Management and Protection of Health Care Workers exposed or infected with Blood Borne Viruses (HIV, Hepatitis B and C) (N-068)

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Policies should be accessed via the Trust intranet to ensure the current version is used

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1. INTRODUCTION

All health care workers (HCWs) and in particular those workers who are identified as Exposure Prone Procedure (EPP) workers who are potentially at risk of contracting or transmitting blood borne viruses BBVs in the course of their work, and who are employed by Humber Teaching NHS Foundation Trust; are under ethical and legal duties to protect the health and safety of themselves and of others, such as colleagues and patients against BBVs. These responsibilities are equally applicable to all health professional groups including General Medical Council (GMC), Nursing & Midwifery Council (NMC), General Dental Council (GDC) & Health & Care Professions Council (HCPC) and those not covered by these professional groups.

Health clearance and monitoring measures for new HCWs in relation to this policy, provides protection to patients from clinical exposure of BBV, and management of the HCW. This policy is not designed to prevent HCWs who are living with a BBV from working; however, for certain roles when the risk of exposing the blood of the HCW living with a BBV to a patient exists, it is possible that a restriction or changes to a role may occur. It is also good for a HCW to know an early BBV status so they can access treatment as soon as possible and the risk of other infection can also be assessed and reduced. HCWs who are moving from an existing post that involves EPPs to a new post that involves EPPs are not required to provide evidence of health clearance if they started practicing EPPs before 2007 or if after 2007 can provide evidence of suitable clearance with no new risk factors.

Patient safety and public confidence are paramount and are dependent on HCWs particularly EPP workers, declaring any BBV positive status to the Occupational Health Department (OHD) or Physician, attending for any initial or follow up testing and, any onward referrals to Infectious Disease Consultants as appropriate including sharing results as appropriate with OHD. Attending for Hepatitis B vaccinations, follow up antibody testing, and reporting any occupational exposure or bleed back exposure to blood, tissue or body fluids following the process described in the leaflet Inoculation accidents; Information for Staff and Post Exposure to Blood Borne Virus risk, including HIV Post Exposure Prophylaxis (PEP) Decision making tool (if attending A & E) (Appendix 3 & 4).

2. SCOPE

The policy is for use by all Humber Teaching NHS Foundation Trust Staff, Bank, Agency Staff, Locums, Students, Honorary appointed staff, and staff working in healthcare roles. Particularly EPP workers and details the responsibilities of all staff regards minimising the risk of contracting and transmission of Blood Borne Viruses to health care workers from patients and to patients during undertaking and receipt of health care. It also applies to the OH service provided to external HCWs.

3. DEFINITIONS

Blood Borne Virus
Blood Borne Viruses (BBV) for the purpose of this policy will include Hepatitis B, Hepatitis C and HIV. Transmission of these BBVs can occur when blood, other high risk body fluid/tissue (Amniotic fluid, vaginal secretions, semen, human breast milk, cerebrospinal fluid, peritoneal fluid, pleural fluid, synovial fluid, blood-stained saliva in association with dentistry, unfixed tissues and organs) and blood-stained body fluids is inoculated through the skin, via broken skin or mucous membranes. Other body fluids or materials such as urine, faeces, saliva, sputum, sweat, tears and vomit carry a minimal risk of BBV infection, unless they are contaminated with blood. Care should still be taken as the presence of blood is not always obvious.

Percutaneous
Through the skin, i.e. by needle or sharp object.

Mucocutaneous
Through the mucous membranes such as eyes, nose and mouth; or broken skin.

Risk of becoming infected from a BBV
The risk of becoming infected with a BBV following percutaneous or mucocutaneous exposure varies with the circumstances and the virus involved. Four factors are proven to increase the risk of occupationally acquired blood borne virus.

Infection:

1. Deep penetrating injury
2. Visible blood on the device which caused the injury
3. Injury with a needle which has been placed in a source's artery or vein
4. High virus load in the donor's blood, e.g. in advanced stage or undiagnosed HIV Infection, Hepatitis B or Hepatitis C.

The risk of infection following a significant percutaneous injury from an infected source is approximately:

Hepatitis B	30% (3 in 10)
Hepatitis C	3% (3 in 100)
HIV	0.3% (3 in 1000)

The risk of Hepatitis B Virus and HIV infection is significantly reduced by immunisation against Hepatitis B and the use of HIV post-exposure prophylaxis (PEP).

Hepatitis B
Hepatitis B is a virus that can cause acute liver inflammation or chronic infection and have serious consequences for long term health. Public Health Guidance (2017) is aimed at minimising the risk of transmission of infection to HCW from patients and to patients during receipt of healthcare.

Risk of transmission of infection from patients to HCWs during receipt of health care can occur through blood or blood-stained body fluids in contact via open tissue (breach of skin integrity), via a sharp/needle stick injury or splash into the eye or mouth. Patients can be at risk from the blood or body fluid of the infected HCW through bleed back exposure usually during EPP Category 3 work.

It is recommended that all healthcare workers, including students who have direct contact with blood, blood-stained body fluids or patients' tissues, are offered immunisation against hepatitis B and tests to check their response to immunisation, including investigation of non-response. Guidance on immunisation against hepatitis B, which includes information about dosage/protocols and supplies, is contained in chapter 18 of the UK Health Departments' publication, Immunisation against infectious disease (also known as 'The Green Book').

There is a safe and effective vaccine for Hepatitis B and all health care workers identified from risk assessment as being at risk of BBV infections are offered vaccination. This policy assumes appropriate vaccination schedules as advised in The Green Book and takes into consideration Joint Committee on Vaccination and Immunisation advice as this is often updated before the Green Book. For the small proportion of health care workers who are not protected following vaccination effective post exposure prophylaxis with anti-Hepatitis B immunoglobulin is available, this underlines the importance of the reporting of occupational exposures following the process shown in (Appendices 5 and 6).

Hepatitis C
Hepatitis C is a virus that can result in acute Hepatitis and/or long-term carriage and on-going liver damage. The Department of Health recommends that health care workers who know they are carrying the Hepatitis C virus, or who are found to be following any screening, should not perform any category EPP work until cleared by the Occupational Health Physician following a sustained

period of virological response to treatment. Recent research suggests that early treatment to Hepatitis C virus may prevent chronic infection.

Risk of transmission of infection from patients to HCWs during receipt of health care can occur through blood or blood-stained body fluids in contact via open tissue (breach of skin integrity), via a sharp/needle stick injury or splash into the eye or mouth. Incubation period is 6-9 weeks but can take 3-6 months before antibodies are detected. Patients can be at risk from the blood or body fluid of the infected HCW through bleed back exposure more likely in EPP workers.

There is currently no vaccine or prophylaxis available to prevent Hepatitis C therefore adopting universal precautions, safe systems of work with sharps including sharps disposal, screening and prompt reporting of any incidents (Appendix 4, 5 and 6) all help to prevent exposure injuries.

HIV

HIV stands for human immunodeficiency virus. It is the virus that can lead to acquired immunodeficiency syndrome, or AIDS, if not treated. Unlike some other viruses, the human body can't get rid of HIV completely, even with treatment. So, once you get HIV, you have it for life. HIV attacks the body's immune system, specifically the CD4 cells (T cells), which help the immune system fight off infections. Untreated, HIV reduces the number of CD4 cells (T cells) in the body, making the person more likely to get other infections or infection-related cancers. Over time, HIV can destroy so many of these cells that the body can't fight off infections and disease. These opportunistic infections or cancers take advantage of a very weak immune system and signal that the person has AIDS, the last stage of HIV infection.

No effective cure currently exists, but with proper medical care, HIV can be controlled. The medicine used to treat HIV is called combined antiretroviral therapy or cART. If taken the right way, every day, this medicine can dramatically prolong the lives of many people infected with HIV, keep them healthy, and greatly lower their chance of infecting others. Before the introduction of cART HIV could progress to AIDS in just a few years. Today, someone diagnosed with HIV and treated before the disease is far advanced can live as long as someone who does not have HIV.

Risk of transmission of infection from patients to HCWs during receipt of health care can occur through blood or blood-stained body fluids in contact via open tissue (breach of skin integrity), via a sharp/needle stick injury or splash into the eye or mouth. Patients can be at risk from the blood or body fluid of the infected HCW through bleed back exposure, more likely in EPP workers.

There is currently no vaccine available to prevent HIV therefore adopting universal precautions, safe systems of work with sharps including sharps disposal all help to prevent exposure injuries, the reporting of occupational exposures following the process shown in (Appendix 4, 5 and 6) is paramount.

HIV Post Exposure Prophylaxis is a course of medication that can make HIV infection less likely. It should be taken ideally within the first 1-2 hours of being exposed to HIV, it is unlikely to be effective after 72 hours of exposure and won't be started usually after this time period, and treatment is for 28 days.

Exposure Prone Procedure Workers (EPP)

EPP – is an invasive procedure that increases the risk of the staff member's blood coming into contact with any open tissue of the patient (bleed back). This includes where the staff members gloved hand may be in contact with sharp instruments, needle tips or scalpels inside a patient's open body cavity, wound or confined anatomical space where the fingertips may not be completely visible.

