Health Physician will simply be in terms of 'suitable' or 'unsuitable' for current duties, with recommendations. Any other action required will be instituted by the Occupational Health Physician.

6. Role of the Occupational health department

- 6.1 The Occupational Health Department will make available to the employee the Consultant in Occupational Health, who may be contacted directly, to provide counselling, occupational advice and facilitate treatment if required.
- 6.2 The Occupational Health Physician is ethically and professionally obliged not to release notes or information without the written consent of the health care worker.
- 6.3 Where the employer needs to be advised of a change in duties, this will simply be stated on the grounds of suitability and the Blood borne virus status will not normally be disclosed.
- 6.4 Where patients are, or have been, at risk it may be necessary in the public interest for the employer to be informed so that a 'look-back' exercise can be performed. In such rare circumstances the health care worker will be counselled before disclosure and disclosure will be limited to those that need to know.
- 6.5 Counselling and support for those with a blood-borne virus can be provided through the Occupational Health Department or directly with other agencies.

7. Management of health care workers infected with a blood borne virus

Hepatitis B

7.1 Hepatitis B surface antigen (HBsAg) positive worker will be tested for hepatitis B e-markers

7.1.1 If they are e-antigen (HBeAg) positive, they will not be allowed to perform EPPs.

7.1.2 If they are HBeAg negative, they should have their hepatitis B viral load (HBV DNA) tested. If their viral load is greater than 100,000 copies they will not be allowed to perform EPP's. If the HBV DNA is greater than 10^3 genome but less than 100,000 equivalents/ml they will not be allowed to perform EPPs until treatment has suppressed their viral load

7.1.3 There are no restrictions on the working practices of hepatitis B-infected healthcare workers who have HBV DNA at or below 10^3 genome equivalents/ml, subject to annual measurement of their HBV DNA.

7.1.4 Hepatitis B infected healthcare workers who are e-antigen negative and are taking continuous antiviral therapy that suppresses their HBV DNA to 10^3 genome equivalents/ml or below will be allowed to perform EPPs. This is subject to regular monitoring by a consultant occupational physician.

7.15

7.16 HBV DNA testing should be carried out in designated laboratories

Hepatitis C

7.2 Hepatitis C antibody positive healthcare workers should be tested for Hepatitis C RNA to detect the presence of current infection.

7.2.1 The assays used should have a minimum sensitivity of 50IU/ml. Those who are hepatitis C RNA positive will not be allowed to perform EPPs regardless of career stage.

7.2.2 Healthcare workers should be asked about antiviral treatment when submitting a blood sample, as special arrangements exist for healthcare workers who are receiving or have recently received interferon and/or antiviral therapy for hepatitis C.

7.2.3 Hep C RNA should be carried out in accredited laboratories that are experienced in performing such tests and which participate in external quality assurance schemes.

Hep C positive healthcare workers who clear the virus post treatment will be allowed to resume EPP work after the appropriate follow-up period has elapsed.

HIV

7.3 HIV infected healthcare workers must meet the following criteria before they can perform EPPs:

Either

- a) be on 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 plasma 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 UKAP Occupational Health Monitoring Register (UKAP-OHR)

- 7.3.1 For healthcare workers wishing to perform EPPs, two Identified and Validated blood Sample (IVS) test results taken no less than three months apart and with viral load levels below 200 copies/ml are required to ensure viral load stability. At this point, a decision should be made as to whether health clearance could be given for the healthcare workers to commence or resume EPP activities.
- 7.3.2 For healthcare workers currently restricted from EPPs who are on combination cART with undetectable viral load (below 200 copies/ml), one IVS at least 12 weeks since their last undetectable viral load is sufficient proof on which to grant clearance for conducting EPPs.
- 7.3.3 The decision to clear individual healthcare workers 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.

8. Implementation and Monitoring

- 8.1 All staff, including honorary staff must undergo pre placement screening by Occupational Health. Clearance will only be given once appropriate screening has taken place. No persons should perform, or be allowed to perform Exposure Prone Procedures on patients of the Trust without having had the Trusts Occupational Health clearance
- 8.2 Recruitment/Medical staffing will be informed of any restrictions to practise
- 8.3 Attendance at Induction training is mandatory for all new members of staff and is monitored by the Training and Development Department. It is one of the Trust's Key Performance Indicators (KPIs) and reports on non compliance are issued to managers by the HR Administration Team.
- 8.4 All staff are issued with information leaflets when they attend Occupational Health on action to take if they suspect they have been in a contact with an infectious disease or if they should sustain an inoculation injury. These

leaflets are also available via the Occupational Health webpage on the Trust intranet.

- 8.5 Internal audit of compliance with DH guidance will take place, outcome and action plans of audit will be reported IPCC and to the Health Safety and Environment Committee.

9. References

Department of Health (2002) 'Getting ahead of the Curve' a strategy for combating infectious diseases.

Department of Health (1998) Guidance for Clinical Health Care Workers: Protection against Infection with Blood Borne Viruses.

