

# The Newcastle upon Tyne Hospitals NHS Foundation Trust

## Hepatitis B, Hepatitis C and HIV policy for Healthcare Workers

Effective: January 2011

Review: January 2014

### 1 Introduction

- 1.1 The primary purpose of this policy is to provide further protection for patients from exposure in the clinical care setting to hepatitis B, hepatitis C and HIV. The measures are intended not to prevent those infected with blood borne viruses (BBVs) from working in the Trust, but rather to restrict them from working in those clinical areas where their infection may pose a risk to patients in their care. This is consistent with 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.
- 1.2 Healthcare workers may also benefit from these health clearance arrangements both personally (eg earlier diagnosis may lead to curative or life-prolonging treatment and prevention of onward transmission), and professionally (eg avoiding work activities that may pose a risk to their own health and making career choices appropriate to their infection status).
- 1.3 This policy is supplementary to routine occupational health checks and immunisations for other infectious diseases (eg for tuberculosis, rubella and varicella). It should be read in conjunction with 'Control of infection in healthcare workers' and 'Prevention and control of tuberculosis in Newcastle Hospitals'.

### 2 Definitions

#### 2.1 New healthcare worker

- 2.1.1 For the purposes of this policy, a new 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 (eg student placements, visiting fellows) for the first time. Existing healthcare workers who are moving to a post or training that involves exposure-prone procedures (EPPs) are also considered as 'new'. Returning healthcare workers may also be regarded as 'new', depending on what activities they have engaged in while away from the health service.
- 2.1.2 The policy does not apply to healthcare workers who are already employed in the Trust, with the exception of those moving to a post requiring the performance of EPPs for the first time in their career.

#### 2.2 Exposure prone procedures

- 2.2.1 EPPs are those invasive procedures where there is a risk that injury to the worker may result in exposure of the patient's open tissues to the blood of the worker. These include procedures where the worker's gloved hands may be in contact with sharp instruments, needle tips or sharp tissues (eg

spicules of bone or teeth) inside a patient's open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times. Such procedures occur mainly in surgery, obstetrics and gynaecology, dentistry and some aspects of midwifery. Most nursing duties do not involve EPPs; exceptions include accident and emergency and theatre nursing. Further guidance and examples of EPPs can be found in 'Health clearance for tuberculosis, hepatitis B, hepatitis C and HIV'.

2.2.2 When there is any doubt about whether a procedure is exposure-prone or not, expert advice should be sought in the first instance from a consultant occupational health physician, who may in turn wish to consult the UK Advisory Panel for healthcare Workers Infected with Blood-borne Viruses (UKAP). Previous advice given by UKAP may serve as a guide, but cannot be seen as necessarily generally applicable, as the working practices of individual healthcare workers vary.

2.2.3 Procedures where the hands and fingertips of the worker are visible and outside the patient's body at all times, and internal examinations or procedures that do not involve possible injury to the worker's gloved hands from sharp instruments and/or tissues, are considered *not* to be exposure-prone, provided that routine infection-control procedures are adhered to at all times.

2.2.4 Examples of procedures that are *not* exposure-prone include:

- taking blood (venepuncture);
- setting up and maintaining IV lines or central lines (provided that any skin-tunneling procedure used for the latter is performed in a non-exposure-prone manner, ie without the operator's fingers being at any time concealed in the patient's tissues in the presence of a sharp instrument);
- minor surface suturing;
- the incision of external abscesses;
- routine vaginal or rectal examinations;
- simple endoscopic procedures.

2.2.5 The decision whether an HIV, hepatitis B or hepatitis C-infected worker should continue to perform a procedure, which itself is not exposure-prone, should take into account the risk of complications arising which necessitate the performance of an EPP; only reasonably predictable complications need to be considered in this context.

2.3 Identified validated sample (IVS)  
See section 12.1

### **3 Professional codes of practice**

3.1 The logic of one-off testing of new healthcare workers has been questioned, given that healthcare workers will be at ongoing risk of occupational (and potentially non-occupational) exposure. 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 breach the duty of care to patients.

- 3.2 This means healthcare workers are under an ongoing obligation to seek professional advice about the need to be tested if they have been exposed to a serious communicable disease, obviating the need for repeat testing. This obligation applies equally to healthcare workers already in post.

#### **4 Confidentiality**

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.

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.

