

**Hepatitis C** Infected Health Care Workers



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## HEPATITIS C INFECTED HEALTH CARE WORKERS

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## HEPATITIS C INFECTED HEALTH CARE WORKERS

### Introduction

1 This guidance is intended to assist in implementation of Health Department Letter (HDL) (2002)75 'Hepatitis C Infected Health Care Workers'. It is also available on the Executive's web site at <http://www.show.scot.nhs.uk/sehd/hdl.asp>

### Summary of HDL (2002)75

2 HDL (2002)75 builds upon previous advice from the Advisory Group on Hepatitis that hepatitis C infected health care workers associated with transmission of infection to patients should no longer perform exposure prone procedures.<sup>1</sup> It recommends that employers put arrangements in place as soon as possible so that:

- the HDL and this guidance are brought to the attention of all health care workers who perform, or who may perform, exposure prone procedures;
- health care workers who already know themselves to have been infected with hepatitis C (i.e. who have antibodies to hepatitis C virus) and who carry out exposure prone procedures should be tested for hepatitis C virus RNA. This testing is not necessary for health care workers who are already known to be hepatitis C virus RNA positive. Those found to be carrying the virus (i.e. who are hepatitis C RNA positive) should not be allowed to perform exposure prone procedures in future;

<sup>1</sup> Exposure prone procedures are those where there is a risk that injury to the health care worker could result in exposure of the patient's open tissues to the blood of the health care worker. Such procedures occur mainly in surgery (including some procedures in minor surgery carried out by GPs), obstetrics and gynaecology, dentistry and midwifery. An illustrative list of exposure prone procedures is contained in *Guidance on the management of HIV/AIDS infected health care workers and patient notification* (issued in Scotland under NHS MEL (1999) 29). Revised guidance to replace this version is currently out for consultation see <http://www.scotland.gov.uk/library5/health/ahhc-00.asp>

- health care workers who are intending to undertake professional training for a career that relies upon the performance of exposure prone procedures should be tested for antibodies to hepatitis C virus and, if positive, for hepatitis C virus RNA. Those found to be hepatitis C virus RNA positive should be restricted from starting such training whilst they are carrying the virus;
- health care workers who perform exposure prone procedures and who believe that they may have been exposed to hepatitis C infection should promptly seek and follow confidential professional advice (e.g. from an occupational health physician) on whether they should be tested for hepatitis C. They should cease performing exposure prone procedures if they are carrying the virus;
- hepatitis C infected health care workers who have responded successfully to treatment with antiviral therapy should be allowed to resume exposure prone procedures, or to start professional training for a career that relies upon the performance of exposure prone procedures. Successful response to treatment is defined as remaining hepatitis C virus RNA negative 6 months after cessation of treatment. Successfully treated health care workers will be allowed to return to performing exposure prone procedures at that time. As a further check, they should be shown still to be hepatitis C virus RNA negative 6 months later;

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- staff are provided with information and training about measures to reduce the risk of occupational exposure to hepatitis C infection (e.g. safe handling and disposal of sharps and measures to reduce risks during surgical procedures).

### Previous advice and scope of new guidance

3 The Advisory Group on Hepatitis (AGH) recommended in 1995 that hepatitis C infected health care workers associated with transmission of infection to patients should no longer perform exposure prone procedures.<sup>2</sup> However, there have now been five incidents in the UK in which hepatitis C infected health care workers have transmitted infection to 15 patients, and the AGH has made further recommendations to protect patients. HDL (2002)75 introduces additional restrictions

based on the AGH's recommendations.

