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Childhood Diseases, Tuberculosis and Blood Borne Viruses Employee Screening and Prevention

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1. Introduction

This policy is to prevent the spread of childhood illnesses i.e. measles, rubella and varicella (chickenpox), blood borne viruses i.e. hepatitis B, Hepatitis C and Human Immunodeficiency Virus (HIV) and tuberculosis.

Health Care Workers are prone to contracting and spreading infection as they have contact with infectious patients, as a result they can spread these infections to other patients and vulnerable patient groups. Therefore the Department of Health; Health Protection Division and General Health Protection (2007) state that all new health care workers in NHS and non-NHS organisations are required to have the following health clearance:

- Tuberculosis
- Hepatitis B
- Hepatitis C
- HIV

The Department of Health also recommends that health care workers are offered immunity against varicella (Department of Health 2006a), measles (Department of Health 2006b) and rubella (Department of Health 2006c) to prevent the spread of these illnesses to vulnerable patients.

2. Definitions

HIV: Human Immunodeficiency Virus

Childhood Infections: refer to measles, rubella (also known as German Measles) and Varicella (also known as Chickenpox).

Blood Borne Viruses: refer to HIV, Hepatitis B and Hepatitis C.

Health Care workers: The Department of Health (2006d) define health care workers into four groups:

- **Staff involved in direct patient care**- this includes staff who have regular clinical contact with patients and who are directly involved in patient care e.g. doctors, dentists, midwives and nurses, paramedics and ambulance drivers, occupational therapists, physiotherapists and radiographers. Students and trainees in these disciplines and volunteers who are working with patients must also be included.
- **Non-clinical staff in healthcare settings**- this includes non-clinical ancillary staff who may have social contact with patients but are not directly involved in patient care e.g. receptionists, ward clerks, porters and cleaners.
- **Laboratory and pathology staff**- this includes laboratory and other staff (including mortuary staff) who regularly handle pathogens or potentially infected specimens e.g. technical staff, this may include cleaners, porters, secretaries and receptionists in laboratories. Staff working in academic or commercial research laboratories who handle clinical specimens or pathogens should also be included.
- **Staff handling specific organisms** For some infections, the probability that clinical specimens and environmental samples of UK origin contain the implicated organism, and therefore present any risk to staff, is extremely low. For these infections, routine immunisation of laboratory workers is not indicated. A risk assessment should be undertaken to determine if immunisation is required.

Exposure Prone Procedures: The (Department of Health; Health Protection Division; General Health Protection 2007) page 6 state that Exposure Prone Procedures are:

‘procedures where the worker’s gloved hands may be in contact with sharp instruments, needle tips or sharp tissues (eg 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.’

3. Accountability and Responsibility

3.1 Management

Managers should ensure that their employees can attend the necessary Occupational Health appointments to comply with this guidance and that if an appointment has to be cancelled that it is rebooked as soon as practical.

3.2 Employees

Employees should attend any Occupational Health appointments and notify Occupational Health at the earliest opportunity if they think they may have or may have contracted a Blood Borne Virus. Please note these procedures are managed separately and are detailed in **Management of Clinical Sharps Injuries and Exposure to Blood and High Risk Body Fluid including Needlestick Injuries**

Employees should also attend all necessary Occupational Health appointments and ensure Occupational Health have copies of all requested immunisation and blood test result information as requested.

Employees must follow all safe working practices regarding infection control and handling bodily fluids adhering to the Trusts policies and their own professional bodies guidance.

3.3 Occupational Health

Occupational Health will ensure all New health care worker employees are screened as per the guidance and that all existing health care worker employees are screened if requested by the employee.

All employee Occupational Health Records are confidential, if information is to be disclosed to management or human resources the employee will be notified as to what information is being disclosed.

The Contact number for PTH OH services is 01527 577 242 and the address is PTH Group Ltd, Banham House, Hanbury Road, Stoke Prior, Bromsgrove, Worcestershire B60 4JZ.

4. The Purpose of screening

The purpose of this screening is to ensure that patients are protected and that health care workers are offered treatment at the earliest opportunity (Department of Health; Health Protection Division; General Health Protection 2007). This guidance does not apply to health care workers already employed by the NHS. All health care workers have a legal and ethical duty to protect their patient's health and safety (Department of Health 2005).