#### **5 Occupational Health Advice**

- 5.1 Healthcare workers who are new to the NHS will have access to specialist (consultant) occupational health advice during the pre-appointment health checks so that the processes can be explained and any questions about the health checks answered. Further, the Occupational Health Service must be able to inform new healthcare workers of the results of their tests, including the implications for their own health and the need for referral for specialist assessment.
- 5.2 Occupational Health Services and Infection Prevention and Control Teams will take the opportunity to emphasise the importance of routine infection-control procedures, including the importance of hand hygiene, appropriate use of protective clothing and compliance with local policies in the hospital or unit in which they will eventually work. Documentation detailing local Infection Prevention and Control Policies should be provided or signposted.
- 5.3 They will also remind healthcare workers of the importance of avoiding Needlestick injuries and other accidental exposures to blood and blood-stained body fluids.
- 5.4 The local arrangements for reporting such accidents should be explained, as should the range of interventions to protect healthcare workers (eg post-exposure prophylaxis after accidental exposure to HIV).
- 5.5 The importance of reporting symptoms that are suggestive of serious communicable disease such as TB or BBV infection to the Occupational Health

Service should be stressed. This is particularly important after the healthcare worker has been exposed to the risk of such infection, regardless of the route of exposure (occupational or not). If the new healthcare worker has not been provided with a copy of the written guidance on serious communicable diseases which has been produced by the appropriate professional regulatory body, it should be provided during the pre-appointment health checks.

- 5.6 It is extremely important that healthcare workers receive the same right to confidentiality as any patient who is seeking or receiving medical care. Occupational Health staff work within strict guidelines on confidentiality. They have a key role in revising local procedures for testing healthcare workers who are new to the NHS for serious communicable diseases. Occupational Health notes are separate from other hospital notes.
- 5.7 Occupational Health staff are obliged, ethically and professionally, not to release information without the informed consent of the individual. There are occasions when an employer may need to be advised that a change of duties should take place, but infectious disease 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.
- 5.8 The Occupational Health Physician will take responsibility for co-coordinating matters relating to the deployment of healthcare workers found to be infected with hepatitis B, hepatitis C or HIV, including the provision of advice regarding working practices and the monitoring of subsequent employment of the healthcare worker in the Trust.
- 5.9 The Occupational Health Physician will act as the advocate for the infected healthcare worker should there be issues relating to retraining, redeployment or early retirement (as appropriate).
- 5.10 The Trust has a duty to publicise health clearance requirements in job descriptions and application packs.

## **6 Duties of other healthcare workers**

- 6.1 Healthcare workers treating a doctor or other healthcare worker with a serious communicable disease must provide the confidentiality and support to which every patient is entitled.
- 6.2 Healthcare workers who know or have good reason to believe (having taken steps to confirm the facts as far as practicable) that a medical colleague or healthcare worker who has, or may have, a serious communicable disease (such as hepatitis B, hepatitis C or HIV), is practicing, or has practiced, in a way which places patients at risk, they must inform an appropriate person in the healthcare worker's employing authority, for example an Occupational Health Physician, the Trust's medical director, the Director of Public Health or where appropriate the relevant regulatory body. Healthcare workers may wish to seek advice from their regulatory and professional bodies before passing on such information. Such cases are likely to arise very rarely. Wherever possible, the healthcare worker

should be informed before information is passed to an employer or regulatory body.

## **7 Patient notification exercises**

- 7.1 Where it is found that a healthcare worker infected with hepatitis B, hepatitis C or HIV does perform or has performed EPPs then he/she must immediately cease such activities until the situation has been fully assessed, including the nature of the work done by the healthcare worker and the degree of risk (if any) to patients.
- 7.2 The Director of Public Health or delegated deputy will be responsible for deciding whether a patient notification exercise should be performed. The DPH may be supported in this decision making by the CCDC, Regional Epidemiologist, Regional Director of Public Health and UKAP as necessary.
- 7.3 In the case of hepatitis B infected healthcare workers working whilst receiving antiviral therapy, the Department of Health recommends that the finding, at a three-monthly test, that the healthcare worker's HBV DNA level has risen above  $10^3$  geq/ml would not, in itself, be an indication to trace, notify and offer hepatitis B testing to patients treated by the healthcare worker. Each incident should be assessed individually. Advice on the need for patient notification is available from the UK Advisory Panel for Healthcare Workers Infected with Blood-borne Viruses (UKAP).