4 The guidance applies to all health care workers in NHSScotland who carry out exposure prone procedures, including independent contractors such as general dental and medical practitioners (and relevant staff); independent midwives; students; locums and agency staff and visiting health care workers. NHS Trusts/Island NHS boards that arrange for NHS patients to be treated by private sector hospitals should ensure that this guidance is observed by health care workers who perform exposure prone procedures on NHS patients. The independent healthcare sector is required to have appropriate infection control procedures. Under the national care standards for this sector these should reflect relevant professional guidance. The

<sup>2</sup> Communicable Disease Surveillance Centre. Hepatitis C virus transmission from health care worker to patient. *Commun Dis Rep CDR Wkly* 1995; 5: 121

guidance applies to the independent health care sector.<sup>3</sup>

### Transmissions to patients from hepatitis C infected health care workers

5 The first reported incident in the UK was in 1994 in which a health care worker infected with hepatitis C transmitted infection to a single patient.<sup>4</sup> The four other incidents in the UK which have occurred since then have

been reported in the Public Health Laboratory Services' CDR Weekly.<sup>5</sup> There had been one previous incident reported in Spain.<sup>6</sup> There have since been two reports from Germany<sup>7</sup> and an incident from the US involving a cardiac surgeon is currently being investigated.<sup>8</sup> Hepatitis C can cause serious liver disease leading to cirrhosis and in a small proportion of cases, primary liver cancer.

<sup>3</sup> The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002

National Care Standards Scottish Executive Health Department 2002. [www.scotland.gov.uk/publications](http://www.scotland.gov.uk/publications). The standards published to date apply to independent hospitals and non-NHS hospices. Standards for specialist clinics (providing cosmetic surgery, diet and laser treatment), wholly private medical practices and wholly private dental practices are currently being developed and will be published next year.

<sup>4</sup> Duckworth GJ, Heptonstall J and Aitken C for the Incident Control Team and Others. Transmission of hepatitis C virus from a surgeon to a patient. *Commun Dis Public Health* 1999; 2: 188-192

<sup>5</sup> CDSC. Transmission of hepatitis C virus from surgeon to patient prompts lookback. *Commun Dis Rep CDR Weekly* 1999; 9:387. CDSC. Two hepatitis C lookback exercises – national and in London. *Commun Dis Rep CDR Weekly* 2000; 10:125,8. CDSC. Hepatitis C lookback exercise. *Commun Dis Rep CDR Weekly* 2000; 10:203,6. CDSC. Hepatitis C lookback in two trusts in the south of England. *Commun Dis Rep CDR Weekly* 2001; 11 No 21 (24 May 2001).

<sup>6</sup> Esteban JI, Gomez J, Martell M, Cabot B, Quer J, Camps J, Gonzalez A, Otero T, Moya A, Esteban R and Guardia J. Transmission of hepatitis C virus by a cardiac surgeon. *N Engl J Med* 1996; 344: 555-560

<sup>7</sup> Ross RS, Viazov S, Roggendorf M. Phylogenic analysis indicates transmission of hepatitis C virus from an infected orthopaedic surgeon to patient. *J Med Virol* 2002; 66: 461-467 and Ross RS, Viazov S, Thormahlen M, Bartz L, Tamm J, Rautenberg P, Roggendorf M, Deister A. Risk of hepatitis C transmission from an infected gynaecologist to patients: results of a 7-year retrospective investigation. *Arch Int Med* 2002; 162(&): 805-810.

<sup>8</sup> See <http://www.newsday.com/ny-lihep28.story> and <http://www.newsday.com/news/local/newyork/ny-hep0419.story>

### Minimising the risk of occupational exposure to hepatitis C infection

6 There is no vaccine to protect against hepatitis C infection. Therefore health care workers remain at risk of infection because of occupational injuries that may expose them to the blood of infected patients. It is therefore essential that employers provide staff with information and training about measures to reduce the risk of occupational exposure to hepatitis C such as safe handling and disposal of sharps, measures to reduce risks during surgical procedures, and decontamination and waste disposal. The Scottish Executive Health Department publication *Needlestick Injuries: sharpen your awareness* placed a requirement on NHSScotland employers to provide specific good practice needlestick injury

awareness and avoidance courses based on the educational needs of particular staff groups. It recommended that all staff likely to have access to needles or sharps should attend. The UK Health Department's publication *Guidance for clinical health care workers: protection against infection with blood-borne viruses* provides relevant advice.<sup>9</sup>

<sup>9</sup> *Guidance for clinical health care workers: protection against infection and blood-borne viruses* (issued under cover SODH/CMO (98) 12)