The majority of nursing and medical students do not pose a risk of infection to patients, provided that infection control precautions are practiced (Department of

Health; Health Protection Division; General Health Protection 2007). There is a low risk of BBV transmission during Exposure Prone Procedures, but as there is a risk as injury to the health care worker could result in their blood being contaminated with the patient's open tissues (Department of Health; Health Protection Division; General Health Protection 2007). Therefore there are two levels of health checks for health care workers; Standard checks for all health care workers and additional health checks for those health care workers who will perform Exposure Prone Procedures (Department of Health; Health Protection Division; General Health Protection 2007).

Venepuncture, setting up and maintaining Intravenous lines, minor surface suturing, incision of external abscesses, routine vaginal and rectal examinations and simple endoscopic procedures are not Exposure Prone Procedures.

5. Standard Health Checks for Health Care Workers

'Standard health care clearance is recommended for all categories of new health care worker employed or starting training (including students) in clinical care setting, either for the first time or returning to working the NHS.' Page 8 (Department of Health; Health Protection Division; General Health Protection 2007).

The table below shows the health checks that should be included for all health care workers.

Disease	Health Check and Immunisation required
Tuberculosis	<p>Presence of symptoms compatible with Tuberculosis, check for a BCG scar or documentary evidence of tuberculin skin test or BCG, (Department of Health; Health Protection Division; General Health Protection 2007).</p> <p>If there is no BCG scar, no evidence of Tuberculosis disease or documentary evidence then arrange a Mantoux tuberculin skin testing as per policy and procedure PTH-CS-P&P-01-04.</p>
Hepatitis B	<p>All health care workers including students who have contact with blood, blood stained body fluids or patient tissues should be offered immunisation against hepatitis B including investigation of non-response (Department of Health; Health Protection Division; General Health Protection 2007). Check documentary evidence of the vaccination programme. Where there is no evidence start or continue a hepatitis B immunisation programme as per policy and procedure PTH-CS-P&P-01-02.</p>
Hepatitis C	<p>All health care workers should be offered a hepatitis C antibody test and a pre-test discussion in the context of their professional responsibilities if they are found to be hepatitis C positive (Department of Health; Health Protection Division; General Health Protection 2007).</p> <p>If positive a hepatitis C RNA test should be offered. Positive hepatitis C health care workers should not perform Exposure Prone</p>

	Procedures but can continue with all other aspects of their role (Department of Health; Health Protection Division; General Health Protection 2007).
HIV	All health care workers should be offered an HIV antibody test and a pre-test discussion in the context of their professional responsibilities if they are found to be HIV positive (Department of Health; Health Protection Division; General Health Protection 2007). Positive HIV health care workers should not perform Exposure Prone Procedures but can continue with all other aspects of their role, but must remain under regular medical and Occupational health supervision (Department of Health; Health Protection Division; General Health Protection 2007). Exposure to known or undiagnosed Tuberculosis should also be considered (Department of Health; Health Protection Division; General Health Protection 2007).
Varicella	Check documentary evidence of immunity or completed vaccination programme (Department of Health 2006a). If this is not available take bloods for antibody screening and vaccinating as per policy.
Measles	Check documentary evidence of immunity or completed vaccination programme (Department of Health 2006b). If this is not available take bloods for antibody screening and vaccinating as per policy.
Rubella	Check documentary evidence of immunity or completed vaccination programme (Department of Health 2006c). If this is not available take bloods for antibody screening and vaccinating as per policy.

The Department of Health (2005) also comment that for those health care workers who have chronic skin conditions such as eczema, that these workers should avoid invasive procedures that involve sharp instruments or needles when they have lesions as this increases the risk of transmitting a blood borne virus to a patient as the skin is not intact.

A fitness report is submitted to Human Resources to state that the employee is fit for work. Where a health care worker is not fit for work they should be referred and the necessary feedback be sent to Human Resources and their Manager.

6. Additional Health Checks for Health Care Workers who perform Exposure Prone Procedures

The (Department of Health; Health Protection Division; General Health Protection 2007) state that those who require additional checks include; medical students, dental students, dental nurses, dental hygienists, dental therapists, midwives,

paramedics, ambulance technicians and podiatry surgery students and qualified nurses operating in theatres or working in accident and emergency departments. The Department of Health; Health Protection Division; General Health Protection (2007) state that the following groups also need additional health checks:

- health care workers who move into posts where they will be required to perform Exposure Prone Procedures
- health care workers returning to the NHS who may have been exposed to serious communicable diseases while away (this should be based on a risk assessment)

The (Department of Health; Health Protection Division; General Health Protection (2007) page 7 state:

‘For all new health care workers whose post or training requires performance of Exposure Prone Procedures, it is suggested that appointment or admission to training should be conditional on satisfactory completion of standard and additional health checks, i.e. that they are free from infection with hepatitis B, hepatitis C and HIV as well as Tuberculosis. It is therefore recommended that these checks be carried out early in the appointments/admissions process’

Health care workers who apply for a post or training which may involve exposure prone procedures and who decline to be tested for HIV, Hep B and Hep C should not be cleared to perform exposure prone procedures (Department of Health; Health Protection Division; General Health Protection 2007).

