

## BLOOD BORNE VIRUSES POLICY

|                                       |   |
|---------------------------------------|---|
| Version:                              | 5   |
| Ratified by:                          | Senior Management Team  |
| Date ratified:                        | January 2017  |
| Title of originator/author:           | Head of Infection Prevention and Control / Decontamination Lead |
| Title of responsible committee/group: | Clinical Governance Group                                       |
| Date issued:                          | <b>January 2017</b>   |
| Review date:                          | <b>January 2020</b>   |
| Relevant Staff Groups:                | All Trust Staff (including Administrative)                      |

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## DOCUMENT CONTROL

|  |  |                        |  |
|--|--|------------------------|--|
| <b>Reference</b><br>KA/Jan17/BBV   | <b>Version</b><br>5  | <b>Status</b><br>Final | <b>Author</b><br>Head of Infection Prevention and Control / Decontamination Lead |
| <b>Amendments</b>  | Reviewed at Clinical Policy Review Group<br>Revised in line with NHS Risk Management Standards<br>4.1 Routine review and update in line with national guidance |                        |  |
| <b>Document objectives:</b> This policy sets out procedures for the prevention of transmission of blood-borne viruses including HIV, hepatitis A and hepatitis C |  |                        |  |
| <b>Intended recipients:</b> All staff  |  |                        |  |
| <b>Committee/Group Consulted:</b> Infection Prevention and Control Assurance Group   |  |                        |  |
| <b>Monitoring arrangements and indicators:</b> See relevant section  |  |                        |  |
| <b>Training/resource implications:</b> See relevant section  |  |                        |  |
| <b>Approving body and date</b>   | Clinical Governance Group  | Date: November 2016    |  |
| <b>Formal Impact Assessment</b>  | Impact Part 1  | Date: August 2016      |  |
| <b>Clinical Audit Standards</b>  | No   | Date: N/A              |  |
| <b>Ratification Body and date</b>  | Senior Management Team   | Date: January 2017     |  |
| <b>Date of issue</b>   | <b>January 2017</b>  |                        |  |
| <b>Review date</b>   | <b>January 2020</b>  |                        |  |
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## **1. INTRODUCTION**

- 1.1 Blood Borne Viruses (BBV) are carried in infected people's blood and may cause severe disease in certain individuals and few or no symptoms in others. The virus can pass from one person to another, whether the carrier of the virus is ill or not.
- 1.2 The main Blood Borne Viruses of concern are Hepatitis B and C, which cause disease of the liver, and Human Immunodeficiency Virus (HIV) which causes Acquired Immune Deficiency Syndrome (AIDS), affecting the body's immune system.
- 1.3 Blood Borne Viruses can also be found in other body fluids such as, urine, faeces, saliva, sputum, sweat, tears and vomit. The risk is minimal unless they are contaminated with blood however care should still be taken as the presence of blood is not always obvious.
- 1.4 Standard infection control procedures should be followed at all times in accordance with Trust policy.

## **2. PURPOSE & SCOPE**

- 2.1 This policy sets out procedures for the prevention of transmission of blood-borne viruses including HIV, hepatitis A and hepatitis C.
- 2.2 This policy applies to all staff whatever their grade, role or status, permanent, temporary, full-time, part-time staff including locums, bank staff, agency staff, volunteers, trainees and students.
- 2.3 In line with our statutory obligations, the protected characteristics of age, disability, gender reassignment, marital status/civil partnership, pregnancy and maternity, race, religion or belief, sex/gender and sexual orientation under the Equality Act 2010 are recognised by the Trust and in addition, the Trust has recognised Learning Disability as a further protected characteristic. This Policy must be implemented in line with the Trust Equality and Diversity Policy.