## Restriction on practice of hepatitis C infected health care workers

7 The Advisory Group on Hepatitis has assessed that the risk of transmission of hepatitis C from a health care worker of unknown hepatitis C status during exposure prone procedures is low. It does not, therefore, advise that all health care workers doing exposure prone procedures should be routinely tested for hepatitis C. However, it has recommended the following precautionary measures to reduce the risk of infection to patients:

### *Health care workers who know that they have been infected with hepatitis C and who carry out exposure prone procedures*

(a) Health care workers who know that they have been infected with hepatitis C (i.e. who have

antibodies to hepatitis C virus) and who carry out exposure prone procedures, should be tested for the hepatitis C virus RNA. Health care workers in this position should take account of their regulatory bodies' statements on professional responsibilities in relation to communicable disease. This testing is not necessary for health care workers who are already known to be hepatitis C virus RNA positive. Those found to be carrying the virus (i.e. who are hepatitis C virus RNA positive) should be restricted from performing exposure prone procedures in future, unless they have responded successfully to treatment (see paragraph 12). Occupational Health Departments will have a role to play in identifying such health care workers and bringing this guidance to their attention. Health care workers who have antibodies to the

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hepatitis C virus and are hepatitis C RNA negative should be allowed to continue performing exposure prone procedures.

***Health care workers intending to begin professional training for a career that relies upon the performance of exposure prone procedures***

(b) Health care workers intending to embark upon careers that rely upon the performance of exposure prone procedures should be tested for antibodies to hepatitis C virus and, if positive, for hepatitis C virus RNA. Those found to be hepatitis C virus RNA positive should not commence training for such careers unless they have a sustained virological response to treatment (see paragraph 12). It will obviously be to the advantage of health care workers to establish their

hepatitis C status early as they make their career choices. The time for testing may vary depending upon the particular chosen career, but the following are considered appropriate:

- junior doctors entering all surgical specialities, including obstetrics and gynaecology, should be tested before their first SHO post (this will include those posts in accident & emergency where doctors may be called upon to perform exposure prone procedures and GP trainees, if they are to carry out minor surgery in general practice);
- prospective dental students should be tested before entry into dental school, as exposure prone procedures form an integral part of their training and in the work of dentists;

- prospective midwifery students should be tested before embarking on midwifery courses; if they are hepatitis C virus RNA positive, they should only be allowed to proceed with training on the understanding that they will not be able to perform exposure prone procedures, and hence not be able to undertake the full ranges of activities in the specialty;
- nurses should be tested before they move to specialised areas of work where they may be required to perform exposure prone procedures, e.g. operating theatre and accident & emergency nursing;
- ambulance staff should be tested before they embark on training as paramedics or technicians;
- podiatrists should be tested before they commence training in podiatric surgery.

This list covers the major specialties but is not intended to be exhaustive.

It is not currently considered necessary for medical students to be tested for hepatitis C routinely, as those embarking on careers that involve exposure prone procedures will be tested at SHO level (see above). However, an expert *ad hoc* group has just completed an assessment of the potential health risk posed to patients from health care workers new to the NHS, infected with serious communicable diseases (in particular HIV, hepatitis B virus, hepatitis C virus and TB).<sup>10</sup> Further guidance will follow on this.

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<sup>10</sup> This would include health care workers newly recruited or working in the NHS for the first time, including students.

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### *Health care workers who perform exposure prone procedures and who may have been exposed to hepatitis C infection*

(c) Health care workers, who perform exposure prone procedures and who believe that they may have been at risk of acquiring hepatitis C, should promptly seek and follow confidential professional advice on whether they should be tested for hepatitis C. Testing should be for antibodies to hepatitis C virus, and if positive, for hepatitis C virus RNA. Health care workers should take account of their regulatory bodies' statements on professional responsibilities in relation to communicable disease. The major risk factors for hepatitis C in the general population are:

- receipt of a blood transfusion prior to the introduction of screening of all donations in September 1991;
- use of blood clotting factors prior to the introduction of heat treatment process to protect against hepatitis C and other viruses. In Scotland heat treated Factor VIII and IX were available in 1987 and 1985 respectively;
- the sharing of injecting equipment whilst misusing drugs.

