Management of AIDS/HIV Infected Health Care Workers

Amendments

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<tr>
<th>Date</th>
<th>Pages</th>
<th>Comments</th>
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<tr>
<td>May 2011</td>
<td>All</td>
<td>Policy updated</td>
<td>Management Board (Pending)</td>
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<td></td>
<td>2</td>
<td>Minor amendment to Introduction</td>
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<td>5</td>
<td>New section on Confidentiality</td>
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<td>5&amp;9</td>
<td>New section &amp; appendix for Equality Impact Assessment</td>
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<td>5</td>
<td>Updates to section 4,5&amp;6.</td>
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Originally Compiled by: Helen Arnold, Occupational Health Advisor

Reviewed by: Dwayne Gillane, Occupational Health Nurse Consultant
Dr. Gillian Britton, Occupational Health Consultant Physician

Ratified by: Management Board, April 2007, Raj Bhamber, Director of Workforce & OD May 2011

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Target Audience: All employees

Comments on this document to: Dwayne Gillane Occupational Health Nurse Consultant
ASHFORD & ST. PETER’S HOSPITAL NHS FOUNDATION TRUST

Management of AIDS/HIV Infected Health Care Workers Policy

See Also:
Trust Inoculation Injury Policy
Health and Safety Policy
Infection Control Manual

1. INTRODUCTION

2. ROLES AND RESPONSIBILITIES

2.1 - THE TRUST
2.2 - OCCUPATIONAL HEALTH
2.3 - HEALTH CARE WORKERS WHO ARE OR WHO MAY BE INFECTED WITH AIDS/HIV
2.4 - ALL TRUST EMPLOYEES

3. PATIENT NOTIFICATION EXERCISES

4. CONFIDENTIALITY

5. ARCHIVING ARRANGEMENTS

6. PROCESS FOR MONITORING COMPLIANCE WITH THE EFFECTIVENESS OF POLICIES

7. DISSEMINIATION AND IMPLEMENTATION

8. EQUALITY IMPACT ASSESSMENT

1. INTRODUCTION

In 2005 the Department of Health issued revised guidelines on the management of AIDS/HIV infected health care workers, including visiting health care workers and students. These guidelines recommend the need for NHS Trusts to protect patients, to retain public confidence and to ensure that the confidentiality and employment rights of HIV infected Health care workers are respected and protected.

Provided appropriate infection control precautions are adhered to scrupulously, the majority of procedures in the health care setting pose no risk of transmission of the Human Immunodeficiency Virus (HIV)

This policy applies to all health care workers employed by Ashford and St. Peter’s Hospitals NHS Foundation Trust, including doctors, nurses, midwives, visiting health care workers, students and other professional who have direct clinical care of patients.

Under the Equality Act 2010 all people diagnosed with HIV infection are considered disabled.
2. ROLES AND RESPONSIBILITIES

2.1 THE TRUST

- To maintain the awareness of new and existing staff, including agency and visiting health care workers of this guidance and of the professional regulatory bodies’ statements of ethical responsibilities.
- To promote a climate that encourages such confidential disclosure of HIV infection.
- To ensure that the status and rights of infected health care workers as employees, is safeguarded so far as practical. Where necessary, make every effort to arrange suitable alternative work, retraining opportunities, or where appropriate early retirement.
- To ensure that all matters arising from and relating to the employment of HIV infected health care workers is coordinated through the Occupational Health (OH) Department.

2.2 OCCUPATIONAL HEALTH

- Prior to OH assessment if any of the applicants fall under the remit of the following professional regulatory bodies
  
  General Medical Council (GMC)
  General Dental Council
  Nursing and Midwifery Council (NMC)

  The applicants will be provided with a copy of the written guidance on serious communicable diseases which is produced by the appropriate regulatory body (Appendix 1)

- The OH physician should liaise with the HIV Specialist for the infected health care workers case, and with the employee’s consent they should preferably jointly manage the case.
- If the OH physician is not immediately available, some infected health care workers may initially seek advice from the OH Adviser. The OHA will make the necessary arrangements for the health care workers to see the OH physician as soon as possible.
- The OH physician will consider the impact of HIV positive status on the individual’s resistance to infection when advising on suitability for particular posts, especially if the duties involve exposure to known or undiagnosed TB.
- To act as an advocate for the health care worker and adviser to the employing authority.
- To act proactively in helping health care workers assess whether they have been at risk of HIV infection and encourage them to be tested for HIV, if appropriate.
- To keep Occupational Health records confidential.
- To inform the Director of Public Health and the employer if an infected Health care workers has performed exposure prone procedures when patients are, or may have been, at risk.