## **3. DUTIES AND RESPONSIBILITIES**

### **3.1 Trust Board and Chief Executive**

The Trust Board, via the Chief Executive will:

- ensure there are effective and adequately resourced arrangements for infection control within the Trust;
- identify a board level lead for infection control;
- ensure that the role and functions of the Director of Infection Prevention and Control are satisfactorily fulfilled by appropriate and competent persons as defined by DH, (2008, updated 2015);
- approve the infection control annual programme, receiving the Infection Control Annual Report and any other reports regarding the state of infection control within the organisation;

- ensure that appropriate systems are in place for reporting and monitoring Untoward Events including needlestick, sharps and contamination injuries;
- ensure that clinical responsibility for infection prevention and control is effectively devolved to all professional clinical groups in the Trust, Senior Managers, Ward/Team Managers and clinical staff;
- Ensure an appropriate occupational health provider is contracted and that sufficient resources are made available to establish, implement and evaluate immunisation and screening programmes.

### 3.2 **Director of Infection Prevention and Control (DIPC) will:**

- oversee local control of infection policies and their implementation;
- be responsible for the Infection Prevention and Control Assurance Group within the Trust and liaise with Occupational Health as required;
- report directly to the Chief Executive and the Board;
- challenge inappropriate clinical hygiene practice

### 3.3 **The Infection Prevention and Control Assurance Group:**

- the principal duty of the Infection Prevention and Control Assurance Group is to improve Infection Prevention and Control practice within the Trust and will do this through the following duties:
- draw the attention of the Chief Executive and the Risk Group to any serious risks, problems or hazards relating to Infection Control and make recommendations;
- review reports on Healthcare Acquired Infection and other infection control issues;
- commission and approve policies for all aspects of Infection Prevention and Control and review their implementation;
- produce the annual programme for Infection Prevention and Control within the Trust for approval by the Trust Board;
- advise on the most effective use of available resources for the implementation of the Infection Prevention and Control programme;
- ensure that all relevant legislation, Health Service guidelines etc are reviewed and that appropriate amendments/ additions are made to local policies and procedures;
- ensure that Infection Prevention and Control procedures are continually reviewed and improved within the Trust;
- Monitor, advise and review the use of 'safer' sharps within the Trust in accordance with the EU 'Safer Sharps' Initiative (2010);
- produce an Annual Report to the Trust Board.

### 3.4 **The Health, Safety and Security Group will:**

- monitor on a quarterly basis, any needle stick, sharps or contamination injury reported through the Datix system;
- draw the attention of the Chief Executive to any serious risks, problems or hazards relating to needlestick, sharps and contamination injury and make recommendations;
- monitor the Trust response to ensure continued compliance to the EU 'Safer Sharps' initiative (2010);

- produce an Annual Report to the Trust Board.

### 3.5 **Team and Ward Managers, Hospital Matrons and Professional Leads** will:

- assess the risk of transmission of blood-borne viruses associated with percutaneous or mucocutaneous exposure in each clinical area and take all reasonably practical measures to prevent transmission based on the principal of Standard Precautions (see Standard Infection Control Precautions Policy);
- ensure that staff receive the relevant training / awareness (see the Trust's Mandatory Training Matrix for more information);
- ensure that the Control of Substances Hazardous to Health Regulations are complied with in relation to blood- borne viruses;
- ensure that incident reporting is carried out in line with the Trust Untoward Event Reporting Policy and Procedure, and incidents are investigated appropriately. The form should record the source patient's hospital number. If a decision is made not to test the source patient, reasons for this decision should be recorded on the incident form;
- ensure that Datix forms report in full, documenting the process and are updated to encompass outcomes, including whether all appropriate actions were followed;
- ensure that all needlestick, sharps or contamination injuries are investigated in line with the SIRI Policy and that action plans are in place and monitored;
- ensure that information regarding action to take in the event of a needlestick, sharps or contamination injury are displayed in staff areas;
- ensure that all staff who are exposed to a needlestick, sharps or contamination injury contact Occupational Health immediately or as soon as possible the next working day. Managers will give support to all staff who have a contamination injury. Out of hours staff will need to attend their local Emergency Department for any treatment, blood for storage and advice;
- report any transmission of a blood borne - virus or dangerous occurrence involving a blood borne virus to the Health and Safety Executive as required by the RIDDOR regulations;
- ensure that all new and existing staff are aware of the principles of Standard Infection Control Precautions relevant to their area of work and that adequate resources are available to allow Standard Infection Control Precautions to be applied.