(d) Additionally the following risk factors also apply to health care workers:

- having been occupationally exposed to the blood of patients known to be infected, or deemed to be at high risk of infection, with hepatitis C by sharps or other injuries (see paragraphs 17-21 on the management of blood exposure incidents);
- involvement as a health care worker or patient in invasive medical, surgical, dental or midwifery procedures in parts of the world where infection control precautions may have been inadequate, or with populations with a high prevalence of HCV infection.

8 Occupational health departments should be available to discuss with health care workers whether they may have been exposed to hepatitis C infection occupationally or otherwise; whether they should be tested for hepatitis C; and the implications of a positive test. Health care workers who are found to be carrying the virus should be restricted from carrying out exposure prone procedures unless they have shown a sustained virological response to treatment (see paragraph 12).

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### Testing for hepatitis C virus RNA

- 9 Qualitative testing for hepatitis C virus RNA should be carried out in accredited laboratories which are experienced in performing such tests, and which participate in appropriate external quality assurance schemes. Two samples taken a week apart should be tested for each health care worker. The assays used should have a minimum sensitivity of 50 IU per ml. Health care workers do not need to cease performing exposure prone procedures whilst testing is carried out, provided this is done promptly.

### Use of identified and validated samples

- 10 Those commissioning tests for hepatitis C antibodies or hepatitis C virus RNA should ensure that samples tested are from the health care worker in question. Health care workers should not provide their own specimens. The following standards for occupational health data recording have been agreed with the Association of NHS Occupational Physicians (ANHOPS) and the Association of NHS Occupational Health Nurse Advisors (ANHONA):

- laboratory test results required for clearance for undertaking exposure prone procedures must be derived from an identified, validated sample (IVS). Results should not be recorded in occupational health records if not derived from an IVS;

- an IVS is defined according to the following criteria:
  - the health care worker should show a proof of identity with a photograph – Trust identity badge, new driver's licence, some credit cards or passport, 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 health care worker;
  - when results are received from the laboratory, check that the sample was sent by the occupational health department.
- 11 On request, occupational health departments may wish to arrange testing for health care workers who are currently not employed. Trusts are not expected to meet the costs of testing for these individuals, unless such testing forms parts of pre-employment assessment. If it does not, Trusts may wish to seek reimbursement of the testing costs from individual health care workers, or in the case of doctors employed by a locum agency, from the agency itself in accordance with the national contract specification. NHS boards have received funding to provide an occupational health and safety service through the local occupational health service to general medical and dental practitioners and their staff. As a priority the occupational health service has been asked to provide:

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- pre-employment checks on all prospective employees;
- screening programmes;
- immunisation programmes;
- accidental blood exposure treatment programme.

NHS boards will wish to ensure that occupational health boards locally are offering and providing the service to general medical and dental practitioners and their staff, particularly where individuals are performing exposure prone procedures.

### Health care workers who have had antiviral therapy

**12** Hepatitis C infected health care workers who have been treated with antiviral therapy, and who remain hepatitis C virus RNA negative for at least 6 months after cessation of treatment, should be permitted to return to performing exposure prone procedures at that time. As a further check, they should be shown to be Hepatitis C virus RNA negative 6 months later. Provided that the criteria above are met, a return to exposure prone procedures would be a local decision and would not need to be referred to the UK Advisory Panel for Health Care Workers Infected with Blood-borne Viruses (UKAP). However, UKAP is available to provide advice if required.<sup>11</sup>

<sup>11</sup> UKAP may be contacted via its Secretariat: The Medical Secretary, UKAP, Room 635B Skipton House, 80 London Road, London SE1 6LH. Telephone 020 7972 1533

### Health care workers who refuse to be tested

- 13 Health care workers, who already know that they have been infected with hepatitis C, or who are intending to undertake professional training for a career that relies upon the performance of exposure prone procedures, and who refuse to be tested, should not be allowed to carry out exposure prone procedures in future or start their training.