It should be noted that the majority of HCWs do not perform EPPs and that a risk-based approach has been taken by Public Health England (2020) to establish the risk of bleed back into three categories. The definitions and examples of categories are:

Category 1
A procedure where the hands and fingertips of the worker are usually visible and outside the body most of the time and the possibility of injury to the worker's gloved hands from sharp instruments and/or tissues is slight. This means that the risk of the HCW bleeding into a patient's open tissues should be remote. Examples: local anaesthetic injection procedures in dentistry or removal of haemorrhoids.

Category 2
A procedure where the fingertips may not be visible at all times but injury to the worker's gloved hands from sharp instruments and/or tissues are unlikely. If injury occurs it is likely to be noticed and acted upon quickly to avoid the HCWs blood contaminating a patient's open tissues. Examples: routine tooth extraction or colostomy.

Category 3
Procedures where the fingertips are out of sight for a significant part of the procedure, or during certain critical stages, and in which there is a distinct risk of injury to the worker's gloved hands from sharp instruments and/or tissues. In such circumstances, it is possible that exposure of the patient's open tissues to the HCW's blood may go unnoticed or would not be noticed immediately. Examples: hysterectomy, caesarean delivery or open cardiac surgical procedures.

Exposure Prone Environment
An environment in which there is a significant intrinsic risk of injury to the HCW, with consequent co-existent risk of contamination of the open tissues of the patient with blood from the HCW. Examples include emergency HCWs attending to road traffic collisions (RTCs) or domestic/recreational/industrial accidents where sharp surfaces such as glass fragments, sharp metal or stone edges may lead to laceration of the skin of the HCW whilst in the process of attending to and/or retrieving a casualty.

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

- taking blood
- setting up and maintaining intravenous lines or central lines (provided any skin tunneling procedure used for the latter is performed in a non-exposure prone manner)
- minor surface suturing
- incision of external abscesses
- routine vaginal or rectal examinations
- simple endoscopic procedures

IVS
Identified validated sample

Elite Controllers
Some people living with HIV infection, who are not receiving antiretroviral therapy and have maintained their viral load below limits of assay detection for at least 12 months, based on at least 3 separate viral load results are known as elite controllers.

UKAP
The UK Advisory Panel on HCWs infected with BBVs.

4. DUTIES AND RESPONSIBILITIES

Executive Management Team
To provide managers and staff with arrangements for health clearances and vaccination programs as appropriate via an Occupational Health Department that has access to an Occupational Health Physician.

Managers
- To ensure staff are adequately trained for the role including in IPC.
- To manage BBV occupational risks in line with employer's responsibilities under Health and Safety statutory requirements, namely The Control of Substances Hazardous to Health Regulations (refer to the Trust Health and Safety and COSHH Policies).
- To ensure HCWs are identified as EPP pre-employment and are assessed as fit to perform EPP by the occupational health department prior to undertaking this work.
- To consider adjustments to work or alternative employment if required by an employee's BBV status as advised by the occupational health department.
- To identify employees at occupational risk of Hepatitis B to the occupational health department prior to or as soon as practical after such risk duties are performed by employees.
- To consider with employees their non-attendance for appointments if such occur as notified by the occupational health department.
- To notify the occupational health department if after employee non- attendance a further appointment is required.
- To ensure the training and compliance by employees with safe systems of work and Post Exposure to BBV is reported promptly and reported in DATIX (Appendix 5).
- RIDDOR reporting for exposure incidents to BBV.

Workforce and OD
Ensure recruitment process is followed including sending the Work Health Recruitment Questionnaire to new staff. Ensure that Injury allowance is explored as per NHS Employers Handbook Section 22.

Infection Control Team
This service provides an essential element within the health and safety strategy and is documented in depth in the Infection Control Procedures. Advice on policy relating to control of infection will be provided by the Trust's Control of Infection Group (HAIG).

Health and Safety Group
Include exposure injuries (sharps) as a standing item on the agenda

Procurement Department
The Senior Procurement Manager will make available to users of equipment provided through the procurement team, any safety information received from the supplier/manufacturer about the maintenance or safe use of equipment. Safer Sharps will be included in this.

Learning and Development Department
Although the L&D department is responsible for facilitating staff training, it is the responsibility of all managers to ensure that employees who they are responsible for are appropriately trained and competent to perform their duties. Staff training is an essential part of health and safety, as without a competent workforce the principles of a safe workplace and a safe working environment cannot be achieved.

Employees
- To work safely as instructed to prevent risks to self, staff and patients and attend any mandatory training including IPC training.
- To report any exposure or potential onward transmission BBV incidents promptly to OH

department and Manager (Appendix 5).
- To attend for appointments when requested by the Occupational Health Department or manager.
- To comply with the first aid measures and reporting procedure for occupational exposures in the process shown in Appendix 5.
- To inform the Occupational Health Department if an employee believes themselves to be, or at risk of being infectious with a BBV and to comply with OH physician advice on the need for restrictions to practice.
- To comply with any professional body, Department of Health and contractual obligations in relation to serious communicable diseases including BBVs.

Duties of other Health care Workers
As for any potentially communicable disease affecting a health care worker; if another health care worker has good reason to believe (having taken reasonable steps to confirm the facts as far as practical), that a BBV infected health care worker has not complied with the Public Health Guidance (2020), and therefore this Trust policy, they should inform the person and alert them to this document. If they still have good reason to think patients are at risk, they should speak to the individual to let them know they will take further action, and then discuss with either, OH physician, medical director, or director of public health. Any HCW who intends to take such action may wish to seek advice from their own regulatory or professional body before doing so. Wherever possible the HCW should be informed before any information is passed on.

Occupational Health Department
- To provide advice to employers and employees both generally and on a case-by-case basis regarding safe working practices for BBVs.
- To provide vaccination for Hepatitis B as per the appropriate schedule.
- To recall employees for appointments for Hepatitis B vaccination and status checks and inform the employer of non-attendance for such appointments and the implication this has on the employees and patient's safety (Appendix 7).
- To co-ordinate the management of employees as indicated after any exposure to BBV from patients.
- To refer, when appropriate, employees found to be BBV infected for specialist assessment.
- To advise employees and employers concerning NHS injury allowance, adjustments or alternative work and likely medical retirement eligibility arising from any BBV screening during employment.
- Ensure employees and patients are protected by complying with clearance process for EPP's.
- Appropriate onward surveillance reporting to Health Protection Authority for staff with exposure injuries to BBVs at work.
- Attend local HIV PEP meetings arranged by Consultant Virologist

5. PROCEDURES RELATING TO THE POLICY

5.1. Risk Assessment
Risk assessment and implementation of safe systems of work should as far as reasonably practical to prevent exposure to blood-borne viruses for patients and staff. This will be identified by managers at the pre-employment assessment stage on the Work Health Recruitment Questionnaire and checked by the Occupational Health staff at the health clearance or health interview. Where there remains a risk of exposure to blood or other high-risk body fluid Hepatitis B vaccine will be offered and is strongly recommended for HCWs.

Those in whom there is a medical contra-indication to vaccination due to a pre-existing medical condition or previous Hepatitis B vaccine reaction will not be restricted in their work but must be assessed by the Occupational Health Department to ensure they are fully aware of their responsibility to report a potential exposure injury and the potential benefit of immunoglobulin will

be outlined and confirmed in writing (Appendix 8).

In those declining vaccination without medical contra-indications, it will be recorded in the occupational health record that the risks and benefit of vaccination have been explained and understood by the employee, and that the employee knows what a risk exposure is and what to do should it occur and confirmed in writing (Appendix 9).

Risk assessment of the exposure injury will be undertaken by the OH team when made aware.

5.2. Hepatitis B, C and HIV Testing, Results and Vaccination

5.2.1. Hepatitis B Vaccination and testing for HCWs

Hepatitis B vaccination and blood tests are free to NHS staff where there is occupational risk or staff request to be tested for Hepatitis B infection if they believe they may have been at risk of contracting Hepatitis B without adequate vaccination coverage.

The recommended course of vaccination for healthcare workers is an accelerated schedule and consists of 4 doses given at 0, 1, 2 and 12 months where appropriate as a primary course. However during Hepatitis B vaccine shortage, the Joint Committee on Vaccination and Immunisation via Public Health advised that a standard course can be used 0, 1 and 6 months with assessment of vaccine response determining next steps. Vaccines missed are not repeated but continued.

A response to vaccination occurs in approximately 90% of individuals. 4-12 weeks following the 3rd vaccination a blood test is required to assess response to vaccination analysed for Hepatitis B Surface antibody (S ab).

Hepatitis B surface antibodies:

1. Less than 10 mIU/mL HBsAb = not immune or pre-existing wild virus infection.
2. 10–100 mIU/mL HBsAb = partial response possibly protective, or pre-existing wild viral infection.
3. 100 mIU/mL or greater HBsAb = protective immunity

Responders with anti-HBs levels greater than or equal to 100mIU/ml no longer require any further primary doses or a five yearly booster dose but should be considered based on future risk such as after potential BBV exposure injury. Responders with anti-HBs levels of 10 to 100mIU/ml may need to be boosted as per The Green Book.