### 3.6 **Healthcare Personnel** will:

- report incidents and raise any concerns. The incident reporting process is in place to support this (See Untoward Event Reporting Policy and Procedure). All needlestick, sharps and contamination incidents must be reported but this will be secondary to ensuring that correct and timely action is taken following any such injury;
- act on and report at the earliest opportunity conditions or incidents that may be deemed infectious to others;
- adhere to the policies, guidelines and procedures pertaining to the prevention and control of healthcare associated infection which provide a framework for safe and best practice;

- book themselves onto initial and update mandatory training and for attending mandatory training, regardless of their grade, role or status, including permanent, temporary, full-time, part-time staff and locums, bank staff, volunteers, trainees and students;
- dispose of all contaminated sharp instruments safely (see Needlestick and Contamination Policy).

### 3.7 Learning and Development Department

- will record attendance at Training and will advise Operational Managers of non-attendance.

### 3.8 Occupational Health Service will:

- advise the Trust management of methods for the prevention of blood-borne viruses, in liaison with the Infection Prevention and Control Team where necessary;
- provide a Hepatitis B vaccination programme in accordance with national guidelines;
- provide a confidential advisory service for staff known to be infected with a blood borne virus or those potentially infected health care workers ensuring they receive the same rights of confidentiality as any patient seeking medical care. Provide support and act as an advocate of staff known to be infected with a blood borne virus especially when they are unable to continue with their normal work;
- Support managers in all matters arising from and relating to the employment of health care workers infected with blood-borne viruses.

### 3.9 Infection Prevention and Control Team will:

- provide advice, as required, on the ongoing management of patients identified as having a blood borne virus;
- provide expert advice on personal protective equipment (PPE), standard Infection Control precautions, sharps disposal and safer sharps;
- monitor current practice to ensure compliance with Trust policy.

## 4. EXPLANATION OF TERMS USED

- **Percutaneous** - denoting the passage of substances through unbroken skin, for example, by needle puncture;
- **Mucocutaneous** – relating to the eye, mucous membranes of nose or mouth, or non-intact skin;
- **Needlestick Injury** - an exposure to blood or body fluids via a hypodermic needle;
- **Sharps Injury** - an exposure to blood or body fluids via a sharp implement;
- **PEP** – Post Exposure Prophylaxis;
- **Contamination Injury** - exposure of mucous membranes or non intact skin to blood or other body fluids;  
Or;  
a human bite that causes bleeding or punctures the skin;

- **Exposure Prone Procedure** - (EPPs) are those 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 procedures include those where the worker's gloved hands may be in contact with sharp instruments, needle tips or sharp tissues (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.