2.3 HEALTH CARE WORKERS WHO ARE OR WHO MAY BE INFECTED WITH HIV

- Complete the Declaration of Health and Fitness for Work form honestly.
- Health care workers who are employees are under ethical and legal duties to protect
the health and safety of themselves and of others such as colleagues and patients, and to co-operate with their employer in health and safety matters.

- HIV infected health care workers must not rely on their own assessment of the risk they pose to patients.
- A health care worker who has any reason to believe they may have been exposed to infection with HIV, in whatever circumstances, must promptly seek and follow confidential professional advice on whether they should be tested for HIV. Failure to do so may breach the duty of care to patients.
- The health care worker must seek appropriate expert medical and OH advice regarding modification or limitations of their working practices, in order to avoid exposure prone procedures.
- The health care worker must remain under regular medical and OH supervision, and inform OH if their circumstances change.
- Examples of how a healthcare worker may have been exposed to HIV infection include if they have:

1. engaged in unprotected sexual intercourse between men
2. unprotected intercourse in, or with a person who had been exposed in, a country where transmission of HIV through sexual intercourse between men and women is common
3. shared injecting equipment whilst misusing drugs
4. had significant occupational exposure to HIV infected material in any circumstances
5. engaged in invasive medical, surgical, dental or midwifery procedures, either as a practitioner or patient, in parts of the world where infection control precautions may have been inadequate, or with populations of HIV infection
6. A person who has had unprotected sexual intercourse with someone in any of the above situations

2.4

**ALL TRUST EMPLOYEES**

Health care workers who are aware that a HIV infected colleague is practising in a way which places patients at risk must inform the OH physician, or a member of the OH Department.

3. **PATIENT NOTIFICATION EXERCISES**

This is necessary when an infected health care worker has exposed patients to a risk of HIV infection.

The decision for a patient notification exercise is made by the Director of Public Health on a case-by-case basis.

Where possible the health care worker should be kept informed of decisions about the patients notification exercise. In this instance the Occupational Health Physician will represent the worker’s interest.
4. **CONFIDENTIALITY**

AIDS / HIV Infected Health Care Workers will receive the same right of confidentiality as any other employee attending Occupational Health. Should a change of duties be necessary, Human Resources and the departmental Manager will be advised, but the AIDS /HIV status itself will not be disclosed without the individual’s consent.

4. **ARCHIVING ARRANGEMENTS**

This is a Trust-wide document and archiving arrangements are managed by Quality Dept. who can be contacted to request master/archived copies.

5. **PROCESS FOR MONITORING COMPLIANCE WITH THE EFFECTIVENESS OF POLICIES**

Occupational Health will carryout an annual audit of all health care workers screened for HIV and review the procedures followed for those identified as HIV Infected health care workers. This will allow Occupational Health to ensure that the policy has been implemented, and HIV infected Health care workers followed up as appropriate.

6. **DISSEMINIATION AND IMPLEMENTATION**

The policy will be circulated to Control of Infection committee for approval and forwarded to Clinical Governance for ratification. Once ratified the policy will be disseminated through the Aspire global email.

7. **EQUALITY IMPACT ASSESSMENT**

See Appendix 2 below for the Equality Impact Assessment for this policy.
Appendix 1

Regulatory bodies' statement on professional responsibilities

1. General Medical Council

Extracts from Serious Communicable Diseases (1997)

The GMC statement, HIV infection and AIDS: the Ethical Considerations, was first sent to all registered medical practitioners in August 1988, and in April 1991 was sent to those who had obtained full registration since 1988. A revised version was sent in June 1993, and this was re-circulated to doctors as part of the series of booklets Duties of a Doctor in 1995.