Tuberculosis

At the time of writing the Department of Health does not give any additional specific advice for those health care workers infected with Tuberculosis.

Hepatitis B

In addition to being offered immunisation against hepatitis B the Department of Health; Health Protection Division; General Health Protection (2007) recommends that health care workers who are carrying out Exposure Prone Procedure should be tested for hepatitis B surface antigen (HBsAg) so that those potentially with the infection cannot be missed and hepatitis B antibody (anti-HBs). Health care workers

care workers whose HBsAg is unknown should not perform Exposure Prone Procedure, (Health Service Guidelines (93)40 1993). Those who are surface antigen negative (HBsAg –ive) can perform Exposure Prone Procedure (Department of Health; Health Protection Division; General Health Protection 2007; Health Service Guidelines (93) 40 1993; Health Service Circular 2000/20).

Those who are surface antigen positive, HBsAg +ive, should then be tested for hepatitis B e-markers, if they are e-antigen positive, HBeAg +ive, then they should not be allowed to perform Exposure Prone Procedure, if they are e-antigen negative, HBeAg –ive then should have their hepatitis B viral load (HBV DNA) tested. If the viral load is greater than 10^3 genome equivalents per ml then the individual must not perform Exposure Prone Procedure. If the viral load is less than 10^3 genome equivalents per ml then the individual need not have their work practices restricted, and that they should have their viral load tested every 12 months (HCS 2000/020). Whilst an individuals HBsAg status is unknown they must not perform Exposure Prone Procedure (Health Service Guidelines (93)40 addendum). Any health care worker who is HBsAg +ive should be referred to the Occupational Health Physician (OHP) at the earliest opportunity.

The health care worker concerned should be informed of their surface antigen results and surface antibody results and the implications on their practice. Please see the Hepatitis B policy and procedure document PTH-CS-P&P-01-20 for further details and the Blood Borne Virus policy and procedure document PTH-CS-P&P-01-48 for advice regarding sharps and similar injuries.

Hepatitis C

The Department of Health; Health Protection Division; General Health Protection (2007) state that those health care worker performing Exposure Prone Procedures should be tested for hepatitis C antibody, those who are negative can perform Exposure Prone Procedure and those who are positive should be tested for hepatitis C RNA to detect the presence of the current infection; if they are hepatitis C RNA positive they should not be allowed to perform Exposure Prone Procedures (Department of Health; Health Protection Division; General Health Protection 2007). Any health care worker who is hepatitis C RNA positive must be referred to the OHP at the earliest opportunity. Qualitative testing for hepatitis C virus RNA should be carried out in accredited laboratories, these are given by (Department of Health; Health Protection Division; General Health Protection 2007).

The Health Service Circular 2002/010 states that hepatitis C infected health care workers who have a sustained virological response to antiviral therapy should be allowed to perform Exposure Prone Procedure six months after the treatment stopped and as a further check they should still be shown to be hepatitis C virus RNA negative 6 months later.

Those who are hepatitis C virus RNA positive who are about to start training which requires them to perform Exposure Prone Procedures should be restricted from starting such training until they are no longer carrying the virus (Health Service Circular 2002/010).

HIV

Health care workers who perform Exposure Prone Procedures should also be tested for HIV antibody, those who are negative can perform Exposure Prone Procedures, those who are positive must not perform Exposure Prone Procedures (Department of Health 2005). The Department of Health (2005) state that those health care workers who are HIV positive can continue to give clinical care, but must remain under regular medical and Occupational Health Supervision. The PTH OHA or nurse must refer any HIV positive health care worker to the OHP at the earliest opportunity.

The Department of Health (2005) also states citing the Disability Discrimination Act (2005) that as far as practical the confidentiality of the infected health care worker should be protected and that the employer has a duty to arrange suitable alternative work and retraining opportunities. In addition such health care workers should not be placed in environments where they are likely to come in to contact with known or undiagnosed Tuberculosis (Department of Health 2005).