## 5. TRANSMISSION OF BBV

- 5.1 It is established that blood-borne viruses including HIV, Hepatitis B and Hepatitis C can be transmitted from patients to staff during health care procedures. The main risks are from transmission following:
- percutaneous exposure to blood or body fluids from a needle stick injury or injury from a contaminated sharp object;
  - mucocutaneous exposure to blood or body fluids (to the eye, mucous membranes of nose or mouth, or non-intact skin).
- 5.2 Percutaneous exposure presents the highest risk and exposure to blood is more significant than exposure to other body fluids. The few cases of occupationally acquired HIV, Hepatitis B and Hepatitis C have followed injury from a hollow needle in association with a procedure where a needle or cannula is placed in a vein or artery.
- 5.3 It is accepted that the best way of preventing transmission is to apply precautions to prevent exposure to blood and body fluids whether the patient is known to be infectious or not. Precautions should be based on the likelihood of exposure to body fluid rather than the expected infectious status of the patient. This approach is referred to as "Standard Precautions" (see Infection Control: Standard Infection Control Precautions Policy (incorporating blood and body fluid spillage)'
- 5.4 The risk of transmission of a blood-borne virus from patient to health care worker is generally far greater than the risk of transmission from health care worker to patient. However, the safety of the patient is paramount and the Trust and its employees have a responsibility to protect patients from the risk of infection. Transmission in both directions is addressed in this policy. In general terms, reducing the risk of transmission to staff will also reduce the risk to patients. Trust staff will ensure these procedures are fully explained to patients, services users and, where appropriate, their carers in a format and/or language they are able fully able to understand. This may necessitate the employment of a translator for this purpose.
- 5.5 Good Sharps practice is the best way to avoid needlestick and sharps injuries, using safer sharps wherever possible and handling and disposing of sharps in an appropriate manner. Staff must familiarise themselves with the Healthcare Clinical Waste and the Needlestick and Contamination Injury Policies.
- 5.6 Immediate first aid and, if necessary, prompt prophylaxis are the best way to reduce the risk of infection after needlestick, sharps or contamination injury and staff should familiarise themselves with the procedure (see Needlestick and Contamination Injury Policy)



## 6. MANAGEMENT OF CLIENTS KNOWN TO BE INFECTED WITH BBV

- 6.1 Standard Precautions (see Infection Control: Standard Infection Control Precautions Policy (incorporating blood and body fluid spillage)) must be used for all clients, regardless of known infection, when there is a risk of exposure to bodily fluids. This negates the need for special procedures when the client is known to be infected with a BBV. Isolation is not normally required unless the client poses a risk to others through antisocial or inappropriate behaviour with regards to body fluids.
- 6.2 Care should never be omitted or withheld solely because a client has or is suspected of having a BBV.

## 7. HEALTH CARE WORKERS INFECTED WITH BBV

- 7.1 All health care workers who have direct clinical care of patients have a duty to keep themselves informed and updated on the codes of professional conduct and guidelines on HIV and BBV infection laid down by their regulatory bodies.
- 7.2 Any health care worker who has any reason to believe that they may be infected with any blood borne virus must promptly seek advice from Occupational Health on the need for testing. Any health care worker who is infected with a blood borne virus must cease exposure - prone procedures immediately and seek advice from the Occupational Health Service whether they are being treated by another doctor or not. **They must not rely on their own assessment of the risk that they pose to patients.** Their confidentiality will be protected by the Occupational Health Service unless there is a Public Health concern.
- 7.3 The Occupational Health provider will liaise with Public Health England if required.
- 7.4 The Medical Director of the Trust should also be informed, with the consent of the health care worker. In these circumstances everything possible will be done to protect the confidentiality of the health care worker and their family. If consent is not given further consultation will be required.
- 7.5 Health care workers infected with a blood-borne virus who continue to provide clinical care must remain under regular Occupational Health supervision so they may receive appropriate occupational advice if circumstances change. This is particularly important in the case of HIV- infected workers.
- 7.6 Infected health care workers who are appointed to new posts in the Trust should complete the health questionnaire declaring their status.

## 8. INCIDENT REPORTING, INVESTIGATION AND ACTION PLANS

- 8.1 All staff are responsible for reporting any incident or near miss.
- 8.2 Managers are responsible for ensuring that a suitable investigation is carried out according to the consequence of the incident and action plans are created and carried out in a suitable time frame. The ward or team manager is also

responsible for ensuring that the Datix report contains a full history of the process followed on each occasion and the eventual outcome.

- 8.3 Managers are responsible for ensuring that incidents are investigated promptly, within the timescales given in the Trust Untoward Event Reporting Policy.

## **9. TRAINING REQUIREMENTS**

- 9.1 The Trust will work towards all staff being appropriately trained in line with the organisation's Staff Mandatory Training Matrix (training needs analysis). All training documents referred to in this policy are accessible to staff within the Learning and Development Section of the Trust Intranet.