An antibody level below 10mIU/ml is classified as a non-response to vaccine and testing for markers of current or past infection is good clinical practice. In non-responders, a repeat course of vaccine is recommended, followed by retesting one to four months after the second course. Those who still have anti-HBs levels below 10mIU/ml, and who have no markers of current or past infection, will require HBIG for protection if exposed to the virus.

The Blood test for Hepatitis B previous infection consists of:
Hepatitis B Surface antigen (HBsAg). If this is positive further investigation for Hepatitis B e antigen and Hep B e antibody and Hepatitis B core antibody (Hep B core ab) will be required. These must only be performed with the informed consent of the employee, usually when taking bloods for Hepatitis Surface antibodies post primary vaccination schedule.

All Hepatitis B e ag and/or e ab positive results must be confirmed by the laboratory and reviewed by the OH physician for further review with the staff member.

Following assessment for non-response to Hepatitis B vaccine after the initial course if there is no evidence of current or previous infection a further full course is recommended. If after 2 full courses of vaccine (up to 8 doses in an accelerated schedule) the HBsAb level remains less than 10 mIU/mL, then, the employee is classified as a true non-responder to the vaccine.

True non-responders to the vaccine require an assessment with one of the occupational health clinical practitioners to ensure the employee knows what a risk exposure is and what to do if a risk exposure occurs for BBVs and the potential benefit of Hepatitis B immunoglobulin and confirmed in writing (Appendix 8).

The employee's manager and the individual will also be informed by letter of the potential vulnerability to Hepatitis B infection from not attending for vaccines, declining vaccines or being a True Non-Responder to assist with health and safety risk reduction statutory obligations that will consider what care the employee provides to a patient who is known to be a Hepatitis B infectious risk, and to assist with post incident management and access to immunoglobulin should an exposure to a patient's blood or other high risk body fluid occur by a route that can transmit blood borne viruses (Appendix 7, 8 and 9).

5.2.2. Hepatitis B Vaccination, testing and EPP workers

Note for clearance for EPP staff markers of current infection (Hepatitis B surface antigen) is required irrespective of Hepatitis B surface antibody level.

EPP workers should be tested for Hepatitis B infection by IVS prior to commencement of work and offered Hepatitis B vaccine, catch up or booster as appropriate as for all HCWs.

IVS can be undertaken by the OH department staff. The HCW must show proof of identity with a photograph, i.e. Trust identity badge, photo driving license, passport. Samples must be delivered to the laboratory in the usual way via OH, not by the health care worker. When results of IVS samples are received in the OH department it must be checked that this was sent by the OH department.

HCWs should be asked about antiviral treatment when submitting a blood sample for status checking for performing EPP's.

Table 1: Guidance on Hepatitis B diagnostic cut offs for clearance of HCWs performing EPP work

Any HCW who tests positive for HBsAg should have Hepatitis B Viral Load tested (HBV DNA).

Item	Guidance
Cut-off for clearance to perform EPP including pre-treatment viral load cut off	<200 IU/mL
Testing laboratory	CPA or UKAS accredited laboratory in the UK, using CE marked assay standardised to the WHO International Standard for Hepatitis B Virus Nucleic Acid Amplification Techniques, reported in IU/mL.
Specimen type	IVS x 2 no less than 4 weeks apart both showing a viral load of <200 IU/mL

HBV DNA Level	Action
<60 IU/mL	No action. Retest in 12 weeks or 12 months depending on antiviral treatment status
>60 but	A case-by-case approach based on clinical judgement should be taken which may

< 200 IU/mL	result in no action (as above) or recommending that a second test should be done 10 days later to verify the viral load remains below the threshold. Further action will be informed by the next test result.
200 IU/mL or above	The HCW should cease conducting EPPs immediately. A second test must be done on a new blood sample 10 days later to verify the viral load remains above 200 IU/mL. If the viral load is still more than 200 IU/mL, the HCW should cease conducting EPPs until their viral load, in 2 consecutive tests no less than 4 weeks apart, is reduced to <200 IU/mL. If the viral load is below 200 IU/mL then further action should be informed by the test result as above. If test results are unexpected (e.g. from very high viral load to low viral load) then seek further advice from a local virologist or UKAP secretariat. A full risk assessment should be triggered to determine the risk of HCW to patient transmission. At a minimum, this will include discussion between the OH physician and the treating physician on the significance of the result in relation to the risk of transmission. The need for public health investigation/action (e.g. patient notification) will be determined by a risk assessment on a case by case basis in discussion with UKAP.

Those HCWs who perform EPP's will need to follow the guidance and advice from the OH Physician on any fitness to practice or work restrictions. UKAP may be consulted as required. Ongoing monitoring will be decided by the OH Physician. Non EPP HCWs do not require regular monitoring.

5.2.3. Hepatitis C Testing for HCWs and EPP Workers

Any HCW can request a test for Hepatitis C infection and should have appropriate pre-test discussion prior to testing by OH department. Those who test positive should be reviewed by The OH Physician and referred appropriately to the Infectious Disease local Team for further investigation or treatment. There is no requirement for a HCW not performing EPP to be monitored. HCWs who are new to EPP work should be tested for Hepatitis C antibodies with IVS. Those who test positive need a further test for Hepatitis C RNA to look for any current infection; any one with active infection will be reviewed by the OH Physician and referred onward as appropriate. They will not be fit to perform EPP work until cleared by the OH Physician usually with risk assessment, antiviral treatment and remaining Hep C RNA negative for at least 3 months after treatment cessation.

Testing will be carried out by a local accredited laboratory facility and UKAP can be consulted if required for specialist advice. Ongoing monitoring will be decided by the OH Physician.

5.2.4. HIV Testing for HCWs and EPP Workers

Any HCW can request a HIV test from the OH department and a pre-test discussion is provided. Any positive staff will be reviewed by the OH Physician and referred as appropriate to local Infectious Disease Team. OH will consider the risk of secondary infection to all HIV positive HCWs if aware of status.

EPP workers should have IVS testing for HIV prior to starting EPP work, those with a viral load above 200 copies/mL will be restricted from performing EPP's and will be reviewed by the OH Physician. Ongoing monitoring will be decided by the OH Physician and also applies to Elite Controllers.

5.3. Exposure of a Health Care Workers Blood to a Patient

The exposure of a health care workers blood to a patient must be reported by the health care worker to:

a) The OH Department.
b) The health care workers line manager.
c) The clinician responsible for the clinical care of the patient (ordinarily the consultant or

general practitioner for the patient as appropriate to the clinical setting of the exposure).
d) Datix reporting system.

The post injury management of the patient will ordinarily follow the same as that for a HCW exposed to a patient's blood as shown in this policy (Appendix 5 and 6). This will need liaison between the OH department and the clinician responsible for the patient. In these circumstances testing of the HCW and the source of the exposure, for BBVs (if not known), with the informed consent of the HCW or source, including consent to report test results to the clinician responsible for the patient, is desirable for the optimal care of the patient.

In all such exposures a risk assessment of the HCW for BBV carriage, and guidance resulting from such (whilst maintaining the HCW's medical and personal details confidentially) should be performed by the OH Department clinical staff. The clinician responsible for the patient should be informed of the outcome of the risk assessment and of any BBV testing performed in order to plan patient care. Any HCW who is the source of a blood exposure incident involving a patient should comply with the assessments outlined as part of their regulatory body and/or contractual obligations to protect patients and this policy.

Those HCWs that are found to be BBV positive with a high viral load that may have introduced a risk to patients from a bleed back perspective will require discussion from the OH Physician with UKAP and if required (initially without disclosure of the identity of the worker) with the local Consultant in Communicable Disease Control (or Director of Public Health) who has the responsibility for considering the need for a patient notification exercise.

5.4. Exposure Injury to HCW from patient (including needle sticks and sharps)

5.4.1. What is an exposure injury?

An exposure injury to BBV can occur if another individual's blood, body fluids or bloodstained body fluids get into the HCW by the following routes:

- Break in skin by puncture or sharps injury that is contaminated with blood or bloodstained bodily fluids.
- Bites that break the skin this can affect HCW and patient if blood is drawn.
- Splash injuries that get onto broken skin or into mucosal surfaces such as eyes, nose or mouth

Deep puncture injuries with a contaminated implement from the vein or artery of a known positive BBV source are the highest risk injuries. Bites and splash injuries are considered lower risk.

5.4.2. Reducing Risk of Exposure Incidents.

- Follow universal precautions for infection prevention and control, use high levels of hygiene and correct use of personal protective equipment (PPE).
- Work to safe systems and existing policy.
- Use safer sharps when provided and ensure adequate training in the use and the safe disposal of these. When performing procedures which involve sharps, take a sharps bin to the site of use. Avoid wearing open footwear in situations where blood may be spilt or where sharp instruments are handled.
- Cover existing wounds, skin lesions and all breaks in exposed skin with waterproof dressings
- Attend for Hepatitis B vaccination as advised by OH.
- Report any injuries promptly to OH department telephone: 01482 389333/335, line manager and complete DATIX (Appendix 5).