In 1997, it was superseded by the booklet Serious Communicable Diseases. This term applies to any disease which may be transmitted from human to human and which may result in death or serious illness. It particularly concerns, but is not limited to, infections such as HIV, tuberculosis and hepatitis B and C.

Responsibilities of doctors who have been exposed to a serious communicable disease.

29. If you have any reason to believe that you have been exposed to a serious communicable disease you must seek and follow professional advice without delay on whether you should undergo testing and, if so, which tests are appropriate. Further guidance on your responsibilities if your health may put patients at risk is included in our booklet Good Medical Practice.

30. If you acquire a serious communicable disease you must promptly seek and follow advice from a suitably qualified colleague – such as a consultant in occupational health, infectious disease or public health on:
   - Whether, and in what ways, you should modify your professional practice;
   - Whether you should inform your current employer, your previous employers or any prospective employer, about your condition.

31. You must not rely on your own assessment of the risk you post to patients.

32. If you have a serious communicable disease and continue in professional practice, you must have appropriate medical supervision.

33. If you apply for a new post, you must complete health questionnaires honestly and fully.

Treating colleagues with serious communicable diseases

34. If you are treating a doctor or other healthcare worker with a serious communicable disease, you must provide the confidentiality and support to which every patient is entitled.

35. If you know, or have good reason to believe, that a medical colleague or healthcare worker who has, or may have a serious communicable disease, is practising, or has practised, in a way which places patients at risk, you must inform an appropriate person in the healthcare worker's employing authority, for example an occupational health physician, or where appropriate the relevant regulatory body. Such cases are likely to arise very rarely. Wherever possible you should inform the healthcare worker concerned before passing information to an employer or regulatory body.
General Dental Council  
Extract from Maintaining Standards Guidance to dentists on professional and personal conduct (November 1997)

This guidance was sent to all registered dental practitioners in December 1997 and replaces the guidance entitled Professional Conduct and Fitness to Practise.

**Dealing with Cross-Infection**

4.1 There has always existed the risk of cross-infection in dental treatment. Therefore, a dentist has a duty to take appropriate precautions to protect patients and other members of the dental team from that risk. The publicity surrounding the spread of HIV infection has served to highlight the precautions which a dentist should already have been taking and which are now more important than ever. Detailed guidance on cross-infection control has been issued by the Health Departments and the British Dental Association, and is endorsed by the Council.

It is unethical for a dentist to refuse to treat a patient solely on the grounds that the person has a blood borne virus or any other transmissible disease or infection.

Failure to employ adequate methods of cross-infection control would almost certainly render a dentist liable to a charge of serious professional misconduct.

**Dealing with Transmissible Disease**

4.2 A dentist who is aware of being infected with a blood borne virus or any other transmissible disease or infection which might jeopardise the wellbeing of patients and takes no action is behaving unethically. The Council would take the same view if a dentist took no action when having reason to believe that such infection may be present.

It is the responsibility of a dentist in either situation to obtain medical advice which may result in appropriate testing and, if a dentist is found to be infected, regular medical supervision. The medical advice may include the necessity to cease the practice of dentistry altogether, to exclude exposure prone procedures or to modify practice in some other way.

Failure to obtain such advice or to act upon it would almost certainly lead to a charge of serious professional misconduct.
The Council’s Code of Professional Conduct

2. The ‘Code of Professional Conduct for the Nurse, Midwife and Health Visitor’ is a statement to the profession of the primacy of the interests of patients and clients. Its introductory paragraph states the requirement that each registered nurse, midwife and health visitor safeguard the interest of individual patients and clients. It goes to indicate to all persons on the register maintained by the Council that, in the exercise of their personal professional accountability, the must ‘act always in such a manner as to promote and safeguard the interests and well-being of patients and clients.’