## **8 Health checks**

The health checks recommended in this policy are presented in two sections:

- the standard health checks recommended for all healthcare workers;
- the additional health checks recommended for healthcare workers who will perform EPPs.

### **8.1 Standard health checks**

8.1.1 All new healthcare workers need to have standard health clearance before they have clinical contact with patients

8.1.2 They should be reminded of their professional responsibilities in relation to serious communicable diseases and should receive

- the offer of hepatitis B immunisation, with post-immunisation testing of response;
- the offer of testing for hepatitis C
- the offer of testing for HIV

### **8.2 Additional health checks for all new healthcare workers who will perform EPPs**

8.2.1 These healthcare workers should undergo health checks to establish that they are not chronically infected with hepatitis B, hepatitis C or HIV.

8.2.2 For new healthcare workers whose post or training requires performance of EPPs, it is suggested that appointment or admission to training should be conditional on satisfactory completion of standard and additional health clearance checks, ie that they are free from infection with hepatitis B, hepatitis C and HIV, as well as TB. It is therefore recommended that these checks be carried out early in the appointments/admissions process.

### 8.3 Existing health checks

Health clearance recommended by this policy should be implemented alongside existing health checks for new healthcare workers and other pre-appointment checks.

## 9 Categories of new healthcare worker

9.1 Standard health clearance is recommended for all categories of new healthcare worker employed or starting training (including students) in a clinical care setting, either for the first time or returning to work in the NHS. Additional health clearance is recommended for healthcare workers who will perform EPPs. It is not possible to provide a definitive list of types or specialties of healthcare workers who perform EPPs, because individual working practices may vary between clinical settings and between workers.

### 9.2 Students

#### 9.2.1 Medical students

The practical skills required of medical students to obtain provisional General Medical Council (GMC) registration or of foundation doctors to obtain full GMC registration do not include EPPs. Freedom from infection with BBVs is therefore not an absolute requirement for those wishing to train as doctors. This recognises that many career paths are available to doctors which do not require the performance of EPPs. However, some commonly undertaken components of the undergraduate medical curriculum may involve students in EPPs. Additional health clearance is therefore recommended for those students who will be involved in EPPs. Students found to be infectious carriers of BBVs will need to comply with occupational health supervision and guidance from the responsible head of course to ensure they do not perform EPPs. Further guidance on health clearance and management of infected medical students is being prepared jointly by the Council of Heads of Medical Schools, the Association of UK University Hospitals and the Higher Education Occupational Physicians Group.

#### 9.2.2 Nursing students

Additional health clearance is not necessary for nursing students, as performance of EPPs is not a requirement of the curriculum for preregistration student nurse training.

### 9.2.3 Dental, midwifery, paramedic, ambulance technician and podiatric surgery students

Additional health clearance is recommended for all dental (including dental hygienists and therapists), midwifery, paramedic, ambulance technician and podiatric surgery (but not podiatry) students before acceptance onto training courses, because EPPs are performed during training and practice of these specialties.

### 9.3 Healthcare workers who are performing EPPs for the first time

Healthcare workers moving into training or posts involving EPPs for the first time should also be treated as 'new', and additional health clearance is recommended. This will include, for instance, qualified nurses wishing to train as midwives and post-registration nurses moving into work in operating theatres and accident and emergency for the first time and senior house officers (or equivalent training grade under the modernising medical careers initiative) entering surgical or other specialties involving EPPs. This will not apply in future to senior house officers (or equivalent training grade under the modernising medical careers initiative) who have already had additional health checks as medical students in the UK.

### 9.4 Healthcare workers who are returning to the NHS and who may have been exposed to serious communicable diseases

9.4.1 The need for additional health checks for any particular healthcare worker who is returning to work in the NHS and who may have been exposed to serious communicable diseases while away should be based on a risk assessment. This should be carried out by the Occupational Health Services. The timing of any tests should take account of the natural history of the infections (ie the 'window period').

9.4.2 Some examples of healthcare workers who might be considered 'returnees' include those returning from research experience (including electives spent in countries of high prevalence for blood borne viruses), voluntary service with medical charities, sabbaticals (including tours of active duty in the armed forces), exchanges, locum and agency work or periods of unemployment spent outside the UK.