### Occupational health advice to hepatitis C infected health care workers

- 14 Arrangements should be made to provide individual health care workers with access to a consultant occupational health physician. Occupational health departments should explain to health care workers the purpose of the new testing arrangements

and how they might affect continued performance of exposure prone procedures. After testing, occupational health departments should inform health care workers of the results of their tests and the implications for their working practice. Occupational health departments should refer hepatitis C infected health care workers for specialist clinical assessment, if this has not already taken place. All hepatitis C infected health care workers should be given accurate and detailed advice on ways of minimising the risks of transmission in the health care setting and to close contacts.<sup>12</sup>

<sup>12</sup> *Guidance for clinical health care workers: protection against infection with blood-borne viruses* (issued under cover of SODH/CMO (98) 12) contains advice on infection control.

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### Confidentiality

**15** It is extremely important that hepatitis C infected health care workers receive the same right of confidentiality as any patient seeking or receiving medical care. Occupational health staff, who work within strict guidelines on confidentiality, have a key role in this process. It is recommended that occupational health departments are closely involved in revising local procedures for managing hepatitis C infected health care workers. Occupational health notes are separate from other hospital notes. Occupational health staff are ethically and professionally obliged not to release information without the consent of the individual. There are occasions when an employer may need to be advised that a change of duties should take place, but hepatitis C status itself will not normally be

disclosed without the health care worker's consent. Where patients are, or have been, at risk, however, it may be necessary in the public interest for the employer to have access to confidential information. Employers should ensure that data are collected and stored in accordance with the Data Protection Act.

### Duties of other health care workers

**16** Health care workers who know or have good reason to believe (having taken steps to confirm the facts as far as practicable), that a hepatitis C infected health care worker has not complied with this guidance or followed advice to modify their practice, should inform an appropriate person in the health care worker's employing or contracting authority (e.g. a consultant occupational health

physician, Trust Medical Director or Director of Public Health), or where appropriate, the relevant regulatory body. Health care workers may wish to seek advice from their regulatory and professional bodies before passing such information on. Such cases are likely to arise very rarely. Wherever possible, the health care worker should be informed before information is passed to an employer or regulatory body.

### Management of blood exposure incidents

17 As recommended in SODH/CMO(98)12: *Guidance for clinical health care workers: protection against infection with blood-borne viruses*, each employer should draw up a policy on the management of blood exposure incidents for both staff and patients. Each NHS Trust/Island NHS board

should designate one or more doctors to whom health care staff or any other person present in the health care setting may be referred immediately for advice if they have been exposed, or have exposed others, to potentially infected blood. Local policies should also specify who will be responsible for the follow-up of any staff or patients who have been exposed. Dental and medical practitioners in primary care should also ensure that similar procedures are in place for themselves and their staff.

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**18** Guidance on the investigation and appropriate management of occupational exposure to blood has been published by UK Health Departments and the Public Health Laboratory Service.<sup>13</sup> A summary of the Public Health Laboratory Service's recommendations about the investigation of and follow-up of health care workers in relation to hepatitis C when they have been occupationally exposed to blood is shown below.

### Known hepatitis C infected source

- obtain baseline serum for storage from health care worker
- obtain serum/EDTA for HCV RNA testing at 6 and 12 weeks
- obtain serum for anti-HCV testing at 12 and 24 weeks

### Source known not to be infected with hepatitis C

- obtain baseline serum for storage from health care worker
- obtain follow-up serum if symptoms or signs of liver disease develop

### Hepatitis C status of source unknown

- obtain baseline serum for storage from health care worker
- designated doctor to perform risk assessment

### High risk

- manage as known infected source

### Low risk

- obtain serum for anti-HCV testing at 24 weeks.

<sup>13</sup> *Guidance for clinical health care workers: protection against infection with blood-borne viruses* (issued under cover SODH/CMO (98) 12) contains advice on the management of blood exposure incidents. The Public Health Laboratory Service has published guidance on the management of occupational exposure to Hepatitis C – Ramsay ME. Guidance on the investigation and management of occupational exposure to hepatitis C. *Commun Dis Public Health* 1999; 2: 258-262. <http://www.phls.co.uk/publications/CDPHvol2/no4/guidelines.pdf>

Health care workers found to have acquired hepatitis C infection following occupational exposure should be referred as soon as possible for specialist assessment.

19 There is currently no post-exposure prophylaxis for hepatitis C. However, a recent study suggests that early treatment of acute hepatitis C infection may prevent chronic hepatitis C infection.<sup>14</sup> This underlines the need for careful management and follow-up of occupational exposures and early referral for specialist occupational medicine and gastroenterology/hepatology/infectious diseases assessment if infection has been transmitted.