5.4.3. First Aid for exposure injury

For puncture wounds (sharp injury)

- Immediately wash the area liberally with soap and water without scrubbing.
- Do not encourage the wound to bleed.

- Dry the area and cover if needed with a waterproof dressing.
- Eyes affected should be irrigated with copious amounts of water (before and after removal of contact lenses).
- Report injury to OH Department telephone: 01482 389333/335 Mon-Fri 08:30 until 16:30 and ED out of hours if concerned about BBV risk.
- Use the Risk Assessment for HIV PEP and Hepatitis B Vaccine decision making tool to determine management (Appendix 10)

5.4.4. Immediate action to be taken if there are any concerns about the risk of transmission of HIV or other BBVs

It is essential that appropriate advice on the management of the incident be obtained as quickly as possible. HIV prophylactic medication (HIV PEP) is available that may reduce the risk of transmission of HIV. It is recommended that this should be commenced within 1–2 hours for optimum effect although it may be commenced up to 72 hours after the exposure.

Complete the Risk Assessment for HIV PEP and Hepatitis B Vaccine decision making tool to determine management (Appendix 4) and attend your nearest ED (not minor injuries department). This will usually be Hull Royal Infirmary or York District Hospital complete a DATIX and contact OH team on the next working day telephone 01482 389333/335.

If HIV PEP is prescribed by the ED Department, they should refer to the Infectious Disease team the individual will be followed up in OH once it has been reported to the team.

If there are no concerns about the transmission of HIV or Hepatitis B

Contact the OH Department telephone 01482 389333/335 as soon as possible after the incident and before the end of the shift.

Out of Hours and Bank Holidays

If you are aware that you are immune to Hepatitis B contact the OH Department on the next working day. If you are not immune to Hepatitis B and the department is open within the next 48 hours contact Occupational Health Department as soon as possible on the next working day.

5.4.5. Source Patient

- Wherever possible inform the source patient of injury (if known), this is the person whose blood or body fluids has come into contact with the HCW via an exposure injury.
- Ask them to wait until OH Department contacted for advice if injury occurs within OH working hours.
- Discuss with line manager about obtaining BBV testing for the source patient this should be coordinated by their medical lead and not the injured HCW.
- Information for source testing can be found in Appendix 11.

Source Patient who lacks capacity to give consent to testing

- If the lack of capacity is likely to be short and regained due to anaesthesia for example it is advisable to wait until the patient has capacity before approaching them for consent to test.
- Adults who lack capacity to consent to medical treatment are covered by the Mental Health Act 2005 and for those who have an Advanced Decision Refusing Treatment (ADRT) in place, this must be respected and testing cannot take place.
- If the patient has a deputy or attorney under the legal authority to make treatment decisions on their behalf they can consent for testing.
- If neither an ADRT or a person to take a lawful decision for the patient then the Doctor must be the decision maker and decide if testing is in the best interest of the patient (BMA 2016).

5.5. Consent and Confidentiality

BBV testing must only be performed with the informed consent of the individual HCW. Informed consent includes knowing the implications of a positive result. BBV infected HCW have the same right to confidentiality as any patient seeking or receiving medical care. The ethical processes and

record keeping of the OH department ensure this. There are occasions when an employer will need to be advised of a change in clinical duties on health grounds. The BBV status itself will not normally be disclosed without the HCW's consent. The medical lead for source patients should inform OH of the result to help in the management of the case.

5.6. Redeployment and retraining

The Trust will make every effort to explore and arrange suitable alternative work for those HCWs found to be a patient risk from BBV infection. Support can be discussed with the Medical Director, regional post graduate medical and dental deans, UKAP and professional bodies.

5.7. Injury Allowance

This NHS Employers scheme can provide benefit where injury or illness has been occupationally acquired. Information should be sought in the first instance with the workforce and OD team.

6. CONSULTATION

Leads for all groups of staff mentioned in Section 4 of this policy. OH staff, and HAIG Group review prior to submission to QPaS.

7. IMPLEMENTATION

The Policy is available on the intranet for all staff to refer to. Out of hours, the OH Department answer phone has instructions on what to do in the event of suffering a BBV risk exposure. Individual areas of responsibility are set out at Section 4 of this policy.

Leaflets and advice are given on a one-to one basis at the occupational health pre-employment health screen process stage, to inform all new employees of the policy and practical arrangements related to OH care related to BBV risk exposures. The process staff should follow is described in the online infection control training that is mandatory for all staff.

8. TRAINING AND SUPPORT

Staff should have adequate IPC training and training for any new equipment that may cause a sharps/needle stick injury at induction. All new HCWs are screened for vaccine and immunisations and the leaflet and policy on how to manage an exposure injury to BBV is available on the intranet.

9. REFERENCE TO ANY SUPPORTING DOCUMENTS

BHIVA (2021, amended 2023) UK Guideline for the use of HIV Post Exposure Prophylaxis 2021. BASHH
BASHH PEPSE guidelines (bhiva.org)

BMA (2016) Needlestick injuries and blood-borne viruses: decisions about testing adults who lack the capacity to consent. BMA: London

Department of Health. The Green Book. Available at.
https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book

Health and Safety executive (2022) Workplace Transmission Blood – borne viruses (BBV) Available online at Workplace transmission - Blood borne viruses (BBV) (hse.gov.uk)

PHE (2017-updated August 2020) Integrated guidance on health of health care workers and the management of health care workers infected with bloodborne virus (hepatitis b, hepatitis C and HIV). PHE: London

PHE (2019) Guidance on management of potential exposure to blood-borne viruses in emergency workers: For Occupational health service providers and frontline staff. PHE: London

10. MONITORING COMPLIANCE

The policy will be changed in light of new national guidance and/or as a result of the monitoring/audit processes. Following every exposure reported to the OH Department the recipient of the injury is given the opportunity to complete a questionnaire that checks on pre incident knowledge of how to report the exposure, accessibility of care, knowledge of follow up arrangements, and their overall satisfaction with the post exposure management process. These are reviewed when received and any individual or process concerns addressed. Incidents are also reported to the Health and Safety Committee on a quarterly basis. An annual Audit of exposure injury and EPP worker process outcomes will be undertaken to ensure adherence to this policy and highlight any improvement areas.

APPENDIX 1: DOCUMENT CONTROL SHEET

This document control sheet, when presented to an approving committee must be completed in full to provide assurance to the approving committee.

Document Type	Policy		
Document Purpose	To ensure staff and patient safety with regards to BBV transmission through exposure injuries.		
Consultation/ Peer Review:	Date:	Group / Individual	
list in right hand columns consultation groups and dates		Hilary Gledhill Director of Nursing	
		Debbie Davies IPC Lead	
		Steve McGowan Director WOD	
		HAIG Group and Health and Safety Committee	
		OH Team - Kate Wilkin, Debra Cartwright	
Approving Committee:	Governance Committee	Date of Approval:	February 2013
Ratified at:	Trust Board	Date of Ratification:	March 2013
Training Needs Analysis: *(please indicate training required and the timescale for providing assurance to the approving committee that this has been delivered)*		Financial Resource Impact	
Equality Impact Assessment undertaken?	Yes [Yes]	No [ ]	N/A [ ] Rationale:
Publication and Dissemination	Intranet [ ]	Internet [ ]	Staff Email [ ]
Master version held by:	Author [ ]	HealthAssure [ ]	
Implementation:	*Describe implementation plans below - to be delivered by the Author:*		
	The Policy is available on the intranet for all staff to refer to. Out of hours, the OH Department answer phone has instructions on what to do in the event of suffering a BBV risk exposure. Individual areas of responsibility are set out at Section 4 of this policy. Leaflets and advice are given on a one-to one basis at the occupational health pre-employment health screen process stage, to inform all new employees of the policy and practical arrangements related to OH care related to BBV risk exposures. The process staff should follow is described in the online infection control training that is mandatory for all staff.		
Monitoring and Compliance:	The policy will be changed in light of new national guidance and/or as a result of the monitoring/audit processes. Following every exposure reported to the OH Department the recipient of the injury is given the opportunity to complete a questionnaire that checks on pre incident knowledge of how to report the exposure, accessibility of care, knowledge of follow up arrangements, and their overall satisfaction with the post exposure management process. These are reviewed when received and any individual or process concerns addressed. Incidents are also reported to the Health and Safety Committee on a quarterly basis. An annual Audit of exposure injury and EPP worker process outcomes will be undertaken to ensure adherence to this policy and highlight any improvement areas		

Document Change History:			
Version Number / Name of procedural document this supersedes	*Type of Change i.e. Review / Legislation*	*Date*	*Details of Change and approving group or Executive Lead (if done outside of the formal revision process)*
Hep C & Employment Policy HR-012	*Amalgamated*	*18/09/2020*	*New guidance from Public Health England and to merge policy*
HIV Post Exposure Prophylaxis Policy HR-034	*Amalgamated*	*18/09/2020*	*No full time OH Physician to prescribe and advise on PEP staff to go to ED.*