### 9.5 Healthcare workers from locum and recruitment agencies, including NHS Professionals

9.5.1 Pre-employment health checks to be carried out for temporary staff should be consistent with the guidance given in HSC 2002/00810 and the Code of Practice for the Supply of Temporary Staffing. Agencies covered by the national contract for the supply of temporary staff to the NHS will be 'quality assured' in relation to recruitment standards, including health checks.

9.5.2 Health clearance appropriate to healthcare workers' duties should be verified before the individual undertakes any clinical work. While working

on NHS premises, responsibility for continuing occupational health and safety needs of temporary workers lies with the NHS employer, as covered by the Health and Safety at Work etc Act 1974. Agencies are responsible for supplying staff who are fit to practice and should satisfy themselves that the staff they supply have the necessary clearances.

## 9.6 Healthcare workers in the independent healthcare sector

If the Trust arranges for patients to be treated by non-NHS hospitals or health establishments in the UK, including independent-sector treatment centers, the Trust should ensure that this guidance is followed. *Independent Health Care: National Minimum Standards* include core standards relating to infection control and the prevention of blood-borne virus transmission in the healthcare setting.

## 10 Standard health checks for healthcare workers who are new to the NHS

10.1. The Trust will set up mechanisms in conjunction with the human resources and occupational health departments to identify new healthcare workers, returning healthcare workers and those moving to posts involving EPPs for the first time, to ensure that the necessary health checks are carried out.

10.2 Standard health checks for non-EPP posts may be conducted on appointment; these should be completed before clinical duties commence.

### 10.3 Hepatitis B

10.3.1 It is recommended that all healthcare workers, including students 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 of non-response.

10.3.2 Healthcare workers who fail to respond to hepatitis B vaccination and who have no serological markers of hepatitis B infection may remain at risk of infection from infected patients

10.3.3 Healthcare workers for whom hepatitis B vaccination is contra-indicated, who decline vaccination or who are non-responders to vaccine should be restricted from performing EPPs unless shown to be non-infectious. Periodic re-testing may need to be considered.

### 10.4 Hepatitis C

10.4.1 All healthcare workers who are new to the NHS should be offered a pre-test discussion and hepatitis C antibody test (and, if positive, a hepatitis C RNA test) in the context of their professional responsibilities in relation to hepatitis C. It is helpful to remind them of the ways in which they might have been exposed to hepatitis C.

10.4.2 A positive test, or declining a test for hepatitis C, should not affect the employment or training of healthcare workers who will not perform EPPs.

Healthcare workers have the right to decline testing, in which case they will not be cleared to perform EPPs.

## 10.5 HIV

10.5.1 All healthcare workers who are new to the NHS should be offered an HIV antibody test with appropriate pre-test discussion, including reference to their professional responsibilities in relation to HIV. During this discussion, they should be given a copy of the guidance from their professional regulatory body, if relevant. It is helpful to remind them of the ways in which they may have been exposed to HIV

10.5.2 A positive test, or declining a test for HIV, should not affect the employment or training of healthcare workers who will not perform EPPs. Nevertheless, HIV-infected healthcare workers should remain under regular medical and occupational health supervision in accordance with good practice. Occupational health physicians should consider the impact of HIV positivity on the individual's resistance to infection when advising on suitability for particular posts, especially if the duties may involve exposure to known or undiagnosed TB.

## **11 Additional health checks for hepatitis B, hepatitis C and HIV for EPP healthcare workers who are new to the NHS and who will perform EPPs, and for existing workers who are new to EPPs**

### 11.1 Hepatitis B

11.1.1 Previous guidelines assumed that a hepatitis B antibody (anti-HBs) response measured after a course of vaccine indicated non-infectivity. However, it is now recognised that, on occasion, this response may occur in individuals who have current infection. Where anti-HBs is present in such circumstances, it is usually in low titre, but levels of >100mIU/ml have been documented in hepatitis B-infected healthcare workers, some of whom would be restricted from performing EPPs under current guidelines. Relying on an anti-HBs response to vaccine to indicate non-infectivity may not be secure, since some infectious carriers of the virus could be missed. Therefore, it is now recommended that healthcare workers who will perform EPPs should:

- be tested for hepatitis B surface antigen (HBsAg), which indicates current hepatitis B infection;
- if negative for HBsAg, be immunised (unless they have already received a course of vaccine) and have their response checked (anti-HBs). Where there is evidence that a healthcare worker, who is known to have had previous hepatitis B infection which has cleared, now has natural immunity, immunisation is not necessary, but the advice of a local virologist or clinical microbiologist should be sought;
- if positive for HBsAg, be tested for hepatitis B e-markers.