20 This guidance is directed mainly at health care workers, but patients who are exposed to blood should be managed in the

same way as exposed health care workers. There may be occasions when a patient is accidentally exposed to the blood of a health care worker who may be infected with hepatitis C in circumstances that may or may not involve exposure prone procedures. Health care workers are under ethical and legal obligations to take all proper steps to safeguard the interests of their patients. This would include ensuring that in the event of a patient being exposed to the infected health care worker's blood, information about the latter's status was reported to the appropriate person to consider what action might be necessary for the wellbeing of the patient. The General Medical Council's guidance *Good Medical Practice* and *Serious Communicable Diseases* state that doctors who have a serious communicable disease and

<sup>14</sup> Jaeckel E, Cornberg M, Wedemeyer H, Santantonio T, Mayer J, Zankel M, Pastore G, Dietrich M, Trautwein C and Manns M, for the German Acute Hepatitis C Therapy Group. *Treatment of acute hepatitis C with interferon alfa-2b.* *N Engl J Med* 2001; 345: 1452-1457. <http://www.content.nejm.org/cgi/content/full/345/20/1452>

continue in professional practice must have appropriate medical supervision and should not rely upon their own assessment of the risks they pose to patients. Statements from the General Dental Council and the Nursing and Midwifery Council also emphasise the duties of health care workers to safeguard the wellbeing of their patients.

**21** The Scottish Centre for Infection and Environmental Health carries out national surveillance of health care workers who have been occupationally exposed to blood-borne viruses. Occupational exposures to hepatitis C should be reported through this surveillance scheme (for enquiries, please contact the research nurse at SCIEH on telephone number 0141-300 1100 extension 1133).

### Patient notification exercises

**22** Whenever a transmission of hepatitis C from an infected health care worker to a patient is detected, notification of other patients of that health care worker who have undergone exposure prone procedures, with the offer of serological testing, should normally follow. Most new infections with hepatitis C are asymptomatic. It has yet to be determined whether there is a need for automatic patient notification exercises when a hepatitis C virus RNA positive health care worker is identified in the absence of evidence of transmission. Until more precise indications for patient notification in this situation can be defined, the UK Advisory Panel for Healthcare Workers Infected with Blood-borne Viruses (UKAP) should be approached for advice whenever

a patient notification exercise is being considered, and before preparations for such an exercise are put in train.<sup>15</sup>

### Redeployment, retraining and benefits

**23** It is expected that relatively small numbers of health care workers will be affected by the new restrictions and their retraining/redeployment needs will vary. Employers should make every effort to arrange suitable alternative work and retraining opportunities in accordance with good general principles of occupational health and management practice.

**24** NHS employers already assist and support cases where staff retraining or redeployment is necessary for a variety of reasons. Postgraduate medical and dental deans also play an important role in retraining or

redeployment programmes for doctors and dentists, not only within the training grades, but often within the career grades too. Professional bodies may also be able to provide advice. Local employers are best placed to support staff displaced because of the new restrictions, and to ensure that the process is handled sympathetically and sensitively. Medical Directors will have an important contribution to make. NHS Trusts will want to consider the training and development needs of the non-medical workforce (e.g. midwives) using training and development opportunities available within the Trust and facilitated through NHS Education for Scotland. In particularly difficult cases which cannot be resolved locally, employers will be able to draw on advice from the Scottish Executive Health Department's Human Resources Directorate

<sup>15</sup> UKAP may be contacted via its Secretariat: The Medical Secretary, UKAP, Room 635B Skipton House, 80 London Road, London SE1 6LH. Telephone 020 7972 1533

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(contact: Bill Welsh, Directorate of Human Resources, Ground Floor Rear, St Andrew's House, Edinburgh EH1 3DG; telephone: 0131-244 2492).