## **10. EQUALITY IMPACT ASSESSMENT**

- 10.1 All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. In addition, the Trust has identified Learning Disabilities as an additional tenth protected characteristic. If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Equality and Diversity Lead who will then actively respond to the enquiry.

## **11. MONITORING COMPLIANCE AND EFFECTIVENESS**

### **11.1 Monitoring arrangements for compliance and effectiveness**

- Overall monitoring will be by the Infection Prevention and Control Implementation Group. These incidents will be monitored by the Infection Prevention and Control team using DATIX Untoward Events Reporting system. The Infection Prevention and Control report at the conclusion of an outbreak should include comment as to whether the procedure within this policy has been followed. Any actions identified will be implemented and monitored via the Infection Prevention and Control Implementation Group. Areas of concern will be escalated to the Clinical Governance Group within the quarterly report.

### **11.2 Process for reviewing results and ensuring improvements in performance occur.**

The Infection Prevention and Control Assurance Group will be responsible for ensuring improvements, where necessary, are implemented based on relevant incident reports.

## **12. COUNTER FRAUD**

- 12.1 The Trust is committed to the NHS Protect Counter Fraud Policy – to reduce fraud in the NHS to a minimum, keep it at that level and put funds stolen by fraud back into patient care. Therefore, consideration has been given to the inclusion of guidance with regard to the potential for fraud and corruption to occur and what action should be taken in such circumstances during the development of this procedural document.

## **13. RELEVANT CARE QUALITY COMMISSION (CQC) REGISTRATION STANDARDS**

13.1 Under the **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3)**, the fundamental standards which inform this procedural document, are set out in the following regulations:

|                |                         |
|----------------|-------------------------|
| Regulation 12: | Safe care and treatment |
| Regulation 15: | Premises and equipment  |
| Regulation 17: | Good governance         |

13.2 Under the **CQC (Registration) Regulations 2009 (Part 4)** the requirements which inform this procedural document are set out in the following regulations:

|                |                                 |
|----------------|---------------------------------|
| Regulation 18: | Notification of other incidents |
|----------------|---------------------------------|

10.3 Detailed guidance on meeting the requirements can be found at <http://www.cqc.org.uk/sites/default/files/20150311%20Guidance%20for%20providers%20on%20meeting%20the%20regulations%20FINAL%20FOR%20PUBLISHING.pdf>

### **Relevant National Requirements**

Department of Health (2008) The Health and Social Care Act 2008, Code of Practice for health and social care on the prevention and control of infections and related guidance (updated 2015).

The Health and Safety at Work Act (1974)

EU Council Directive 2010/32/EU on the prevention of sharps injuries in the hospital and health care sector

HSE (2013) Health and Safety (Sharp Instruments in Healthcare Regulations): Guidance for employers and employees

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (1995) (RIDDOR)

Department of Health, HIV post exposure prophylaxis, 2004

Department of Health, the Management of Health, Safety and Welfare Issues for NHS staff, 2005

The Equality Act (2010)

## **14. REFERENCES**

### **14.1 References**

HSE 2008, Blood Borne Viruses in the Workplace, Guidance for employers and employees, leaflet INDG342, HSE Books

## 14.2 **Cross reference to other procedural documents**

Cleaning of Equipment and Decontamination Policy  
Development and Management of Organisation-wide Procedural Documents  
Policy and Guidance  
Hand Hygiene Policy  
Infection Control Policy  
Infection Control Standard Precautions incorporating Blood and Body Fluids  
Spillage Policy  
Learning Development and Mandatory Training Policy  
MRSA Policy  
Record Keeping and Records Management Policy  
Risk Management Policy and Procedure  
Staff Mandatory Training Matrix (Training Needs Analysis)  
Untoward Event Reporting Policy and Procedure  
Equality and Diversity Policy

All current policies and procedures are accessible in the policy section of the public website (on the home page, click on 'Policies and Procedures'). Trust Guidance is accessible to staff on the Trust Intranet.