Hepatitis B Policy HR-011	*Amalgamated*	*18/09/2020*	*New guidance from Public Health England and to merge policy and New Screening and Immunisation Policy as one document*
Management of Injuries from Contaminated Sharps Policy HR-013	*Amalgamated*	*18/09/2020*	*No full time OH Physician to prescribe and advise on PEP staff to go to ED.*
Nov-2020 New policy reference created to amalgamation of above policies (HR-048)			
1	*New policy*	*September 2020*	*New policy combined from previous policies* *Consultation via Director of Nursing and Director of Workforce and OD, IPC and Occ Health.* *Approved through HAIG and H&S Group then final approval QPaS November 2020*
July-22 Policy reference updated to indicate clinical policy under Director of Nursing – N-068			
1.1	*Review*	*July-22*	*Review of policy – Minor amends* • *Appendix 6 - OH Physician replaced with Senior Occupational health clinician* • *Health and Safety executive (2022) Workplace Transmission Blood – borne viruses (BBV) replaced with Health and Safety executive (2007) Blood-borne viruses in the workplace: Guidance for employers and employees. (references)* • *Uploaded Information for Staff Inoculation Accidents leaflet* • *Uploaded Post Exposure to Blood Borne Virus Risk including HIV Post Exposure Prophylaxis (PEP) Decision making tool* • *Policy reference updated* *Approved at QPaS – 18 August 2022*
1.2	*Minor amend*	*Aug 2024*	*Review of first aid measures within policy.* *BASHH guidelines (bhiva.org) UK Guideline for use of HIV Post Exposure Prophylaxis 2021 (amendment 2023)* *Document contains an advice change to first aid measures.* *Appendix 3,4,5 updated to reflect change.* *Reference added to policy.* *Approved at QPaS (8 August 2024).*

APPENDIX 2 - EQUALITY IMPACT ASSESSMENT (EIA)

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name:
2. EIA Reviewer (name, job title, base and contact details)
3. Is it a **Policy**, Strategy, Procedure, Process, Tender, Service or Other?

Main Aims of the Document, Process or Service **To ensure staff and patient safety with regards to BBV transmission through exposure injuries.**
Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma

Equality Target Group	Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?	How have you arrived at the equality impact score?
1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender re-assignment	Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern(Amber) High = significant evidence or concern (Red)	a) who have you consulted with b) what have they said c) what information or data have you used d) where are the gaps in your analysis e) how will your document/process or service promote equality and diversity good practice

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	Including specific ages and age groups: Older people Young people Children Early years	**Low**	This policy is based on UK evidence of risk and BBVs in the UK populations.
Disability	Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities: Sensory Physical Learning Mental Health (and including cancer, HIV, multiple sclerosis)	**Low**	This policy is based on UK evidence of risk and BBVs in the UK populations.
Sex	 Men/Male Women/Female	**Low**	This policy is based on UK evidence of risk and BBVs in the UK populations.
Marriage/Civil Partnership		**Low**	This policy is based on UK evidence of risk and BBVs in the UK populations.
Pregnancy/ Maternity		**Low**	This policy is based on UK evidence of risk and BBVs in the UK populations.
Race	Colour Nationality Ethnic/national origins	**Low**	This policy is based on UK evidence of risk and BBVs in the UK populations.
Religion or Belief	All Religions Including lack of religion or belief and where belief includes any religious or philosophical belief	**Low**	This policy is based on UK evidence of risk and BBVs in the UK populations.

Sexual Orientation	Lesbian Gay Men Bisexual	**Low**	This policy is based on UK evidence of risk and BBVs in the UK populations.
Gender re-assignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	**Low**	This policy is based on UK evidence of risk and BBVs in the UK populations.

Summary

Although some groups may be identified as higher risk for Blood Borne Viruses, this is supported by clinical evidence within the UK population and is reflected in Public Health England Sources.	
EIA Reviewer – ***Catrina Hughes, Occupational Health and Wellbeing Manager***	
Date completed: ***July 2022***	Signature: ***C Hughes***

Appendix 3: Information for Staff – Inoculation accident

WHAT IS AN INOCULATION ACCIDENT?

An accident which results in personal exposure to blood or other high-risk body fluids by a puncture of the skin, e.g. needlestick injury or exposure through cuts or breaks in the skin, or splashes of blood/body fluids in the eye or mouth.

WHAT ARE HIGH RISK BODY FLUIDS?

Blood, pleural fluid, peritoneal fluid, Cerebrospinal fluid, pericardial fluid, synovial fluid, amniotic fluid, vaginal secretions, semen, human breast milk, saliva in association with dentistry, bone and dental fragment debris from high-pressure drills, unfixed tissues and organs, other blood stained body fluids.

HEPATITIS B

Hepatitis B virus (HBV) is a cause of chronic liver disease and acute Hepatitis. Many people who have the virus mistake it for a bout of Influenza or have no symptoms at all. For others, Hepatitis B infection can mean a severe illness, which lasts for months or very rarely, may be fatal. If you contract HBV there is a 1 in 10 chance that your body will not be able to get rid of the virus and you will become a long-term carrier and will be capable of passing the disease on to others without even knowing you have it.

The risk of acquiring HBV infection following a needlestick or sharps accident can be as high as 1 in 3 when the source is a known HBV patient. However, there is a vaccine to HBV for all staff who are exposed to blood or body fluids or who deal with clinical waste in the course of their work. If this is the case, **for your protection you are strongly advised to be vaccinated against Hepatitis B**.

Vaccination will protect you from Hepatitis B following an inoculation accident provided you develop antibodies to the Hepatitis B vaccine.

The vaccination programme usually consists of 3 or 4 injections of a synthetically manufactured vaccine and a blood test to detect the presence of protective antibodies.
Following vaccination you should know your immune status. The Occupational Health Department can answer any questions or concerns you may have. This vaccine is safe and effective.
In those who are not immune, early treatment after exposure by active and/or passive vaccination (immunoglobulin) can prevent Hepatitis B infections.

HEPATITIS C

Hepatitis C (HCV) is a blood borne virus which is capable of causing liver disease and as yet there is no protective vaccine. The risk of acquiring HCV infection following a needlestick or sharps accident is around 1 in 30 when the source is a known HCV patient. Follow up testing in Occupational Health after inoculation injury is necessary as early detection and treatment of infection can result in a complete cure in most cases.

HIV

HIV is a blood borne virus which affects the immune system and can cause Acquired Immune Deficiency Syndrome (AIDS). The risk of acquiring HIV infection following a needlestick or sharps accident is around 1 in 300 **when the source is a known HIV^{+ve} patient**. If the exposure is via splashes into eyes, mouth or through breaks in the skin the risk falls to less than 1 in 2000.

There are drugs available that can help control the HIV infection.

After an Inoculation accident the drugs used to control HIV infection can help minimise the transmission of the infection when the source is known or strongly suspected to be HIV^{+ve}. This is called Post Exposure Prophylaxis (PEP). **This treatment is not needed in all inoculation accidents**

WHAT IS PEP?

Post Exposure Prophylaxis is a combination of 3 anti-viral drugs which if commenced soon after the exposure to HIV it can reduce the risk of acquiring HIV infection by up to 80%. **National Guidelines recommend PEP medication is commenced ideally, within the first hour after HIV exposure** and is continued for 4 weeks. A starter pack consisting of a 5 day supply of the drugs will be given in Accident & Emergency if appropriate. Follow up will be provided for the full 28 days. A negative HIV antibody test 3 months after completion of PEP can be regarded as reassurance that HIV infection has not been transmitted. The advice about PEP, the provision of treatment, and any subsequent test/results are all provided with informed consent of those suffering an inoculation injury with strict confidentiality.

Location of Starter Packs: Nearest Accident and Emergency Department

WHY DO YOU HAVE TO HAVE A BLOOD SAMPLE TAKEN AFTER AN INOCULATION ACCIDENT?

If there is some doubt about whether you are immune to HBV, your blood can be tested. In all cases it is recommended that a sample of blood is saved. It will only be tested, with your consent, if future problems arise.

In most cases where practical it is helpful for the source to be tested for HBV, HCV and/or HIV. **The Occupational Health Department will advise on this.** Ideally this testing should not be initiated by the person who has had the accident, always obtain expert advice on source testing.

CONTACT NUMBERS

Working Hours 8.30am – 4.30pm

Occupational Health Dept **01482 389335**
01482 389333

Out of Hours (4.30pm – 8.30am and at weekends and Bank Holidays)
Attend Emergency Department if appropriate (see flow chart)

IMMEDIATE ACTION TO TAKE FOLLOWING AN INOCULATION ACCIDENT

Wound

WASH with soap, under running water

COVER with a waterproof dressing

Skin

- **WASH** the broken area of skin gently in warm running water with soap.
- **DRY** and cover with a waterproof dressing.

