Exposure Prone Procedures (EPPs) and Blood Borne Viruses (BBVs) - Management of the Infected Healthcare Worker

Amendments

<table>
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<tr>
<th>Date</th>
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<tbody>
<tr>
<td>October 2014</td>
<td>All</td>
<td>3 policies merged into one: HEPATITIS B INFECTED HEALTH CARE WORKERS, HEPATITIS C INFECTED HEALTH CARE WORKERS and MANAGEMENT OF AIDS/HIV IN INFECTED HEALTH CARE WORKERS to reflect new partnership working and changes to the management of blood borne virus infected health care workers</td>
<td>Management Board</td>
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</table>

Originally Compiled by: Jonathan Sheppard, Deputy Occupational Health Partnership Manager

Reviewed by: Nadine Williams, Occupational Health Partnership Manager

Ratified by: Management Board

Date Issued: October 2014

Reviewed: October 2014

Next Review Date: October 2017

Target Audience: All employees

Comments on this document to: Nadine Williams, Occupational Health Partnership Manager
ASHFORD & ST. PETER’S HOSPITAL NHS FOUNDATION TRUST

Exposure Prone Procedures (EPPs) and Blood Borne Viruses (BBVs) -
Management of the Infected Healthcare Worker

This policy is a combination of three previously separate policies; HEPATITIS B INFECTED HEALTH CARE WORKERS, HEPATITIS C INFECTED HEALTH CARE WORKERS and MANAGEMENT OF AIDS/HIV IN INFECTED HEALTH CARE WORKERS. It 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. All advice will follow the specific guidelines as outlined below:

Dept of Health (2007) Hepatitis B infected healthcare workers and antiviral therapy
Dept of Health (2002) Hepatitis C Infected Health Care Workers

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1. INTRODUCTION

In 2007, the Department of Health issued new guidelines, based upon recommendations from the Advisory Group on Hepatitis (AGH), to provide advice on the criteria and arrangements for allowing certain healthcare workers (HCWs) infected with hepatitis B to perform exposure prone procedures while taking continuous oral antiviral therapy.

In 2002, the Department of Health issued guidance on HCW infected with Hepatitis C and performing exposure prone procedures (EPPs).


2. EPP CLEARANCE AND INTERPRETATION OF RESULTS

It is a requirement for healthcare workers new to the NHS (after March 2007) who will be undertaking EPP and HCW new to EPPs to undergo routine blood testing prior to employment to determine non infectivity to Hepatitis B (HBV), Hepatitis C (HCV) and HIV.

HCWs who apply for a post or training which requires the performance of EPPs and who decline to be tested for HIV, HBV or HCV should not be cleared for EPP work.

Exposure Prone Practice (EPP) - invasive procedures where there is a risk that injury to the worker may result in the exposure of the patient’s open tissues to the blood of the worker (‘bleed-back’). 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. Other situations, such as pre-hospital trauma care should be considered to be EPP.

The outcomes of significant results are as follows a summary criteria is outlined in appendix 1.

2.1 Hepatitis C (HCV) RNA positive

Restrict in accordance with HSC 2002/010 guidance (Appendix 2) and refer to a liver unit for specialist intervention. Hepatitis C infected HCWs who have been treated with antiviral therapy and who remain hepatitis C virus RNA negative for at least 6 months after cessation of treatment may resume EPPs following consultation with a consultant Occupational Physician.

2.2 Hepatitis B (HBV)

Where the initial Hepatitis B surface antigen result is positive, a further blood sample should be drawn to determine infectivity (e antigen status).

Those who are found to be e antigen positive are unable to undertake EPP work.

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 supressed on treatment 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.

Hepatitis B infected HCW performing EPP whilst on oral antiviral therapy should have their HBV DNA levels monitored at 3 monthly intervals.

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.

Those HCW who have stopped antiviral treatment will require assessment with Occupational Health Physician regarding future EPP clearance.

For those HCW who status is $10^3$ geq/ml or less who have not had treatment or treatment has been ceased for over a year, will require annual HBV DNA monitoring by Occupational Health.

### 2.3 HIV

HIV positive employees were previously considered permanently unfit for EPP work, but this advice has now changed in line with PHE guidance in 2014, and HCWs on appropriate treatment and management, with dna level <200copies per ml can undertake EPP work.

All HCW’s with HIV who wish to perform EPPs must:

- Be on effective combination antiretroviral drug therapy (cART). Special consideration should be given to elite controllers (there are people with HIV, not receiving antiretroviral therapy who naturally maintain an undetectable viral load without cART) AND

- Have a plasma viral load <200 copies/ml AND

- Be subject to plasma viral load monitoring every 12 weeks AND

- Be under joint supervision of a occupational physician and their treating physician. In addition, these HIV infected HCWs wishing to perform EPPs need to be registered on a confidential national register, the UKAP-OHR (UK Advisory Panel for Healthcare Workers Infected with Blood-borne viruses – Occupational Health Monitoring Register for BBV infected HCWs). The UKAP-OHR will be managed by Public Health England (PHE) and will cover the UK.