NHS Employers (2005) The management of health, safety and welfare issues for NHS staff. Associated Policy and Procedural Documentation

Department of Health (2007) health clearance for tuberculosis, hepatitis B, hepatitis C, and HIV: New healthcare workers.

Health and Safety Executive (1995) Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 1995

NICE guidance Tuberculosis: Clinical diagnosis and management of Tuberculosis, and measures for the prevention and control. NICE guidelines [CG117] March 2011

Department of Health (2006) Guidance on immunisation against infectious disease. www.dh.gov.uk/en/publichealth/Immunisation/Greenbook/index.htm for the latest update

Public health England (2014) The Management of HIV infected Healthcare Workers who perform exposure prone procedures: updated guidance

Guidance on hepatitis C-infected healthcare workers is contained in Health Service Circular HSC 2002/01020 and Hepatitis C infected healthcare workers.

DH (2000) Hepatitis B infected health care workers, Health Service Circular 2000/020, www.dh.gov.uk/assetRoot/04/01/22/57/04012257.pdf

DH (2007) Hepatitis B infected healthcare workers and oral antiviral therapy, www.dh.gov.uk/publications

NHS Management Executive (1993) Protecting health care workers and patients from hepatitis B, Health Service Guidelines

10. Associated Controlled Documents

The Infection Prevention and Control Policy

The Immunisation Policy

Inoculation Injury Management Procedure

The Attendance Management Policy

The Waste Management Policy

The Health and Safety Policy

Procedure for Screening and Managing Staff with Respiratory Tuberculosis

Appendix A

MONITORING OF IMPLEMENTATION	MONITORING LEAD	REPORTED TO PERSON/GROUP	MONITORING PROCESS	MONITORING FREQUENCY
New employees to the Trust who will be undertaking EPP will be seen in the Occupational Health Department to assess their infectivity	Occupational Health Department	Recruitment/Medical staffing	Monthly reports of new employees who have not attended OH appointment. Recruitment/medical staffing informed of non compliance.	Monthly
Infection which are occupationally acquired are reported to the HSE	Occupational Health Department (liaising with Health & Safety Team)	Director of Corporate Affairs	Review Reports that go to HS&E and Audit Committee and provide assurance that the HS&E and Audit Committee receive relevant reports	Quarterly
Internal audit of compliance with DH guidance.outcome and action plans of audit will be reported IPCC and to the Health Safety and Environment Committee.	Occupational Health Department	Chief Nurse/Director of Corporate Affairs	Outcome and action plans of audit will be reported IPCC and to the Health Safety and Environment Committee.	Bi annually

DEFINITIONS

Health Care Worker

Persons, including students and trainees, whose activities involve contact with patients or blood or other body fluids from patients in the health care setting.

Exposure-Prone Procedures

Department of Health guidance regarding Hepatitis B and HIV has clarified the occupational issues in relation to infected health care workers who carry out invasive work. Those who are infectious carriers of Hepatitis B (e-antigen positive; core IgM positive) and those who are HIV positive must cease the practice of invasive work of a type which poses an infectious risk to patients. Not all invasive work falls into this category, hence the use of the term 'exposure-prone procedure' (EPP) by the Department of Health. EPPs are defined as those procedures in which there is a possibility that the blood of the operator could accidentally contaminate the tissues of the patient. This is thought likely only to occur when either:

The hands of the operator can be damaged by sharps within the open tissues of the patient.

or

When the hands of the operator are in a confined space out of view and in the presence of a sharp instrument or in body cavity (e.g., mouth, vagina).

A venepuncture, for example, is an invasive procedure but not an EPP; should the health care worker injure themselves during a venepuncture they would be aware of the injury and would have the opportunity of changing the needle and their gloves before proceeding. A simple injection is similarly not an EPP. Episiotomy, on the other hand, is an EPP as both infiltration of anaesthetic and repair of the cut involve the fingers of the operator being out of view, in the presence of a sharp, and in close proximity to the tissues of the patient in a confined space.

Removal of superficial skin lesions, for example biopsy in a skin clinic, generally would not be regarded as exposure-prone as the hands are outside the body, on view, with instruments distancing the hands from the lesion.

The guidance is generally easily interpretable in relation to specialities involving open surgery but in some specialities there is considerable variation regarding procedures and techniques carried out by different

individual, and it is in relation to these that advice should be sought from the Department of Health Advisory Panel on Blood Borne Viruses. The panel is extremely aware of variations within supposedly similar posts and has chosen, therefore, in its written guidance, not to be too prescriptive regarding specialities. It is the intention of the panel that consideration is given to procedures carried out by individuals; this it considers to be more appropriate than application of blanket general advice which may apply to only a few health care workers in any given professional speciality and sub-speciality, with resultant unnecessary exclusions from work.

NB. If there is any doubt as to what constitutes an exposure-prone invasive procedure, this should be discussed with Occupational Health.