Eyes/Mouth

BATHE the eye for 5 minutes with eye-wash station solution if available or tap water if not.

RINSE the mouth thoroughly with drinking water for 5 minutes.

Source Patient

- **Where possible inform the source patient.**
- **Ask them to wait until you contact the Occupational Health Department for Advice**

NOTIFICATION TO OCCUPATIONAL HEALTH DEPARTMENT IN WORKING HOURS 8.30AM – 4.30PM

Immediately inform your Manager and report the accident to the Occupational Health Department.

TEL: 01482 389335/389333

OUTSIDE OF OCCUPATIONAL HEALTH DEPARTMENT WORKING HOURS

If there is

NO CONCERN about HIV Exposure and

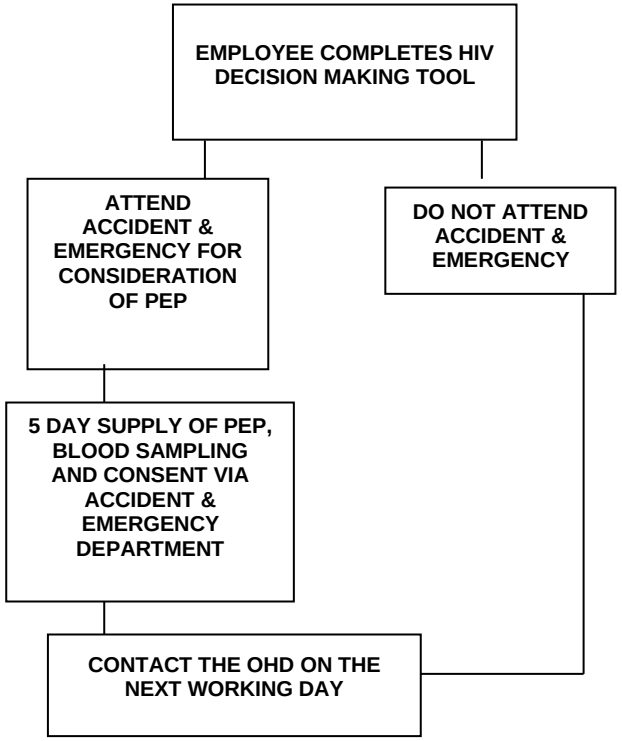
If your:
Hepatitis B status Hep B sab> 10iu/l
Or you're a
Carrier or naturally immune for hepatitis B
Or the
Occupational Health department is open within the next 48 hours
and
The physical injury doesn't require assessment or treatment

CALL OCCUPATIONAL HEALTH AS SOON AS POSSIBLE ON THE NEXT WORKING DAY

If the above criteria are **not** filled ATTEND your nearest A+E Department

or

if there is CONCERN about HIV Exposure



Issued: April 2000
Updated: Jul 2024
Review Jul 2026

NHS
Humber Teaching
NHS Foundation Trust

Appendix 4: Post exposure to blood borne virus risk, including HIV post exposure prophylaxis (PEP) decision making tool

To be completed if you experience an event at work that gives you concern that you could become infected with a Blood Borne Virus, including HIV, as a result of the event

Date …… Time of Event ……

Name of Employee Experiencing the Event: …… …… ……

Date of Birth: ……NHS No……..

Job Title: ……

Workplace: ……

Employer: ……

Home Address: ……

……

……

……

Contact Telephone Number: ……..

General Practitioner: ……

Complete first aid measures

Wash and cover the broken area of skin; Bathe the eye for at least 5 minutes with eye wash solution or tap water; Rinse the mouth thoroughly with drinking water for 5 minutes.

Please give a brief description of the injury:

1. **<u>Was the exposure by any of the following routes</u>:**

a) Percutaneous injury (from needles, instruments, bone fragments, teeth).
b) Exposure of broken skin - recent or poorly healing abrasions and cuts (those that are more than 24 hours old will have usually formed a protective barrier) or eczema with breaks in the skin.
c) Exposure of mucous membranes including the eye. **YES/NO**

2. **<u>Did the injury expose you to any of the following</u>:**

Blood; Pleural fluid; Peritoneal fluid; Cerebrospinal fluid; Pericardial fluid; Synovial fluid; Amniotic fluid; Vaginal secretions; Semen; Human breast milk; Saliva in association with dentistry; Bone and dental fragment debris from high-pressure drills; Unfixed tissues & organs; Other blood stained body fluids. **YES/NO**

Page 1 of 2 - continue to complete page 2

If the answer is **YES** to questions **1 & 2** there is potential from the type of exposure to transmit blood borne viruses including HIV infection **but only** if the source of the exposure has a blood borne virus infection. Complete the next section - **Risk of source transmitting HIV infection and actions to take.**

If the answer is **NO,** then there is **no** potential to become infected with a blood borne virus including HIV infection from the event, and no immediate further action is required. Report the event to the Occupational Health Department on the next working day

Risk of source transmitting HIV infection and actions to take;

If the source patient is known to be either HIV positive and has or may have a detectable viral load, or has emigrated from a sub Saharan African country and has not had a negative HIV test 3 months after leaving that area, PEP is recommended and should be commenced as soon as possible. Attend the nearest Accident & Emergency Department (not minor injuries unit) **taking this form with to request to start HIV Post Exposure Prophylaxis. Report the event to the Occupational Health Department on the next working day.**

If the source is **not** known to be either HIV positive or is HIV positive **but does not have a detectable viral load and that this is established as stable** (evidenced by viral load below 200 copies per ml on the last 2 tests 3 months apart and on continual medication) and has not emigrated from a sub Saharan African country or the source unknown, Post Exposure Prophylaxis (PEP) is **not** recommended. If PEP is not recommended, and your Hepatitis B antibody status after vaccination has been tested as > 10 iu/l or you are a carrier or naturally immune to Hepatitis B or the source patient is known not to have Hepatitis B infection on testing, or the Occupational Health Department is open within the next 48 hours and the physical injury does not require assessment or treatment, no immediate further action is required. Report the event to the Occupational Health Department on the next working day.

If you have concerns about other risk factors for HIV transmission, whilst PEP is not recommended you can attend the nearest **Accident & Emergency department** (not minor injuries departments) to discuss the risk and decide if PEP is started pending further risk assessment taking this form with you. Report the event Occupational Health Department on the next working day for further risk assessment, that will include consideration of any further information available about source risk and the potential for source testing and where undertaken the results.

If attending the nearest Accident and emergency Department to obtain further advice on starting PEP due to concerns about other risk factors please document your concerns about the risk of HIV infection here:

In all events resulting in completion of this form report the event to the Occupational Health Department on the next working day

Occupational Health Department
Skidby House
Willerby Hill Business Park
Beverley Road
Willerby
HU10 6ED

