Occupational Health Hepatitis B and C Clinical Employment Policy

Including Exposure Prone Procedures and Haemodialysis

Please be advised that the Trust discourages the retention of hard copies of policies and procedures and can only guarantee that the policy on the Trust Intranet is the most up to date version

(The most recent version of this template is available electronically on the Trust intranet/Frequently Used Forms/Integrated Governance. Please use this template in conjunction with the Trust SOP for Approval of MCHFT Guideline / Policy)

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<td>Director of Nursing &amp; Quality &amp; Director of Infection Prevention &amp; Control</td>
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<td>Lead Nurse Occupational Health</td>
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### Risk Rating

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1 **Introduction / Purpose**

Cheshire Occupational Health Service acting on behalf of Mid Cheshire Foundation Trust (MCHFT) and East Cheshire NHS Trust (ECT) are committed to protecting their patients and employees against occupational pathogens. This policy is intended to protect employees and patients from transmission of infection with Hepatitis B and Hepatitis C virus. It is also intended to identify healthcare workers who have active carrier status and restrict their practices accordingly.

It is the policy of the Trust that employees will not be discriminated against on grounds of age, disability, gender, gender re-assignment, marital status, race (including colour, nationality and ethnic or national origins), religion or belief or sexual orientation. The Trust will provide interpretation services or documentation in other mediums as requested and necessary to ensure natural justice and equality of access.

**Purpose**

The purpose of this document is to establish the procedure that will be followed by the Trust in respect of employees who are or may become infected with hepatitis B or C virus. It outlines the responsibility of employees and also the duty of the Trust as the employer. The document is intended to supplement any existing professional and national guidelines.

2 **Process**

2.1 **Immunisation of Staff against Hepatitis B Virus**

The Trust will ensure that all employees who may be exposed to blood or blood-stained body fluids in the course of their employment will be offered a course of Hepatitis B vaccination as per Occupational Health Medicines Information Monographs. Vaccination will be administered by the Occupational Health service free of charge.

Occupational Health will undertake serological testing for post-vaccination Hepatitis surface B antibody (HBsAb) levels. Testing for post-vaccination antibody levels is mandatory for healthcare workers who perform exposure prone procedures. Individuals attending for testing must present with photographic identification to ensure compliance with chain of custody regulations.

Individuals who do not respond to vaccination (i.e. HBsAb less than 10 units/ml indicative of inadequate antibody level after the first course of Hepatitis B inoculations) will require further testing for Hepatitis B surface antigen (HBsAg) and Hepatitis B core antibody (HBcAb).

Individuals negative to HBsAg and HBcAb will be required to undertake further secondary course of Hepatitis vaccination and retesting for Hepatitis B surface antibody.

Individuals who continue to fail to respond to vaccination (Poor/non-responders) will be counselled with respect to their susceptibility to infection and the procedures to be adopted in case of accidental inoculation exposure to Hepatitis B virus.

Individuals testing positive to HBsAg and/or HBcAb will be referred to the Consultant in Gastroenterology for advice and further management.
Individuals with HBsAb levels greater than or equal to 100mIU/ml do not require any further primary doses. In immunocompetent individuals, once a response has been established further assessment of antibody levels is not indicated. They should receive a reinforcing dose of Hepatitis B vaccine at five years as per Occupational Health Medicines Information Monograph.

Individuals with HBsAb levels of 10 to 100mIU/ml should receive one additional dose of vaccine at that time. Further assessment of HBsAb is indicated at greater than 4-weeks after booster dose. Individuals with HBsAb greater than 100mIU/ml after booster should receive the reinforcing dose at five years as per Occupational Health Medicines Information Monograph.

Individuals with HBsAb levels less than 100mIU/ml following additional dose should be offered further vaccine and further assessment of HBsAb at 4-weeks. This process can be repeated to a maximum of 3-times. (i.e. 6-doses of hepatitis B vaccine inclusive of primary course).