The Responsibility of Individual Practitioners with HIV infection

13. Although the risk of transmission of HIV infection from a practitioner to a patient is remote, and, on the available evidence much less than the risk of patient to practitioner transmission, the risk must be taken seriously. The Department of Health in England have commissioned a study to evaluate this risk. It is incumbent on the person who is HIV positive to ensure that she or he is assessed regularly by her or his medical advisers and complies with the advice received.

14. Similarly, a nurse, midwife or health visitor who believes that she or he may have been exposed to infection with HIV, in whatever circumstances, should seek specialist medical advice and diagnostic testing, if applicable. She or he must then adhere to the specialist medical advice received. Each practitioner must consider very carefully their personal accountability as defined in the Code of Professional Conduct and remember that she or he has an overriding ethical duty of care to patients.
Appendix 2

Equality Impact Assessment Summary

Name: Mr. Dwayne Gillane

Policy/Service: AIDS/HIV Infected Health Care Workers

**Background**
- Description of the aims of the policy
- Context in which the policy operates
- Who was involved in the Equality Impact Assessment

This Policy aims to reduce the risk of transmission of AIDS/HIV to patients from infected health care workers and outlines the procedures in place within the Trust to ensure effective monitoring of those health care workers identified as infected with the AIDS/HIV.

This policy affects all Healthcare workers whose role involves carrying out Exposure Prone Procedures. It also applies to those health care workers who think they have become infected with AIDS/HIV either due to an incident that has occurred within the work place or outside of work.

Dwayne Gillane was involved in this risk assessment.

**Methodology**
- A brief account of how the likely effects of the policy was assessed (to include race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age)
- The data sources and any other information used
- The consultation that was carried out (who, why and how?)

All HCW regardless of their race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age are subject to the guidance set out in this policy.

Disability could be considered as an issue if an employee is diagnosed with HIV infection. However in this instance the overriding factor is patient safety which takes precedence. The policy recognises that if a Health care worker is diagnosed as HIV positive and is unable to practice within an EPP role then the appropriate support would be provided by the organisation such as retraining and/or redeployment to help facilitate the employee in the work place where possible.

This policy is informed by:
- Department of Health 2005 HIV Infected Health Care Workers: Guidance on Management and Patient Notification

This is a review of an existing Trust policy, with some minor amendments made.
Key Findings

- Describe the results of the assessment
- Identify if there is adverse or a potentially adverse impacts for any equalities groups

There is a potential adverse impact for those workers undertaking Exposure Prone Procedure duties and then found to be HIV positive. However in this instance patient safety is of paramount and it is important to reduce the risk of transmission. This policy supports compliance with governmental guidance. However appropriate employment support will be offered to Health care workers who are diagnosed as HIV positive.

All Health care workers undergoing screening will be informed of potential consequences of a positive result as part of the informed consenting processes.

Conclusion

- Provide a summary of the overall conclusions

See above.

Recommendations

- State recommended changes to the proposed policy as a result of the impact assessment
- Where it has not been possible to amend the policy, provide the detail of any actions that have been identified
- Describe the plans for reviewing the assessment

No further changes are required to the policy as a result of the impact assessment.

The policy will be reviewed again in 3 years or when updated guidance on practice is published by the Department of Health.

Guidance on Equalities Groups

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<tr>
<th>Race and Ethnic origin (includes gypsies and travellers) (consider communication, access to information on services and employment, and ease of access to services and employment)</th>
<th>Religion or belief (include dress, individual care needs, family relationships, dietary requirements and spiritual needs for consideration)</th>
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<td>Disability (consider communication issues, access to employment and services, whether individual care needs are being met and whether the policy promotes the involvement of disabled people)</td>
<td>Sexual orientation including lesbian, gay and bisexual people (consider whether the policy/service promotes a culture of openness and takes account of individual needs)</td>
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<td>Gender (consider care needs and employment issues, identify and remove or justify terms which are gender specific)</td>
<td>Age (consider any barriers to accessing services or employment, identify and remove or justify terms which could be ageist, for example, using titles of senior or junior)</td>
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<tr>
<td>Culture (consider dietary requirements, family relationships and individual care needs)</td>
<td>Social class (consider ability to access services and information, for example, is information provided in plain English?)</td>
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