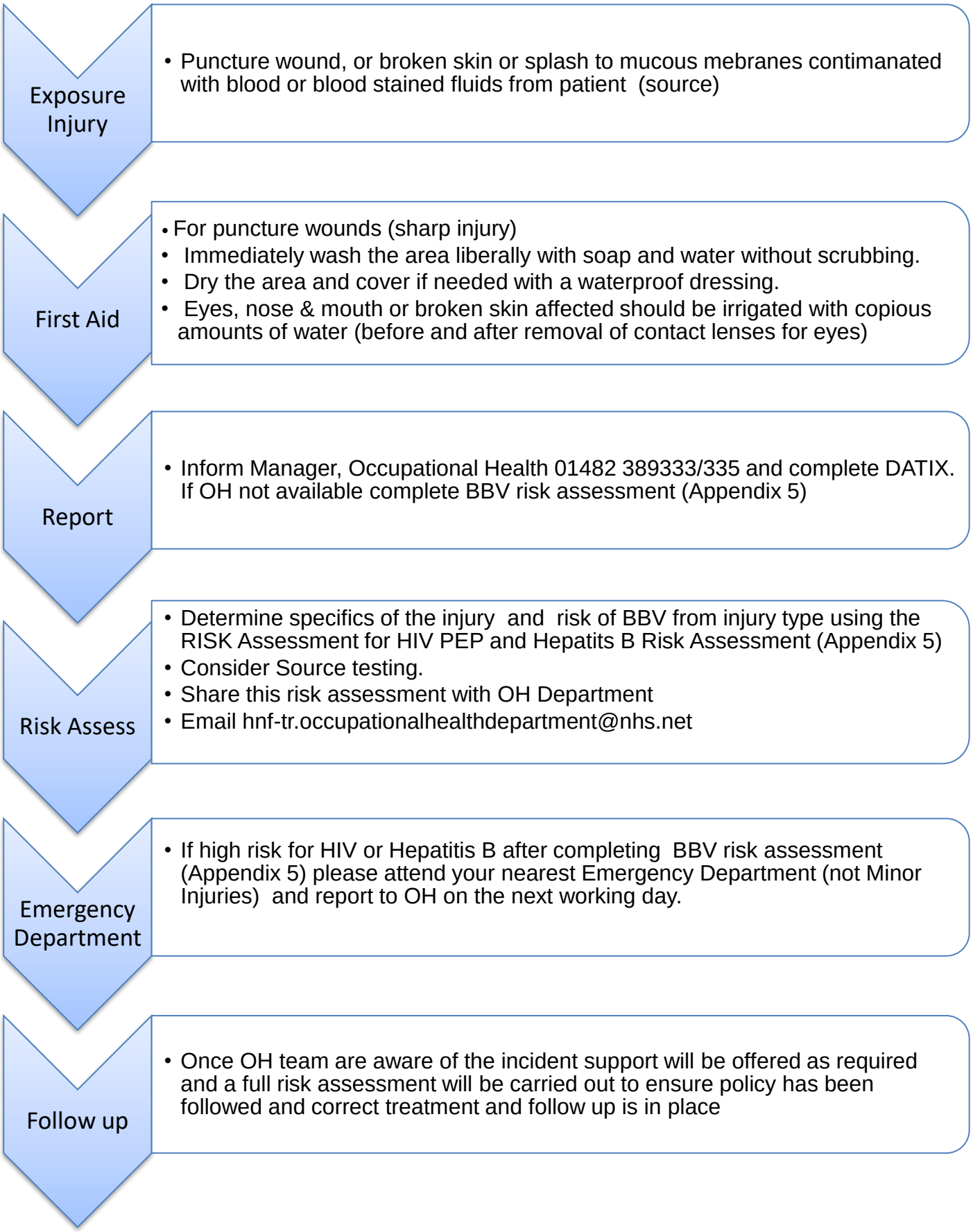
Tel: 01482 389335 / 389333

Issued: April 2016
Updated: July 2018
Review July 2022

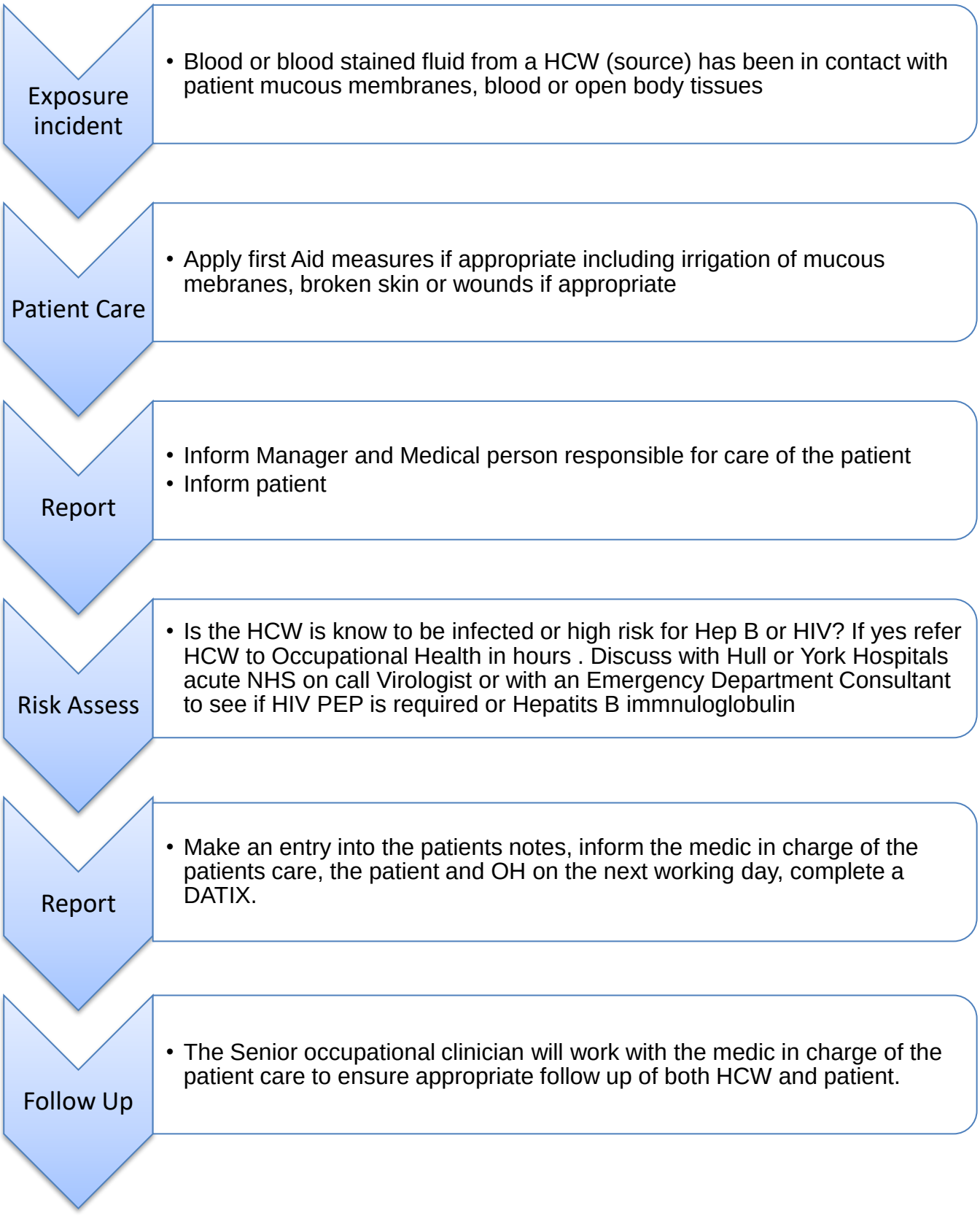
Employee Name…… …… Date ……

Date of Birth…….NHS NO……..

APPENDIX 5: MANAGEMENT OF EXPOSURE FOR HCW



APPENDIX 6: MANAGEMENT OF PATIENT EXPOSED TO INFECTED HCW BLOOD OR BLOOD-STAINED BODY FLUIDS



APPENDIX 7:DID NOT ATTEND HEPATITIS B VACCINATION

Occupational Health Department
Skidby House
Willerby Hill Business Park
Beverley Road
Willerby
HU10 6ED

Tel: 01482 389335/389333
Email: hnf-tr.occupationalhealthdepartment@nhs.net

Date:

STRICTLY CONFIDENTIAL

Dear

RE:
Date of Birth:

The above-named person did not attend for their second Hepatitis B Injection appointment. We advise therefore the absence of / evidence of immunity for Hepatitis B may need to be taken into account within their work requirements. I advise that a risk assessment is undertaken to identify the implication of this and where needed additional measures put in place to ensure they are not placed at avoidable risk as a duty of the employer under the Health and Safety at Work Act and the Health Act 2006 related to the Prevention and Control of Health Care Associated Infections. Please ensure they are familiar with the Inoculation injury reporting procedure, that safer sharps devices are used wherever possible, and remind them to report immediately to their Manager and the Occupational Health Department if he/she sustains an exposure injury involving blood or blood stained body fluids.

If you wish them to have a further appointment please contact them and request that they make an appointment and notify the Occupational Health Department that you have done so. If at any stage they wish to reconsider this, we would be pleased to undertake this for them. We will contact you if further non-attendance occurs.

Yours sincerely

OCCUPATIONAL HEALTH DEPARTMENT

APPENDIX 8: IMMUNOGLOBULIN – NON-RESPONDER LETTER

Ref:
Date
STRICTLY CONFIDENTIAL

NHS
Humber
NHS Foundation Trust

Occupational Health Department
Skidby House
Willerby Hill Business Park
Beverley Road
Willerby
HU10 6ED
Tel: 01482 389335/389333
Email: hnf-tr.occupationalhealthdepartment@nhs.net

Dear

RE:
DATE OF BIRTH:

The above employee has undergone Hepatitis B vaccination and has not responded to the vaccine.
Could you please ensure a risk assessment with regards to the risks associated with blood and body fluid exposures and the prevention of needlestick injuries, sharps injuries and splash injuries from blood and body fluids is carried out. They should not, as far as reasonably possible, be exposed to infected blood and body fluids and it is important they are made aware of the following:
• the process for reporting needlestick and sharps injuries, splashes of blood/body fluids to eyes, mouth, and human bites that break the skin.
• the safe systems of work which are in place to reduce the risk of exposure to patients blood/body fluids.
Please do not hesitate to contact the Occupational Health Department on (01482) 389335 / 389333 if you require any additional information or advice or if you wish to discuss this further.

Please find enclosed the Inoculation Injury leaflet.

Yours sincerely

Occupational Health Department

cc Person

APPENDIX 9: DECLINE HEPATITIS B VACCINATION

Occupational Health Department
Skidby House
Willerby Hill Business Park
Beverley Road
Willerby
HU10 6ED

Tel: 01482 389335/389333
Fax: 01482 303945
Email: hnf-tr.occupationalhealthdepartment@nhs.net

Date:

STRICTLY CONFIDENTIAL

Dear

Re:
Date of Birth:

The above attended for a health screen having recently started work as a Healthcare Assistant. In line with best practice guidelines issued by the Department of Health. It is noted on their job profile that their post involves contact with patients, blood and body fluids. Following this appointment, they have declined vaccination for Hepatitis B.