It is preferable for individuals to achieve HBsAb levels greater than 100mIU/ml however levels of 10mIU/ml are generally accepted as sufficient to protect against infection.

2.2 Protection of Patients (Exposure Prone Procedures)

The Trust will not discriminate in recruitment against applicants who are carriers of Hepatitis B and Hepatitis C unless there would be a risk of transmission of infection to patients. Such a risk could only occur where exposure prone procedures are performed.

All healthcare workers who perform exposure prone procedures during the course of their employment are reminded of their professional responsibility to contact Occupational Health immediately if they believe that they may have been infected with Hepatitis virus.

Until the results of serological testing are known such employees must not perform exposure prone procedures. Any employee found to be performing exposure prone procedure under these circumstances will be reported to their Clinical Director further sanctions may include reporting to their governing body and result disciplinary sanctions or prosecution.

2.3 New Appointments to the Trust (Exposure Prone Procedures)

Since 2007 healthcare workers who perform exposure prone procedures as a condition of service who are either new entrants to the NHS or transferring in to posts that involve exposure prone procedures for the first time require evidence of Hepatitis B surface antigen status and Hepatitis C antibody status performed at a United Kingdom certified laboratory.

Individuals with incomplete/insufficient documentation or serological testing or documentation not from a United Kingdom certified laboratory or without supplementary evidence of photographic ID verification at the time of sampling will be required to undergo re-testing for hepatitis B and C before being passed as fit to undertake exposure prone procedures by the Occupational Health Service.

If a prospective healthcare worker is shown not to be a carrier of Hepatitis B, but Hepatitis B vaccination fails to give a satisfactory antibody response, there will be no bar to their being employed or undertaking exposure prone procedures.
They should be counselled with respect to their susceptibility to infection (Including the procedures to be adopted should they receive a sharps/accidental inoculation injury). They should be made aware that should they receive an accidental inoculation injury from a Hepatitis B positive source they may require Hepatitis B immunoglobulin and should report to the Occupational Health Service (office hours) or the Emergency Department (out-of-hours) immediately.

2.4 Hepatitis B Infected Healthcare Workers (Exposure Prone Procedures):

If serological testing reveals that the prospective healthcare worker is positive for Hepatitis B surface antigen (HBsAg), then further testing will be required for Hepatitis B ‘e’ antigen (HBeAg), he/she will not be permitted to undertake any exposure prone procedures until the results of the HBeAg test are known. Healthcare workers with ‘e’ antigen positive serological testing will be prohibited from performing exposure prone procedures.

HBsAg positive healthcare workers with ‘e’ antigen negative status should have their Hepatitis B viral load tested (HBV DNA). If HBV DNA is greater than 15mmol/ml the healthcare worker will be excluded from performing exposure prone procedures. NB: HBV DNA testing must take place in UK recognised laboratories with regular quality assurance evaluation procedures in place.

Hepatitis B surface antigen positive healthcare workers who are ‘e’ antigen negative with HBV DNA at or below $10^3$ genome equivalents/ml will be permitted to perform exposure prone procedures.

Under strict adherence to the following criteria:

- The healthcare worker who is Hepatitis B surface antigen positive and ‘e’ antigen negative must have suppressed viral loads at 15mmol/ml or less whilst taking continuous antiviral therapy.
- The healthcare worker must be under the supervised care of a Consultant specialising in viral Hepatitis infection.
- A thorough risk assessment must be completed, and the Medical Director (for medical staff), Director of Nursing (Nursing and Midwifery staff), and the Consultant Microbiologist must be in full agreement with the decision.
- Confirmation of Hepatitis ‘e’ antigen negative status will be required to be undertaken at six-monthly reviews with the Occupational Health Service. Fitness to continue to undertake exposure prone procedures must be received from the occupational health service every 6-months otherwise the healthcare worker must be restricted from undertaking exposure prone procedures.
- The healthcare worker must agree to ad-hoc serological testing as requested.
- Healthcare workers who do not comply with these restrictions will have permission to perform exposure prone procedures withdrawn and could face disciplinary sanctions.