- If they are e-antigen (HBeAg) positive, they should not be allowed to perform EPPs.
- If they are HBeAg negative, they should have their hepatitis B viral load (HBV DNA) tested.
- If the HBV DNA is greater than  $10^3$  genome equivalents/ml, they should not be allowed to perform EPPs.

11.1.2 HBV DNA testing should be carried out in designated laboratories

11.1.3 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.

## 11.2 Healthcare workers with hepatitis B receiving antiviral treatment

11.2.1 New Department of Health guidance allows hepatitis B infected healthcare workers who are e-antigen negative and have relatively low HBV DNA to perform exposure prone procedures, whilst taking continuous antiviral therapy that suppresses their HBV DNA to  $10^3$  genome equivalents/ml or below.

11.2.2 This is subject to regular monitoring. A consultant occupational physician or a specifically designated clinician with expertise in the management of chronic hepatitis B infection (Professor Margaret Bassendine has been designated within the Trust) should have responsibility for assessing and monitoring individual hepatitis B infected healthcare workers who wish to perform exposure prone procedures while taking continuous oral antiviral therapy.

11.2.3 A risk assessment should be made, normally by the consultant occupational physician, on a case-by-case basis, taking account of the factors and recommendations set out below. The consultant occupational physician will be responsible for advising the healthcare worker's employer of their fitness to perform exposure prone procedures.

11.2.4 It is recommended that referral of hepatitis B infected healthcare workers to the designated clinician be made by the employee's occupational health service, and not by self-referral.

11.2.5 The model for allowing hepatitis B infected healthcare workers to undertake exposure prone procedures in these circumstances relies on continuing access and monitoring. Suitable arrangements for supervision should be in place for agency or locum staff in accordance with this guidance.

11.2.6 As an essential part of the monitoring arrangements, it is recommended that, with the healthcare worker's permission, the consultant occupational physician and the designated clinician involved in a particular case liaise on the management of that case.

11.2.7 Occupational physicians will be responsible for:

- ensuring that the testing protocol and timings are followed
- assessing the results of the HBV DNA levels;
- advising the healthcare worker and the employer, in the usual way and on an ongoing basis, whether the healthcare worker is fit to perform exposure prone procedures.

11.2.8 The main AGH recommendations underpinning this guidance are as follows:

- hepatitis B infected healthcare workers who are HBeAg negative and who have pre-treatment HBV DNA levels between  $10^3$  and  $10^5$  geq/ml (likely to be a significant proportion of those restricted from performing exposure prone procedures) could be allowed to perform exposure prone procedures on oral antiviral therapy, if their viral load is suppressed to below  $10^3$  geq/ml;
- It is recommended that hepatitis B infected healthcare workers taking oral antiviral therapy could commence exposure prone procedures when their HBV DNA levels have been at or below  $10^3$  geq/ml on two consecutive tests performed no less than one month apart.
- healthcare workers with baseline viral loads above  $10^5$  geq/ml should be ineligible to perform exposure prone procedures while taking oral antiviral therapy on the grounds of patient safety

11.2.9 Hepatitis B infected healthcare workers performing exposure prone procedures while on oral antiviral therapy should have their HBV DNA levels monitored at regular three-monthly intervals. (the period should be taken from the date the previous blood sample was drawn, and not from the date the result was received). Identified and validated samples (IVS) should be taken in the Occupational Health Service, which will be responsible for arranging for them to be tested and for informing the treating clinician of the results in a timely manner.

11.2.10 For the purpose of monitoring healthcare workers taking antiviral therapy, single blood sample at each three-monthly test is sufficient. Tests should be performed at one of the two laboratories designated in HSC 2000/020. The laboratory request form should be clearly marked **single sample for monitoring antiviral treatment**.