For HCWs who are newly diagnosed and/or new to EPP work, HIV viral load test results will be needed from two identified and validated blood samples (IVS). These are to be taken no less than 12 weeks apart, under supervision of a consultant occupational health physician, with viral loads below 200 copies/ml, to ensure stable suppression of viral load.

For HCWs currently restricted from EPPs who are on a cART with undetectable viral load (UDVL), one IVS at least 12 weeks since their last UDVL is sufficient proof on which to grant clearance for conducting EPPs.

**Viral load monitoring and on-going clearance for HIV infected HCWs performing EPPs**

HIV infected HCWs who are cleared to perform EPPs are subject to viral load testing every three months while continuing to perform such procedures. The three month period should be taken from the date the previous IVS was drawn, and not from the date the result was received.

If a HCW’s plasma viral load rises above 1000 copies/ml, they should be restricted immediately from carrying out EPPs until their viral load returns to being consistently below 200 copies/ml in at least two
tests done, no less than three months apart. The significance of any increase in plasma viral load above 200 copies/ml and below 1000 copies/ml should be assessed jointly by the occupational health and treating physicians with input from local experts (e.g. consultant microbiologist or virologist)

3. APPROVED LABORATORIES
Samples should be sent for testing at one of the two designated laboratories specified in the guidelines issued in 2000 as follows:

Public Health Laboratory
Heartlands Hospital
Birmingham B9 5SS
Contact:
Dr Elizabeth Boxall Tel: 0121-424-2248 or
Dr Kathryn Collingham Tel: 0121-424-2244
(Or contact via main switchboard 0121-424-2000 and ask for the duty virologist bleep 2821)
Fax: 0121-772-6229

Regional Virus Laboratory
Gartnavel General Hospital
1053 Great Western Road
Glasgow G12 0YN
Contact:
Dr Sheila Cameron Tel: 0141-211-0080 or
Dr Bill Carman Tel: 07775-783743
Fax: 0141-211-0082

4. ROLES & RESPONSIBILITIES

4.1 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 confidential disclosure.
- 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 infected health care workers is coordinated through the Occupational Health (OH) Department and Occupational Health Physician.
- To ensure appropriate systems and processes are in place to safeguard patients, and to ensure that those employees who are infected are subject to the appropriate monitoring programmes, and restricted from undertaking EPP where appropriate.

4.2 OCCUPATIONAL HEALTH
- To confirm the health 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.
• 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.
• Advise the Trust whether an individual HCW employed in a EPP role is cleared to undertake EPP duties.
• For all staff to be placed under the appropriate guidance (Appendix 3).
• For HCW who are newly diagnosed and/or new to EPP work, under the direction of the Occupational Health Physician.
• Will liaise with Virology regarding the timing of specimen collection.

4.3 OCCUPATIONAL HEALTH PHYSICIAN
• The OH physician should liaise with the appropriate 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 a ‘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 infection and encourage them to be tested, 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.

4.4 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.
• 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, in whatever circumstances, must promptly seek and follow confidential professional advice on whether they should be tested. 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.

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

5. PATIENT NOTIFICATION EXERCISES
This is necessary when an infected health care worker has exposed patients to a risk of 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.

6. CONFIDENTIALITY

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 specific status itself will not be disclosed without the individual’s consent.

7. PROCESS FOR MONITORING COMPLIANCE WITH THE EFFECTIVENESS OF POLICIES

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

8. 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.

9. EQUALITY IMPACT ASSESSMENT

See Appendix 4 below for the Equality Impact Assessment for this policy.
## Appendix 1

### Blood Borne Virus Status and Summary of Criteria to be met for EPP clearance

<table>
<thead>
<tr>
<th>Virus</th>
<th>Infected Status</th>
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</table>
| **Hepatitis B** | *HBsAg positive, HBeAg negative healthcare workers may perform EPPs if they:*  
  i. have a viral load <200 IU/ml (either from natural suppression or 12 months after cessation of antiviral therapy), and  
  ii. be subject to annual plasma viral load monitoring, and  
  iii. be under joint supervision of a consultant occupational physician and their treating physician, and  
  iv. be registered with the UKAP Occupational Health Register (UKAP-OHR)  
  
  *HBsAg positive, HBeAg negative healthcare workers with a pretreatment viral load of 200 IU/ml – 20,000 IU/ml may perform EPPs if they:*  
  i. have a viral load <200 IU/ml whilst on continuous antiviral therapy, and  
  ii. be subject to plasma viral load monitoring every three months, and  
  iii. be under joint supervision of a consultant occupational physician and their treating physician, and  
  iv. be registered with the UKAP-OHR |
| **Hepatitis C** | *Must be HCV RNA negative:*  
  i. as a consequence of natural clearance, or  
  ii. at 6 months after cessation of antiviral therapy |
| **HIV**       | *Must either:*  
  i. be on effective combination antiretroviral therapy (cART), and  
  ii. have a plasma viral load <200 copies/ml, or  
  iii. be an elite controller **, and  
  iv. be subject to plasma viral load monitoring every three months, and  
  v. be under joint supervision of a consultant occupational physician and their treating physician, and  
  vi. be registered with the UKAP-OHR |
Appendix 2 - Hepatitis C Infected Health Care Worker – Health Services Circular 2002/010

The Health Service Circular 2002/010 “Hepatitis C Infected Health Care Worker”, aims to reduce the risk of transmission of Hepatitis C infection to patients. This circular builds upon previous advice from the Advisory Group on Hepatitis.