**25** The NHS Injury Benefits Scheme and the Industrial Injuries Disablement Benefit Scheme provide benefits where hepatitis C has been occupationally acquired. Occupational health services locally should provide health care workers with advice in cases where entitlement to benefits for occupationally acquired infection is under consideration. Details of the benefits available under the Injury Benefit Regulations for NHS employees in Scotland can be obtained from the Scottish Public Pension Agency, Injury Benefit Section, 7 Tweedside Park, Galashiels TD1 3TE (Telephone 01896 893111).

**26** The NHS Injury Benefits Scheme and the Industrial Injuries Disablement Benefit Scheme provide benefits where hepatitis C has been occupationally acquired. The NHS Injury Benefits Scheme provides temporary or permanent benefits for all NHS employees who lose NHS remuneration because of an injury or disease attributable to their NHS employment. The scheme is also available to general medical and dental practitioners working in the NHS. Under the terms of the scheme, it must be established whether, on the balance of probabilities, the injury or disease was wholly or mainly attributable to the duties of the NHS employment. The Industrial Injuries Disablement Benefit Scheme provides benefits where viral hepatitis (including hepatitis C) has been acquired as a result of an accident arising out of, and

in the course of, employment, e.g. a needlestick injury.

27 Ill-health retirement benefits under the NHS Pension Scheme may be payable when health care workers are permanently incapable of performing their duties because of their hepatitis C infection. Information on ill-health retirement is available from Scottish Public Pension Agency, Injury Benefit Section, 7 Tweedside Park, Galashiels TD1 3TE (telephone 01896 893111).

#### Associated documentation

- SODH/CMO (98) 12: *Guidance for clinical health care workers: protection against infection with blood-borne viruses*
- NHS MEL (1999) 29: *Guidance on the management of AIDS/HIV infected health care workers and patient notification*
- Ramsay M E. Guidance on the investigation and management of occupational exposure to hepatitis C. *Commun Dis Public Health* 1999; 2: 258-262. <http://www.phls.co.uk/publications/CDPHvol2/no4/guidelines.pdf>
- The provision of occupational health and safety services for general medical and dental practitioners and their staff. (Department of Health 2001) (<http://www.show.nhs.uk/publicationsindex.htm>).

## HEPATITIS C INFECTED HEALTH CARE WORKERS

## ANNEX A EXPOSURE PRONE PROCEDURES

1 Exposure prone procedures are those invasive procedures where there is a risk that injury to the worker may result in the exposure of the patient's open tissues to the blood of the worker. These include procedures where the worker's gloved hands may be in contact with sharp instruments, needle tips or sharp tissues (e.g. spicules of bone or teeth) inside a patient's open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times. However, other situations, such as pre-hospital trauma care and care of patients where the risk of biting is regular and predictable, should be avoided by health care workers restricted from performing exposure prone procedures.

2 When there is any doubt about whether a procedure is exposure prone or not, advice should be sought in the first instance from a consultant occupational health physician who may in turn wish to consult the UK Advisory Panel for Health Care Workers Infected with Blood-borne Viruses (UKAP). Some examples of advice given by UKAP about exposure prone procedures are provided in *Guidance on the management of HIV/AIDS infected health care workers and patient notification (issued in Scotland under cover of NHS MEL (1999) 29)*.<sup>16</sup> These may serve as a guide but cannot be seen as necessarily generally applicable as the working practices of individual health care workers vary.

<sup>16</sup> Note: A draft of revised guidance (to replace that issued in 1999) is currently out for consultation – see <http://www.scotland.gov.uk/library5/health/ahhc-00.asp> for a copy of consultation document.

3 Procedures 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, are considered not to be exposure prone provided routine infection control procedures are adhered to at all times.

4 Examples of procedures that are not exposure prone include:

- taking blood (venepuncture);
- setting up and maintaining IV lines or central lines (provided any skin tunnelling procedure used for the latter is performed in a non-exposure prone manner i.e. without the operator's fingers being at any time concealed in the patient's tissues in the presence of a sharp instrument);
- minor surface suturing;
- the incision of external abscesses;
- routine vaginal or rectal examinations;
- simple endoscopic procedures.

5 The decision whether a hepatitis C infected worker should continue to perform a procedure which itself is not exposure prone should take into account the risk of complications arising which necessitate the performance of an exposure prone procedure; only reasonably predictable complications need to be considered in this context.

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