11.2.11 Healthcare workers should cease to perform exposure prone procedures and should be referred to their hepatologist for assessment if their HBV DNA levels rise to greater than  $10^3$  geq/ml while on or after treatment;

11.2.12 Where a healthcare worker does not attend for their regular appointments with the Occupational Health Physician or the treating clinician, or attends but refuses to have their HBV DNA tested, it is recommended that the occupational health physician should inform the worker's employer that they are no longer cleared to perform exposure prone procedures, until it has been established that the healthcare worker

is continuing with oral antiviral treatment and an up-to-date HBV DNA level not greater than  $10^3$  geq/ml has been obtained.

11.2.13 Healthcare workers would be under a professional and ethical obligation to immediately cease performing exposure prone procedures should they stop antiviral treatment for any reason

### 11.3 Treatment issues

Currently it would be unusual to offer antiviral treatment to patients who are HBeAg negative and have viral loads below  $10^5$  geq/ml unless there was evidence of an active hepatitis. Hence, hepatitis B infected healthcare workers wishing to take advantage of this change in policy could be embarking upon long-term antiviral treatment purely in an attempt to be allowed to perform exposure prone procedures rather than because such treatment was deemed clinically necessary. It would be for the individual healthcare worker, in collaboration with their treating physician, to weigh up the advantages and possible disadvantages to their health from such treatment.

### 11.4 Discontinuation of therapy

It is recommended that if a healthcare worker stops antiviral treatment for any reason, they should immediately cease to perform exposure prone procedures (and seek the advice of their treating physician if this has not already been obtained). If the HBV DNA levels of healthcare workers stopping antiviral therapy remains below  $10^3$  geq/ml a year after cessation of treatment, it may be appropriate for the employer to permit a return to exposure prone procedures at that time, subject to a future test six months later and annual testing thereafter as is recommended in the earlier guidelines.

### 11.5 Breakthrough infections

11.5.1 If there is any suggestion that a breakthrough infection has developed, the clinician overseeing the case may consider it appropriate that HBV DNA tests are performed sooner than the next three month test.

11.5.2 If breakthrough infections occur due to the development of resistant strains, and HBV DNA levels rise above  $10^3$ geq/ml, then it is recommended that the healthcare worker be restricted from performing exposure prone procedures until such time as they have been re-stabilised on different oral antiviral drugs. This would be demonstrated by HBV DNA levels of less than  $10^3$  geq/ml on two consecutive tests performed no less than one month apart.

11.5.3 If a patient were accidentally exposed to the blood of a hepatitis B infected healthcare worker, such exposures should be assessed as soon as possible and managed in accordance with existing guidance, including consideration of the need for post exposure prophylaxis.

## 11.6 Hepatitis C

11.6.1 Healthcare workers who will perform EPPs should be tested for hepatitis C antibody. Those who are positive should be tested for hepatitis C RNA to detect the presence of current infection. Qualitative testing for hepatitis C virus RNA should be carried out in accredited laboratories that are experienced in performing such tests and which participate in external quality assurance schemes. The assays used should have a minimum sensitivity of 50IU/ml. Those who are hepatitis C RNA positive should not be allowed to perform EPPs. This extends the existing policy on hepatitis C testing to cover all staff new to the NHS who will perform EPPs, regardless of career stage.

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

## 11.7 HIV

Healthcare workers who will perform EPPs should be tested for HIV antibody. Those who are HIV antibody positive should not be allowed to perform EPPs. Guidance on HIV-infected healthcare workers is contained in *HIV Infected Health Care Workers: Guidance on Management and Patient Notification*.

## 12 Testing of specimens

### 12.1 Identified validated sample (IVS)

12.1.1 It is important that those commissioning laboratory tests for HIV, hepatitis B and hepatitis C ensure that samples tested are from the healthcare worker in question. Healthcare workers must not provide their own specimens.

12.1.2 The following standards of good practice for occupational health data recording have been agreed by the Association of National Health Occupational Physicians (ANHOPS) and the Association of NHS Occupational Health Nurses (ANHONS) as the two relevant professional bodies:

- Laboratory test results required for clearance for performing 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 healthcare worker should show proof of identity with a photograph – NHS trust identity badge, new driver's licence, some credit cards, passport or national identity card – when the sample is taken.
  - The sample of blood should be taken in the occupational health department.

- Samples should be delivered to the laboratory in the usual manner, not transported by the healthcare worker.
- When results are received from the laboratory, the clinical notes should be checked for a record that the sample was sent by the occupational health department at the relevant time.