## 15. **APPENDICES**

15.1 For the avoidance of any doubt the appendices in this policy are to constitute part of the body of this policy and shall be treated as such.

- |            |  |
|------------|--|
| Appendix A | HCW Participating in Exposure Prone Procedures   |
| Appendix B | AIDS/HIV Or Hepatitis B Infected Health Care Workers -<br>Practical Guidance On Notifying Patients |
| Appendix C | Compensation for Occupationally Infected Health Care<br>Workers                                    |

## HCWs Participating in Exposure Prone Procedures

HCWs that are required to perform EPPs must undergo testing for blood borne viruses in accordance with Department of Health guidance prior to commencing EPPs. These blood tests must be from an identified validated sample (IVS) in accordance with Department of Health recommendations for this procedure. Alternatively, adequate documentary evidence of previous testing will be accepted as long as this meets the testing standard laid down by Department of Health and Trust protocol.

### Hepatitis B

- All new HCWs required to perform EPPs must have been tested for Hepatitis BsAg on an identity validated sample before carrying out these procedures.
- HCWs negative for Hepatitis BsAg and with vaccine induced or natural immunity to Hepatitis B proven by serology test are permanently fit for EPPs.
- HCWs negative for Hepatitis BsAg but with no proven immunity to Hepatitis B are fit for EPPs from one year from the date of their last Hepatitis BsAg test. Annual testing is required on an IVS of blood.
- HCWs positive for Hepatitis BsAg but negative for Hepatitis BeAg require additional testing and may be considered fit if their Hepatitis B viral load is less than 200 iu/ml (previously 103 genome equivalents per ml) for one year from the date of their last viral load test. They require annual testing.
- HCWs positive for Hepatitis BsAg but negative for Hepatitis BeAg and pre-treatment DNA 103 to 105 and on antivirals to keep level below 103 (less than 200 iu/m) require three monthly monitoring.
- HCWs positive for Hepatitis Be Ag are not fit for EPPs.
- Any HCW who is associated with the transmission of Hepatitis B to a patient must cease EPP regardless of their viral load.
- HCWs found to be infected with Hepatitis B will be referred for appropriate investigation and treatment. The occupational health service will advise the Trust about necessary work restrictions and the Trust will explore temporary or permanent job modification, redeployment or retraining as appropriate.
- HCWs that do not agree to testing, or fail to provide adequate documentation of previous testing will be considered unfit for EPP.

### Hepatitis C

- HCWs who are new to the NHS and required to perform EPPs must be tested for Hepatitis C.
- Existing NHS HCWs who are undertaking EPP for the first time, commencing a training programme that involves EPP or who started performing EPPs since 2002,

must be tested for Hepatitis C. Testing must be carried out on identified, validated samples. Documentation of previous test results will be accepted if undertaken in a UK laboratory on an IVS sample.

- HCWs negative for Hepatitis C Ab are fit for EPPs. Repeat testing is not required.
- HCWs positive for Hepatitis C Ab and negative for Hepatitis C RNA are fit for EPPs. Repeat testing is not required.
- HCWs positive for Hepatitis C RNA are not fit for EPPs.
- An infected HCW who is successfully treated for Hepatitis C can return to EPP work if they remain Hepatitis C RNA negative at 6 months post completion of successful treatment. A further test is required 6 months after starting EPPs.

## HIV

- HCWs that are new to the NHS and required to perform EPPs will be required to be tested for HIV on an IVS of blood. Existing NHS staff who are performing EPPs for the first time, commencing a training programme that involves EPPs or who have done so elsewhere from 2007 onwards, must be tested for HIV. Testing must be carried out on an identified, validated sample.
- Documentation of previous test results will be accepted if undertaken in a UK laboratory on an IVS.
- HCWs who are positive for HIV may be permitted to perform EPPs but they must be assessed by a consultant occupational physician in conjunction with their treating specialist and must:

