HEPATITIS B INFECTED HEALTH CARE WORKERS POLICY

Amendments

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<tr>
<td>May 2011</td>
<td>Pg 5 &amp;10</td>
<td>Change of lead laboratory to which specimens from the Trust are being sent.</td>
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<td>Pg 11</td>
<td>Equality Impact Assessment attached to policy.</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 2003, January 2009, Raj Bhamber, Director of Workforce & OD May 2011

Reviewed: May 2011

Next Review Date: May 2014

Target Audience: All Trust employees

Impact Assessment carried out by: Dwayne Gillane – Occupational Health Nurse Consultant

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

Hepatitis B Infected Health Care Workers Policy

See also:
Hepatitis B vaccination of Staff
Inoculation Injury Policy
Health Service Circular HSC 2000/020 Hepatitis B Infected Health Care Workers
Hepatitis B Infected Health Care Workers & Anti Viral Therapy July 2004

CONTENTS

1. INTRODUCTION

PREVIOUS GUIDANCE
Health Service Circular (HSC 2000/020 Hepatitis B Infected Health Care Workers) issued in June 2000 recommended that hepatitis B infected health care workers (HCWs) who were e-antigen negative but had hepatitis B virus (HBV) DNA levels above 10³ genome-equivalents/ml (geq/ml) measured in two designated laboratories, should be restricted from performing exposure prone procedures (EPP’s).
This guidance also recommended re-testing of hepatitis B infected health care workers continuing to perform EPP’s who are e-antigen negative and whose viral load does not exceed \(10^3\) genome equivalents per ml at 12 monthly intervals. These health care workers should cease to perform EPP’s if their viral load is shown by testing to have risen above the specified level, or if investigation of a case of hepatitis B in a patient indicates the possibility of a transmission from a health care worker;

HSC 2000/020 also advised that hepatitis B infected healthcare workers should not perform EPP’s while on interferon or oral antiviral therapy; but that a return to EPP’s could be considered for those whose viral load did not exceed \(10^3\) geq/ml one year after cessation of therapy. However, this may not be a common outcome.

The Advisory Group on Hepatitis (AGH) in 2004 recommended that subject to certain conditions, including regular monitoring, hepatitis B infected healthcare workers who are Hepatitis B e-Antigen (HBeAg) negative and who have pre-treatment HBV DNA levels between \(10^3\) and \(10^5\) geq/ml, could be allowed to perform EPP’s while taking continuous oral antiviral therapy if their infection were adequately suppressed to levels below than \(10^3\) geq/ml.

In March 2007, the Department of Health (DH) published guidance on the health clearance for new healthcare workers for tuberculosis, hepatitis B, hepatitis C and HIV. This guidance defines standard health clearance, which is recommended for all categories of HCWs and additional health clearance for new HCW who will perform EPP’s. Additional clearance means being non infectious for hepatitis B (surface antigen negative or if positive, e-antigen negative with a viral load of \(10^3\) genome equivalents/ml or less).

2 ROLES AND RESPONSIBILITIES

TRUST

To ensure appropriate systems and processes are in place to safeguard patients, and to ensure that those employees who are infected with Hepatitis B are subject to the appropriate monitoring programmes, and restricted from undertaking EPP where appropriate.

EPP’s are defined by the DH as ‘those invasive procedures where there is a risk that injury to the worker may result in the exposure of the patient’s open tissue 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 (e.g. 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..
OCCUPATIONAL HEALTH

- To confirm the Hepatitis B status of all new employees who are classified as a HCW and working where they are deemed to undertake EPP. For example a Surgeon, Midwife, A&E Nurse etc...

- Occupational Health will arrange and co-ordinate screening and maintain the individual Occupational Health records of those employees who have been tested.

- Ensure appropriate confidential procedures are in place including appropriate pre test discussions.

- Explain the definition and standards of an EPP to those HCW appropriate employed in EPP roles.

- Will advise the Trust whether an individual HCW employed in a EPP role is cleared to undertake EPP duties.

- HCW who test positive for Hepatitis B will be placed under the guidance of an Occupational Health Practitioner/Physician who will facilitate referral to an appropriate specialist, communicate with their General Practitioner and advise the Trust as appropriate.

- Arrange annual recall for testing for HCWs whose are Hepatitis B surface antigen positive (HBsAg) and their role involves EPP’s.

- Will liaise with Microbiology regarding the timing of specimen collection

OCCUPATIONAL HEALTH PHYSICIAN

- Will carry out a risk assessment on each individual HCW identified as HBV positive in relation to their role, their fitness to carry out their full duties and, advise the Trust as appropriate.

- Will monitor hepatitis B infected HCWs who are undertaking anti viral treatment arranging screening as required on a 3 monthly basis and liaise with their treating Specialist as appropriate.

- Be responsible for testing protocols within the Occupational Health department of HBV infected HCWs who are employed in EPP roles.