## 12.2 Laboratory testing

Laboratory tests should be carried out in accredited laboratories that are experienced in performing the necessary tests and which participate in appropriate external quality assurance schemes. Two laboratories are currently designated by DH for HBV DNA testing (see HSC 2000/020).

## 12.3 Health clearance certificates

12.3.1 Following testing, health clearance certificates should be provided by occupational health to management to indicate if an individual is fit for employment, whether or not the employee is cleared for EPPs, and the time-scale for any further testing required (eg annual HBV DNA level for e-antigen-negative healthcare workers). The certificate, which will not include clinical information, should be sent to appropriate managers or, in the case of students, to the head of course in accordance with local arrangements.

12.3.2 Healthcare workers who apply for a post or training which may involve EPPs and who decline to be tested for HIV, hepatitis B and hepatitis C should not be cleared to perform EPPs.

## 13 Monitoring

Compliance will be monitored by Occupational Health who will produce monthly recall reports on staff immunizations and blood screening requirements. Line managers will be advised of any staff who do not comply with vaccination or blood screening requirements, and any restrictions to practice.

Author: Barbara Goodfellow – Deputy Lead Nurse – Occupational Health

## 14 Other Trust Policies

This document should be read in association with the following Trust policies:

[Control of Infection in Healthcare Workers](#)

[Prevention and control of tuberculosis in Newcastle Hospitals](#)

## 15 Bibliography

NHS Management Executive (1993) *Protecting healthcare workers and patients from hepatitis B*, Health Service Guidelines HSG(93)40, and its addendum issued under cover of EL(96)77

[www.dh.gov.uk/assetRoot/04/07/93/06/04079306.pdf](http://www.dh.gov.uk/assetRoot/04/07/93/06/04079306.pdf)

[www.dh.gov.uk/assetRoot/04/08/06/27/04080627.pdf](http://www.dh.gov.uk/assetRoot/04/08/06/27/04080627.pdf)

[www.dh.gov.uk/assetRoot/04/08/06/26/04080626.pdf](http://www.dh.gov.uk/assetRoot/04/08/06/26/04080626.pdf)

[www.dh.gov.uk/assetRoot/04/07/93/07/04079307.pdf](http://www.dh.gov.uk/assetRoot/04/07/93/07/04079307.pdf)

Health and Safety Commission's Health Service Advisory Committee (1993) *The management of occupational health services for healthcare staff*. Sunbury: HSE Books.

General Medical Council (1997) *Serious communicable diseases*, [www.gmc-uk.org/guidance/library/serious\\_communicable\\_diseases.asp](http://www.gmc-uk.org/guidance/library/serious_communicable_diseases.asp);

Health and Safety Commission/Advisory Committee on Dangerous Pathogens (1997) *Infection risks to new and expectant mothers in the workplace: A guide for employers*. Sunbury: HSE Books.

Health and Safety Executive (1998) *The reporting of injuries, diseases and dangerous occurrences regulations 1995: Guidance for employers in the healthcare sector*. Health Services Information Sheet 1. Sunbury: HSE Books.

UK Health Departments (1998) *Guidance for clinical health care workers: protection against infection with blood-borne viruses. Recommendations of the Expert Advisory Group on AIDS and the Advisory Group on Hepatitis*. London: Department of Health.

Department of Health (2000) NHS Executive. *Hepatitis B infected health care workers*, Health Service Circular 2000/020, [www.dh.gov.uk/assetRoot/04/01/22/57/04012257.pdf](http://www.dh.gov.uk/assetRoot/04/01/22/57/04012257.pdf)

NHS Executive HSC 2000/020 *Guidance on implementation of HSC 2000/020*. London: Department of Health.

NHS Executive HSC 2000/020 *Further background information for occupational health departments*. London: Department of Health.

Department of Health (2002) *Hepatitis C infected health care workers*, Health Service Circular 2002/010, [www.dh.gov.uk/assetRoot/04/01/22/17/04012217.pdf](http://www.dh.gov.uk/assetRoot/04/01/22/17/04012217.pdf)

Department of Health (2002) *Pre and post appointment checks for persons working in the NHS in England*, Health Service Circular 2002/008, [www.dh.gov/assetRoot/04/01/22/92/04012292.pdf](http://www.dh.gov/assetRoot/04/01/22/92/04012292.pdf) [www.dh.gov.uk/assetRoot/04/07/95/82/04079582.pdf](http://www.dh.gov.uk/assetRoot/04/07/95/82/04079582.pdf)

Department of Health (2002) *Independent Health Care: National Minimum Standards Regulations*, [www.dh.gov.uk/assetRoot/04/07/83/67/04078367.pdf](http://www.dh.gov.uk/assetRoot/04/07/83/67/04078367.pdf).