**Either be:-**

**A) on effective combination antiretroviral therapy AND plasma viral load less than 200 copies/ml**

**OR**

**B) be an elite controller (not receiving antiretroviral therapy and maintained viral load below limits of assay detection for at least 12 months on 3 separate measurements)**

**AND**

**Plasma viral load monitoring every 3 months**

**Joint supervision by an OHP & treating physician**

**Registered with UKAP OH monitoring register**

**Initial health clearance – 2 IVS samples of blood at least 3 months apart with viral load under 200 copies/ml to show viral stability**

- HIV positive employees may be restricted from working in certain areas such as with TB patients depending upon their condition. They will be reviewed annually by OH to ensure that any change in their condition is not compromising patients and that they are not being put at increased risk through exposure to certain patient groups.

## **UK Advisory Panel on Blood Borne Viruses (UKAP)**

Where EPP staff are found to be infected with a blood borne virus, further advice may be sought from UKAP.

Contamination Injuries - HCWs who perform EPPs and sustain a contamination injury from an unknown source or a donor infected with a blood borne virus should undergo serial testing at 6, 12 and 24 weeks to ensure that they have not contracted a blood borne virus. If this is not completed, then their manager will be informed that they have not complete screening following the contamination injury so that the manager can manage the situation accordingly.

### **Professional Obligations**

All new staff will be reminded of their professional obligations to protect the health of patients and to seek expert advice if they think they may be infected with or have placed themselves at risk of a blood borne virus.

### **Confidentiality**

HCWs infected with blood borne viruses have the same rights to medical confidentiality as other patients. No information will normally be disclosed to the Trust without consent. In situations where patients have been, or are at risk, it may be necessary for OH to disclose limited confidential information in the public interest, to senior managers on a strictly need to know basis. The HCW will be informed when this is required.

**AIDS/HIV OR HEPATITIS B INFECTED HEALTH CARE WORKERS PRACTICAL  
GUIDANCE ON NOTIFYING PATIENTS**

In the event of an infected health care worker in direct contact with patients being identified, the Medical Director will immediately inform the Director of Public Health or Consultant in Communicable Diseases Control at Public Health England (Devon, Cornwall and Somerset).

Thereafter, the “Plan for notifying patients in Somerset” will be followed.



## COMPENSATION FOR OCCUPATIONALLY INFECTED HEALTH CARE WORKERS

### National Health Service Injury Benefits Scheme

The NHS Injury Benefits Scheme provides temporary or permanent benefits for all NHS employees who lose remuneration because of an injury or disease attributable to their NHS employment. The scheme is also available to medical and dental practitioners.

Under the terms of the scheme it must be established that the injury or disease was acquired during the course of work. Blood-borne disease cases will be treated no differently. The scheme administrators would deal sympathetically with applications but work - related infection would have to be established. A record of a specific injury and evidence of zero-conversion are not regarded as essential but would be helpful in proving causation. Any health care worker who suspects contamination of blood-borne disease infected patient is encouraged to have serum sample taken at the time of injury for storage and possible future testing and follow-up samples at appropriate intervals.

Each claim would be considered on its merit. The administrators would look carefully at the circumstances surrounding the claim, taking note of the duties undertaken in the employment and claimant's description of how he or she thought the infection was contracted and the medical evidence available. There would be no intrusive enquiries into personal lifestyle and relationships. The Department's medical advisers would then consider all the information against the ways in which infection may be contracted.

Where doubts existed, further expert medical opinion would be sought and the claimant referred to a consultant specialising in blood-borne diseases who would be asked to determine on balance of probability whether it was more likely than not that the infection had been acquired in the course of NHS employment.

Injury benefits are payable to infected workers, whether symptomatic or not, and are intended to compensate for loss of earning ability. For those having to give up their employment the scheme provides a guaranteed income of up to 85% of pre-injury NHS earnings. The benefits are index linked. Temporary allowances are taxable but the permanent allowance payable on retirement from service is not. If employment has to be terminated because of the relevant injury or disease a lump sum is also payable and where death occurs dependants' benefits are payable.