- Assessing the results of HBV DNA levels

- Ensure those HCW identified as HBV positive are referred to an appropriate Specialist and also communicate with their General Practitioner.
MICROBIOLOGY

In the absence of previous Hepatitis B screening, Occupational Health will send identified validated samples (IVS) to serology for a full Hepatitis B screening. This will include Hepatitis B surface antibodies, surface antigen and core antibodies.

In the event of a positive Hepatitis B surface antigen (HBsAg) result microbiology will test for HBeAg and Hepatitis e antibody (HBeAb).

HBV Viral DNA screening will be performed and microbiology will be responsible for sending the samples to the designated lead laboratory for testing who in turn will arrange testing in the second laboratory.

The first sample should not be stored. Each sample should be packaged and dispatched separately in accordance with current Post Office regulations – Microbiology Responsibility.

The lead laboratory should be informed that samples are being sent to them, and they in turn will confirm receipt of the sample by fax.

The lead laboratory to which specimens from the Trust should be sent is

Public Health Laboratory
Heartlands Hospital
Birmingham
B9 5SS

Contact: Dr Elizabeth Boxall or Dr Kathryn Collingham
Tel: 0121-424-2248 (Dr Boxall) or 0121-424-2244 (Dr Collingham)
(Or contact via main switchboard on 0121-424-2000 and ask for the duty virologist bleep 2821)

EMPLOYEE

It is the responsibility of the employee to conform with the testing arrangements otherwise he/she must cease EPP’s.

Also, he/she must inform Occupational Health if currently being treated or if there has been treatment in the last 12 months with antiviral therapy.

HCWs have a professional and ethical obligation to immediately cease performing EPP’s should they stop treatment for any reason.

If any employee believes that they may be infected with Hepatitis B they must inform Occupational Health as soon as reasonably possible so that the appropriate actions can be considered.
Employees must be aware that failure to comply with testing or any restrictions placed on them might constitute a fitness to practice concern.

3  PROCEDURE FOR INITIAL HEPATITIS B TESTING

All employees / candidates will attend Occupational Health if they do not have a copy of their Hepatitis B status derived from an Identified Validated Sample (IVS) CPA Accredited UK Laboratory.

IVS is defined according to the following criteria:
Blood taken by an Occupational Health Service where photographic evidence has been provided e.g. passport, photo driving license or Trust ID card.

The employee will be consented by Occupational Health for:-
Hepatitis B Surface Antigen – HBs Ag,
Hepatitis B Core Antibodies – HB core Ab
Hepatitis B Antibodies – HbsAb or Anti HBs

When Occupational Health receive laboratory confirmation of a positive HBsAg and HB core Ab result the Occupational Health Adviser will then liaise with the Occupational Health Physician.

The employee / candidate will be contacted by Occupational Health and an appointment made to discuss their results. If they are expected to undertake EPP in their role further testing for the HBV Viral DNA will then be arranged.

4  PROCEDURE FOR HEPATITIS B VIRAL LOAD TESTING

All employees/candidates requiring testing will first have an appointment with the Occupational Health Advisor and they will be advised of the purpose of the testing arrangements and how the results might affect continued performance of EPPs. They will be offered the opportunity to discuss this with the Occupational Health Physician.

All employees/candidates being tested should first be asked if they are currently being treated or have been treated within the last 12 months with interferon or antiviral therapy. If this is the case, the hepatitis B infected HCW should immediately cease EPP work and be referred to an Occupational Health Physician until their viral loading is known.

If Viral Loading tests have been carried out by previous employers within, the past 3 months for those currently receiving treatment or the past 12 months for those requiring annual screening, a copy of the laboratory result can be requested with the individual’s written consent.

After testing, the Occupational Health department will inform the
employee of the results of their tests and the implications for their working practice.

**INITIAL WORK HEALTH ASSESSMENT SCREENING – HBV DNA**

HCWs will not be cleared for work until all relevant screening has been completed and results known.

Only HCWs who are HBeAg negative and have pre-treatment HBV DNA levels between $10^3$ and $10^5$ geq/ml are eligible to return to performing EPPs while on oral antiviral treatment provided their HBV DNA level falls to $10^3$ geq/ml or less.

HCWs with baseline viral loads above $10^5$ geq/ml will not be eligible to undertake exposure prone practice.

It is recommended that hepatitis B infected HCWs taking oral antiviral therapy could commence EPP 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.

All samples must be taken by the Occupational Health staff and be must IVS. Individuals should not provide their own specimens; if they do the specimen should be rejected.

A standard laboratory request form using the HCWs details will be completed by Occupational Health and along with Appendix 1 should accompany the samples to Microbiology.

5  **SPECIMENS – INITIAL & ANNUAL COLLECTION**

All blood samples must be taken in Occupational Health Department and be IVS

Two samples of a minimum of 4ml of blood in a purple top bottle should be taken from the HCW a week apart in the morning, or not more than 1 month apart, and should be sent separately and as soon as possible after sampling to the lead laboratory.