Healthcare workers mentioned above must inform the Occupational Health Service immediately if any circumstances should change. Individuals with viral loads greater than $10^3$ genome equivalents/ml must discontinue performing exposure prone procedures immediately.

Any individual discovered to be knowingly performing exposure prone procedures with raised viral load could face disciplinary sanctions and possible reporting to their professional bodies.
2.5 Locum, Agency Staff, Bank Staff, and Students

The same conditions are attached to the employment of locums and agency and bank staff as above. Students carrying out clinical work should be aware of the policy, and will not be permitted to perform exposure prone procedures until the conditions outlined above have been met.

2.6 Staff in Post

Latest Department of Health guidance does not require retrospective testing of healthcare workers who were already undertaking exposure prone procedures prior to 2007. It is therefore not standard policy of the Occupational Health Service to carry out serological testing for viral hepatitis for current healthcare workers who perform exposure prone procedures during the execution of their contracted duties. However it is incumbent on all employees who suspect they may have contracted hepatitis infection to discontinue exposure prone procedures and inform the Occupational Health Service immediately. These employees will be required to undergo serological testing for hepatitis B and C as indicated for New Employees above.

All clinically based employees and especially those who perform exposure prone procedures are offered vaccination against Hepatitis B and subsequent antibody testing for their own protection. If a healthcare worker who performs exposure prone procedures refuses this offer, he/she will be considered to be HBeAg positive, and managed accordingly, which may include restriction regarding undertaking exposure prone procedures.

The OH Nurse Advisor will counsel any employee who is found to be a non-responder following a course of Hepatitis B vaccine (3 injections) in the first instance, prior to further testing for active infection (including HBcAb and HBsAg).

Healthcare workers, who perform exposure prone procedures and are found to be HBsAg positive but HBeAg negative, will be permitted to continue only if no evidence of transmission of infection to patients can be found and their viral load has been shown to be less than $10^3$ genome equivalents per ml within the previous twelve months.

If a healthcare worker is found to be HBeAg positive, he/she will not be allowed to perform exposure prone procedures. The Occupational Health Consultant may seek advice from a senior specialist who is affiliated to the Association of National Health Service Occupational Physicians, or the UK Advisory Panel for Health Care Workers Infected with Blood Borne Viruses, who will provide advice when there is doubt whether an individual’s activities need to be restricted, or what restrictions are necessary.

Healthcare worker who sustain an inoculation injury during the execution of their contracted duties which results in the transmission of Hepatitis should have the incident reported under Reporting of Incidents and Dangerous Occurrences Regulations (RIDDOR) and full root cause analysis should be completed and documented.

Healthcare workers who are proved to be e-antigen positive or declined to have further testing for markers after not responding to the vaccine will have their cases referred to the Consultant in Occupational Medicine. The Consultant in Occupational Medicine may enlist the assistance of the Medical Director in formulating a decision, in consultation with the Consultant Microbiologist, Clinical Director of appropriate
specialty (if medical staff), or Director of Nursing (if nursing staff), in respect of possible redeployment and/or re-training, so alternative employment may be found.

The healthcare worker continued employment will be based on all relevant circumstances, including the individual’s ability to continue working, the possibility of a move to different duties, any medical advice received, and whether continuing employment is against the employee’s, the employer’s or the public’s interest.

2.7 Hepatitis C Employment Procedure

Since 2007 all healthcare workers who are applying for a post or transferring into a post where they will perform exposure prone procedures for the first time have been routinely tested for Hepatitis C antibody. Any healthcare workers who test positive for Hepatitis C antibody will be required to undergo testing for Hepatitis C RNA to detect the presence of current infection.

Healthcare workers who are Hepatitis C RNA positive will be prevented from undertaking exposure prone procedures. This statute applies to all healthcare workers despite their career stage.