The Control of Substances Hazardous to Health Regulations require employers to assess risk and implement control measures commensurate with that risk to prevent harm to health as far as reasonably practical, and also to ensure that the control measures are used properly.

We advise therefore that this may need to be taken into account within their work requirements. I advise that a risk assessment is undertaken to identify the implication of this and where needed additional measures put in place to ensure they are not placed at avoidable risk, if any, in respect of potential exposure to Hepatitis B as a duty of the employer under the Health and Safety at Work Act and the Health Act 2006 related to the Prevention and Control of Health Care Associated Infections. Please ensure that they are familiar with the Inoculation injury reporting procedure, that safer sharps devices are used where appropriate, and remind them to report immediately to their Manager and the Occupational Health Department if they sustain an exposure injury involving blood or blood-stained body fluids.

If at any stage they wish to reconsider vaccination for this infectious disease we would be pleased to undertake this for them. If you require any further advice at any stage with regard to supporting the risk assessment please contact us.

Yours sincerely

Occupational Health Department

cc Person

APPENDIX 10: RISK ASSESSMENT FOR HIV PEP AND HEPATITIS B VACCINE

If there are NO CONCERNS about HIV Exposure and if

Your Hepatitis B status has been >10iu/l

or You are a carrier **or** naturally immune for Hepatitis B

or The Occupational Health Department is open within the next 48 hours **and** the physical injury doesn't require assessment or treatment:

CALL OCCUPATIONAL HEALTH AS SOON AS POSSIBLE ON THE NEXT WORKING DAY.

If the above criteria are **not** filled ATTEND YOUR NEAREST EMERGENCY DEPARTMENT For Hepatitis B risk assessment if high risk source if OH are not open in the next 72 hours.

Assess Risk that Source is HIV Positive

High -Known to be HIV positive (if already on treatment find out drug therapy regime and latest viral load)
Men who have sex with other Men (particularly in London)
Sub-Saharan African origin
IV drug users
Commercial sex worker
Medium-Men who have sex with other Men
Heterosexual individuals who have sex with individuals from Sub-Saharan Africa, Caribbean, Latin America, South and South East Asia and Eastern Europe, those with a history of detention in prison.
Low - Other heterosexual and transgender individuals

	High	Medium	Low
High	**Recommend ED Risk Assessment for PEP**	**Consider ED Risk Assessment for PEP**	**No PEP**
Medium	**Consider ED Risk Assessment for PEP**	**Consider ED Risk Assessment for PEP**	**No PEP**
Low	**No PEP**	**No PEP**	**No PEP**

Exposure Risk

Assess exposure Risk

High - Deep percutaneous laceration with a hollow bore needle that has been in a source vein or artery or extensive blood contamination of mucous membrane broken skin.
Medium- Superficial percutaneous injury with solid needle/sharp or a bite injury with skin break and contamination with assailants' blood.
Low – Exposure to any body fluids with no visible blood staining such as saliva, urine vomit etc. or a bite without contamination of broken skin by the assailant's blood.

PEP can be offered to any HCW who remains anxious about the risk.

APPENDIX 11: SOURCE TESTING

INFORMATION SHEET FOR SOURCE PATIENTS FOLLOWING THE EXPOSURE OF A HEALTH CARE WORKER TO BLOOD OR A BODILY FLUID.

A member of the team of staff caring for you has been exposed to some of your blood or bodily fluid. This may have occurred because of the health care worker injuring themselves on a needle or sharp instrument that had been in contact with your blood or as a result of a splash of blood or body fluid onto the health care workers eyes or non-intact skin.

The Department of Health and the Trust policy recommend that all source patients in the above circumstance should be approached and asked to be consented for testing for HIV, Hepatitis C and Hepatitis B. A doctor, nurse or midwife will have a discussion with you and explain why the blood sample is required.

The test is not being carried out because the team caring for you thinks that you are at risk of having a blood borne virus. The test is being carried out because the knowledge of a negative result will prevent the health care worker undergoing unnecessary treatment and help to reduce anxiety. The blood tests performed are the same as those required for blood donors.

Results will be kept confidential but may need to be discussed with other members of the team caring for you. In addition, the Occupational Health Department will have access to your results in order to manage the case of the exposed health care worker.

Arrangements will be made with you as to how you will be given your results and how they will be delivered if you leave hospital or are discharged from care before they are available.

You do not have to agree to this test and your care will not be affected by any decision you make.

OTHER CONSIDERATIONS

TREATMENT: is available for all three blood borne viruses and knowledge of a positive result would enable treatment to be sought.

INSURANCE: The Association of British Insurers (ABI) has recommended to its members that they only enquire about positive results. Therefore, a negative result or having an HIV test will not affect your insurance.

CONSENT: No one else may consent on your behalf and your treatment within the Trust will not be affected if you refuse.

INFORMATION SHEET FOR DOCTORS/MIDWIVES CONSENTING SOURCE PATIENTS FOLLOWING EXPOSURE OF HEALTH CARE WORKERS TO BLOOD OR BODILY FLUID

A health care worker (HCW) has recently been exposed to the blood or bodily fluid of a patient in your care. Department of Health (DOH) guidance and Trust Policy recommends that the patient be consented and tested for Blood borne Viruses (Hepatitis B surface antigen, Hepatitis C Antibody and HIV antibody) regardless of risk factors. Most source patients consent to testing when this is explained. Responsibility for testing the source patient lies with the medical team responsible for the patients care and not the injured HCW.

Explanation should be given to the patient of the reasons of the test i.e. that it may prevent the need for unnecessary treatment and reduce the anxiety of the HCW.

Pretest discussion for HIV antibody testing should be considered part of mainstream clinical care and should therefore not require specialist counselling training or qualification.

If a patient falls into the groups below that are at higher risk of contracting HIV then more in depth counselling will be required and the advice of a colleague experienced in this area should be sought.

Groups who may require more in-depth discussion are:

1. Men who have sex with men (particularly in London)
2. Injecting drug users.
3. People from countries with a high prevalence of HIV infection, e.g. Sub-Saharan Africa, Caribbean, South and south East E Asia and Latin America.
4. Sexual partners of the above.
5. Presence of another blood borne or sexually transmitted infection, e.g. syphilis, hepatitis B, hepatitis C.
6. Rape/sexual assault victims.
7. Those with occupational issues, e.g. who currently or who may in the future perform exposure prone procedures.
8. Those involved in commercial sex work.
9. Those in prison or other detention facilities.

Checklist for Pre-test Discussion with Source Patient

- The pre-test discussion should be carried out with due sensitivity and not by the exposed member of staff.
- Explain what has happened and the policy for requesting consent for BBV testing. Check understanding of the tests, which are the same as those done for blood donors. Explain confidentiality and that the approach is not made based on perceived risk and patients can decline permission for testing.
- Discuss the practical implications of the test and its result (positive or negative), and that treatment is available for all three blood borne viruses. The Association of British insurers recommend that companies should only ask about positive test results. Therefore, a negative result or having an HIV test should not affect insurance.
- Describe the arrangements for communicating the results to the source patient. How this will be done if the patient is discharged prior to the results becoming available.
- Document informed consent in the patient notes.
- Consent cannot be given by a third party, e.g. next of kin and it may now be illegal to test without consent. Testing may only occur without consent if it is in the patient's best interests.
- Explain that the results will go in the Patient notes and that the Occupational Health Department will access the results but will not keep any copies of the patient results.
- Explain that confidentiality in cases of positive BBV results are not absolute and the doctor may be legally bound to disclose BBV information in case of a source patient being a HCW

performing exposure prone procedures or seizure of medical records by court order. Explain that discussion with the patient would always precede these disclosures.
- Consider those who lack capacity using the BMA (2016) Needlestick injuries and blood-borne viruses: decisions about testing adults who lack the capacity to consent as guidance.

Exposure of a Healthcare Workers Blood to a Patient
The exposure of a health care workers blood to a patient must be reported by the HCW to:

a) The occupational health department.
b) The healthcare workers line manager.
c) The clinician responsible for the clinical care of the patient (ordinarily the consultant or general practitioner for the patient as appropriate to the clinical setting of the exposure).
d) A Datix must be completed.

The post injury management of the patient will ordinarily follow the same as that for a healthcare worker exposed to a patient's blood as outlined in this policy (Appendix 6). This will need liaison between the occupational health department and the clinician responsible for the patient. In these circumstances testing of the health care worker, the source of the exposure, for blood borne viruses, if not known, with the informed consent of the health care worker, including consent to report test results to the clinician responsible for the patient, is desirable for the optimal care of the patient.

In all such exposures a risk assessment of the source for blood borne virus carriage and guidance resulting from such, whilst maintaining the health care workers medical and personal details confidential, should be performed by the occupational health department clinical staff. The clinician responsible for the patient should be informed of the outcome of the risk assessment and of any blood borne virus testing performed in order to plan patient care. Any health care worker who is the source of a blood exposure incident involving a patient should comply with the assessments outlined as part of their regulatory body and/or contractual obligations to protect patients.