The new guidelines recommend the following:

Health care workers (HCW’s) who already know themselves to be infected with hepatitis C, i.e. who have antibodies to hepatitis C virus and who carry out exposure prone procedures (EPP’s), should be tested for hepatitis C virus RNA. Those found to be carrying the virus will not be allowed to perform EPP’s.

Hepatitis C infected HCW’s who have responded successfully to treatment with antiviral therapy i.e. remain hepatitis C virus RNA negative 6 months after cessation of treatment, may be allowed to resume EPP’s. As a further check, they should be tested again in 6 months for hepatitis C virus RNA.

EPP’s are defined by 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 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 (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’.

HCW’s who are intending to undertake professional training for a career that relies on performing EPP’s should be tested for antibodies to hepatitis C virus, and if positive, to then be tested for hepatitis C virus RNA. Those found to be Hepatitis C RNA positive will be restricted from starting training whilst they are carrying the virus.

The following list covers the majority of specialties that rely on the performance of exposure prone procedures:

- junior doctors entering all surgical specialties, including obstetrics and gynaecology, should be tested before their first SHO post (this will include those posts in accident & emergency where doctors may be called upon to perform exposure prone procedures and GP trainees, if they are to carry out minor surgery in general practice)

- prospective dental students should be tested before entry into dental school, as exposure prone procedures form an integral part of their training and in the work of dentists;

- prospective midwifery students should be tested before embarking on midwifery courses; if they are hepatitis C virus RNA positive, they should only be allowed to proceed with training on the understanding that they will not be able to perform exposure prone procedures, and hence not be able to undertake the full ranges of activities in the specialty;

- nurses should be tested before they move to specialised areas of work where they may be required to perform exposure prone procedures, e.g. operating theatre and accident & emergency nursing;
• ambulance staff should be tested before they embark on training as paramedics or technicians;

• podiatrists should be tested before they commence training in podiatric surgery.

This list is not intended to be exhaustive.

HCW’s who perform EPP’s and who believe that they may have been at risk of acquiring hepatitis C, should promptly seek and follow confidential professional advice on whether they should be tested for hepatitis C.
Appendix 3 - 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 honest 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.
2. 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.

3. Nursing and Midwifery Council

The Council’s Code of Professional Conduct
4. 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.

4 Extract from Medical and Dental Students: Health Clearance for Hepatitis B, Hepatitis C, HIV and Tuberculosis.

In March 2007, the Department of Health (DH) published guidance on health clearance for new healthcare workers for tuberculosis, hepatitis B, hepatitis C and HIV. The guidance relating to HIV-infected healthcare workers was revised with effect from 1 April 2014. Students entering medicine, dentistry and other areas of healthcare are amongst the groups to whom these areas of guidance apply. They have important implications for course admissions procedures. The DH health clearance guidance defines standard health clearance, which is recommended for all categories of new healthcare worker employed or starting training, and additional health clearance for new healthcare workers who will perform exposure prone procedures (EPPs). Guidance on health clearance for tuberculosis is reproduced in the annex to this document. Additional health clearance means being non-infectious for HIV (antibody negative or on effective combination antiretroviral therapy (cART) and having a plasma viral load <200 copies/ml, or being an elite controller), hepatitis B (surface antigen negative or, if positive, e-antigen negative with a viral load <200 IU/ml) and hepatitis C (antibody negative or, if positive, negative for hepatitis C RNA). The performance of EPPs is not a requirement for students completing a medical degree that is acceptable for gaining provisional medical registration. The same is not true for dental students, since all courses entail extensive clinical practice involving EPPs. The implementation of the DH guidance on health screening is, therefore, fundamentally different for dental students compared to medical students and for that reason there is a separate section dealing with dentistry.
Appendix 4

**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 5

Equality Impact Assessment Summary
Name: Mr. Jonathan Sheppard
Policy/Service: Exposure Prone Practice (EPPs) and Blood Borne Viruses (BBVs) – Management of the Infected HealthCare Worker

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.

Jonathan Sheppard 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

<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>
</thead>
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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>
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<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>
</tr>
</tbody>
</table>
References

- Hepatitis B Infected HCW and Anti-Viral therapy – Best Practice Guidance (DH 2007)
- Hepatitis C Infected HCW – Best Practice Guidance (DH 2002)
- Medical and Dental Students: Health clearance for Hepatitis B, Hepatitis C, HIV and Tuberculosis