The OHA taking the sample should inform Consultant Microbiologists that the sample has been sent so that they can arrange for the transfer of the sample to the lead laboratory.

The first sample should not be stored.

Each sample should be packaged and dispatched separately in accordance with current Post Office regulations – Microbiology Responsibility.

The lead laboratory should be informed that samples are being sent to them, and they in turn will confirm receipt of the sample by fax.

Results will be provided within 4 weeks from receipt of sample to Microbiology who will then disseminate this result to Occupational Health.
6 SPECIMENS - MONITORING OF HBV DNA LEVELS FOR THOSE TAKING ANTIVIRAL THERAPY

Once a hepatitis B infected HCW taking antiviral therapy has been cleared to start EPP’s, it is recommended that they should have their HBV DNA levels checked every three months (the period should be taken from the date the previous blood sample was drawn, and not from the date the results were received).

For the purpose of monitoring HCWs taking antiviral therapy, a single blood sample of a minimum of 4ml of blood in a purple top bottle at each three monthly test is sufficient.

The laboratory request form should be clearly marked single sample for monitoring antiviral treatment.

7 REFUSAL TO UNDERGO HEPATITIS B SCREENING

HCWs employed or due to commence in an EPP role who refuse to have their Hepatitis B status screened will not be allowed to carry out EPP’s.

HCWs found to be HBV positive who refuse HBV DNA Viral load screening will be restricted from carrying out EPP in their role.

8 STORAGE OF DATA

Occupational Health will maintain the individual Occupational Health records of those employees who have been tested HBV DNA Viral Load and will arrange their recall for re-testing as appropriate.

HCW’s will be advised when their next test is due so that those who move jobs can approach their new Occupational Health department to arrange further testing.

9 CONFIDENTIALITY

Hepatitis B infected HCWs 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 hepatitis B status itself will not be disclosed without the individual’s consent.

Where patients or staff are or have been at risk, it may be necessary in the public interest for the employer to have access to confidential information. The Occupational Health Physician will contact UKAP (the
United Kingdom Advisory Panel) and will discuss the actions required.

10 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.

11 MONITORING COMPLIANCE WITH THE POLICY

Occupational Health will carry out an annual audit of all HCW screened for Hepatitis B and review the procedures followed for those identified as Infected HCWs. This will allow Occupational Health to ensure that the policy has been implemented, and Hepatitis B workers followed up as appropriate.

12 DISSEMINATION 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.

13 EQUALITY IMPACT ASSESSMENT

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

Request for HBV viral load testing in accordance with
Health Service Circular 2000/ 020

Public Health Laboratory
Heartlands Hospital
Birmingham
B9 5SS

Contact: Dr Elizabeth Boxall or Dr Kathryn Collingham

Tel: 0121-424-2248 (Dr Boxall) or 0121-424-2244 (Dr Collingham)
(Or contact via main switchboard on 0121-424-2000 and ask for the duty virologist bleep 2821)

Fax: 0121-772-6229

Name or Reference Number………………………………………………

Date of Birth……………………………………………………………….

Job Title……………………………………………………………………

Has this health care worker been treated with interferon or antiviral therapy within the last twelve months ? YES / NO *

* (Only send samples for testing if the health care worker claims that the circumstances in paragraph 15 of the implementation guidelines can be met – please give details.)

Ashford and St Peters Hospitals NHS Foundation Trust
Occupational Health Department
St Peters Hospital
Guildford Road
Chertsey
Surrey KT16 0PZ

Stamp

Requesting physician…………………………………………………………..

Signature……………………………………………………………………..

Date…………………………………
Appendix 2

Equality Impact Assessment Summary

Name: Mr. Dwayne Gillane

Policy/Service: Hepatitis B Infected Health Care Workers

<table>
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<td>• Description of the aims of the policy</td>
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<td>• Context in which the policy operates</td>
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<tr>
<td>• Who was involved in the Equality Impact Assessment</td>
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This Policy aims to reduce the risk of transmission of Hepatitis B virus 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 hepatitis B virus.

This policies 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 Hepatitis B either due to an incident that has occurred within the work place or outside of work.

Dwayne Gillane & Nadine Williams were 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 Hepatitis B 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 Hepatitis B positive and is unable to practice within an EPP role then the appropriate support would be provided by the organisation such as retraining, redeployment to help facilitate the employee in the work place where possible.

This policy is informed by:
Health Service Circular HSC 2000/020 Hepatitis B Infected Health Care Workers
Hepatitis B Infected Health Care Workers & Anti Viral Therapy July 2004

This is a review of an existing Trust policy, with some minor amendments made, no consultation was required.
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 Hepatitis B surface Antigen positive. However in this instance patient safety is 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 Hepatitis B 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.

Guidance on Equalities Groups

<table>
<thead>
<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>
</tr>
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<tr>
<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>
</tr>
<tr>
<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>
</tr>
<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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