The standards apply to independent hospitals, independent clinics and independent medical agencies (as defined by section 2 of the Care Standards Act 2000).

General Medical Council (2003) *Tomorrow's Doctors*, [www.gmc-uk.org/education/undergraduate/tomdoc.pdf](http://www.gmc-uk.org/education/undergraduate/tomdoc.pdf)

Nursing and Midwifery Council (2004) *The NMC code of professional conduct: standards for conduct, performance and ethics*, [www.nmc-uk.org/aFramedisplay.aspx?documentID=201](http://www.nmc-uk.org/aFramedisplay.aspx?documentID=201)

Department of Health (2004) *HIV post-exposure prophylaxis*. London: Department of Health.

General Medical Council (2005) *The New Doctor*, [www.gmc-uk.org/education/foundation/new\\_doctor.asp](http://www.gmc-uk.org/education/foundation/new_doctor.asp)

Department of Health (2005) *HIV Infected Health Care Workers: Guidance on Management and Patient Notification*, [www.dh.gov.uk/assetRoot/04/11/64/16/04116416.pdf](http://www.dh.gov.uk/assetRoot/04/11/64/16/04116416.pdf)

Health and Safety Executive (2005) *Control of Substances Hazardous to Health (fifth edition). The Control of Substances Hazardous to Health Regulations 2002 (as amended). Approved Code of Practice and Guidance*. L5. Sunbury: HSE Books (available from HSE Books at: [www.hsebooks.com/Books/default.asp](http://www.hsebooks.com/Books/default.asp)).

Department of Health (2007) Hepatitis B infected healthcare workers and antiviral therapy, [www.dh.gov.uk/publications](http://www.dh.gov.uk/publications)

Department of Health (2007) Health clearance of tuberculosis, hepatitis B, hepatitis C and HIV: New healthcare workers [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_073132](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_073132)

**THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST  
IMPACT ASSESSMENT – SCREENING FORM A**

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Policy Title:	Hepatitis B, Hepatitis C and HIV for Healthcare Workers Policy	Policy Author:	Barbara Goodfellow
		Yes/No?	You must provide evidence to support your response:
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of the following: (* denotes protected characteristics under the Equality Act 2010)		
	• Race *	no	
	• Ethnic origins (including gypsies and travellers)	no	
	• Nationality	no	
	• Gender *	no	
	• Culture	no	
	• Religion or belief *	no	
	• Sexual orientation including lesbian, gay and bisexual people *	no	
	• Age *	no	
	• Disability – learning difficulties, physical disability, sensory impairment and mental health problems *	no	
	• Gender reassignment *	no	
	• Marriage and civil partnership *	no	
2.	Is there any evidence that some groups are affected differently?	no	
3.	If you have identified potential discrimination which can include associative discrimination i.e. direct discrimination against someone because they associate with another person who possesses a protected characteristic, are any exceptions valid, legal and/or justifiable?	n/a	
4(a).	Is the impact of the policy/guidance likely to be negative? <i>(If "yes", please answer sections 4(b) to 4(d)).</i>	no	
4(b).	If so can the impact be avoided?	n/a	
4(c).	What alternatives are there to achieving the policy/guidance without the impact?	n/a	
4(d).	Can we reduce the impact by taking different action?	n/a	

<b>Comments:</b> This policy complies with Department of Health Guidance in respect of Healthcare Workers Screening.	<b>Action Plan due (or Not Applicable):</b> n/a
---	---

Name and Designation of Person responsible for completion of this form: .....Ali Boon-Chandler Occupational Health Nurse Date:..13/01/2011.....

Names & Designations of those involved in the impact assessment screening process: ..Barbara Goodfellow Deputy Lead Nurse Occupational Health & Ali Boon-Chandler Occupational Health Nurse.....

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified on this form, please refer to the Policy Author identified above, together with any suggestions for the actions required to avoid/reduce this impact.)