A fitness report is submitted to Human Resources to state that the employee is fit for work. Where a health care worker is not fit for work they should be referred and the necessary feedback be sent to Human Resources and their Manager.

Validated Samples

The Department of Health; Health Protection Division & General Health Protection (2007) page 23 state that:

'Laboratory test results required for clearance for performing Exposure Prone Procedures must be derived from *an identified, validated sample* . Results should not be recorded in occupational health records if not derived from an identified, validated sample.

An identified, validated sample is defined according to the following criteria:

- The healthcare worker should show proof of identity with a photograph – NHS trust identity badge, new driver’s licence, some credit cards, passport or national identity card – when the sample is taken.
- The sample of blood should be taken in the occupational health department.
- Samples should be delivered to the laboratory in the usual manner, not transported by the healthcare worker.
- When results are received from the laboratory, the clinical notes should be checked for a record that the sample was sent by the occupational health department at the relevant time.

Occupational Health will only accept identified, validated sample that are within 18 months of the date taken. Identified, validated sample longer than this should be repeated by Occupational Health.

7. Informing Management and Human Resources that Health Care Workers cannot perform Exposure Prone Procedures

The Department of Health (2005) advise that when managing an HIV infected health care worker that the OHP liaises closely with the medical HIV specialist with the employee’s consent. Management and/or Human Resources will only be informed regarding the employee’s fitness for work status and medical details will not be disclosed without the employee’s consent.

8. Non Clinical Staff in Healthcare settings

Those employees who are not necessary from health or medical discipline still require some immunisations. The Department of Health (2006d) define these as non-clinical ancillary staff who may have social contact with patients but are not directly involved in patient care e.g. receptionists, ward clerks, porters and cleaners. The recommendation for this group is that they are immunised against varicella, measles and rubella for their own protection and to prevent the transmission of these diseases to vulnerable groups. Satisfactory evidence of protection:

- MMR- would include documentation of having received two doses of MMR or having had positive antibody tests for measles and rubella.
- Varicella- would include a definite history of chickenpox or herpes zoster can be considered protected or having had a positive antibody test for varicella or documentary evidence of two varicella vaccines.

9. Immunisation Screening Overview for Health Care Workers

In summary the table below indicates what Immunisation check each health care worker requires before being signed by the OH Adviser as fit for work. This is indicated by a ‘☺’ in the relevant box of the table.

Job Title/ Role	BCG Scar	Hep B Assess & Give Hep B1 or cont immunisation course	Varicella & Rubella Assess	Varicella & Rubella Bloods	HIV, Hep C & Hep B Virus Bloods
Health Care Worker undertaking Exposure Prone Procedure	☺	☺	☺	☺	☺
Health Care Workers not undertaking Exposure Prone Procedure	☺	☺	☺	☺	*
Non-Clinical staff in Health Care settings			☺	☺	
Laboratory & pathology Staff	☺	☺	☺ MMR Only	☺ MMR Only	

* Can be offered, but is not mandatory

10. Process for monitoring compliance and effectiveness of the policy/guidelines/procedure

Management (or Human Resources where the manager is not known to Occupational Health) are informed if employees do not attend appointments and when Occupational Health cannot or are unable to contact the prospective/current employee.

11. References

2002/010 Health Service Circular *Hepatitis C Infected Health Care Workers* (14 August 2002) Sir Liam Donaldson.

Health Service Guidelines (93)40 (1993) Protecting health care workers and patients from hepatitis B (18 August 1993) and its Addendum.

The Department of Health / Health Protection Division ; General Health Protection (2007) *Health Clearance for Tuberculosis, Hepatitis B, Hepatitis C and HIV: New Healthcare Workers*. Gateway reference 5514.

The Department of Health (2005) *HIV infected health care workers: Guidance on Management and Patient notification* (July 2005). Gateway reference 4557.

The Department of Health (2006a) *The Green Book Chapter 34- Varicella* (December 2006).

The Department of Health (2006b) *The Green Book Chapter 2- Measles* (December 2006).

The Department of Health (2006c) *The Green Book Chapter 28- Rubella* (December 2006).

The Department of Health (2006d) *The Green Book Chapter 12- Immunisation of healthcare and laboratory staff* (December 2006).

12. Process for review of the document

Suggest review end of PTH contract date. This date will be brought forward if there are any legislative or process changes.

Appendix B