The Director/Deputy Director of HR (or equivalent) and the appropriate clinical director will manage current employees who require redeployment due to Hepatitis C RNA infection. Risk assessment involving the Consultant in Occupational Medicine must be completed before redeployment can take place.

Healthcare workers with Hepatitis C antibody who are RNA negative therefore indicative of old infection will have no restrictions placed upon them undertaking exposure prone procedures. (Subject to approval from the appropriate Medical Director and following thorough risk assessment involving the Consultant in Occupational Medicine)

Qualitative testing for Hepatitis C RNA must be carried out in UK accredited laboratories experienced in such testing that can demonstrate participation in external quality assurance testing.

Healthcare workers should be asked about antiviral treatments when submitting to blood sampling. Employment criteria for healthcare workers who are currently receiving or have received interferon and/or antiviral therapy for hepatitis C will be managed on an individual basis. The Consultant in Occupational Medicine will manage these healthcare workers in consultation with specialists in management of Hepatitis C infection.

2.8. Renal Dialysis Unit Staff Procedure

The activities undertaken by healthcare workers in a renal dialysis unit would not normally be regarded as exposure prone procedures. However, the possibility of transmission from healthcare workers to patients cannot be entirely ruled out in the particular circumstances of a renal unit where all patients have repeated bloodstream access as the key part of their treatment. There is a minimal risk of contamination of the patient by blood or body fluids from healthcare workers.

It is therefore recommended that healthcare workers who work or are being recruited to work in a renal dialysis or renal transplantation unit and who will have clinical contact with patients (i.e. are concerned directly with the hemodialysis process) should be tested for HBsAg.
2.8.1 Renal dialysis staff found to be Hepatitis B surface antigen positive:

Will require further tested for HBeAg. Any healthcare worker found to be HBsAg positive but HBeAg negative should have their HBV DNA levels determined.

Healthcare workers who are either HBeAg positive or are HBeAg negative with a HBV DNA level exceeding $10^3$ genome equivalents per ml should not undertake clinical duties on renal dialysis units. (These restrictions do not apply to employees who have no close patient contact, e.g. secretarial or laboratory employees).

All healthcare workers employed on renal units should be immunized against Hepatitis B virus and their response to vaccine checked. Staff who have not demonstrated immunity to Hepatitis B virus (Poor/non-responders) and have clinical contact with patients should be tested for HBsAg annually.

A finding of HBsAg positivity in a healthcare worker may lead to a thorough investigation of the Hepatitis B virus status of the dialysis patients with whom they have had contact. During this period, the healthcare worker will not be permitted to work on a renal unit in clinical contact with patients. Healthcare workers may only resume work in the unit when found to be HBeAg negative with a viral load not exceeding $10^3$ genome equivalents per ml.

At present, renal units do not need to screen prospective healthcare workers for hepatitis C virus. Applicants who declare they are hepatitis C infected should be referred to the Occupational Health Service for advice but there is at present no bar to employing them on renal units. However, in line with guidelines 5.7 above, healthcare workers infected health care workers who are viraemic (i.e. HCV RNA positive by PCR) should not perform exposure prone procedures.

3 Definitions

**Exposure Prone Procedure (EPP)** is one in which the worker's gloved hand may be in contact with sharp instruments inside a patient's open body cavity, wound, or confined anatomical space, where the fingertips may not be visible at all times. The possibility of performing such procedures must be explicit in the job descriptions of relevant posts (surgeons, emergency department medical staff, critical care anaesthetists, certain nursing staff (scrub nurses), midwives, dentists, dental nurses, and certain General Practitioners) and clearly indicated on the pre-employment job risk assessment.

**Hepatitis B Virus (HBV)** The virus that causes Hepatitis B infection

**Hepatitis C Virus (HCV)** The virus that causes Hepatitis C infection

**Hepatitis B Vaccine** is a vaccine developed for the prevention of hepatitis B virus. The vaccine contains one of the viral envelope proteins, hepatitis B surface antigen. It is produced by yeast cells, into which the genetic code for HBsAg has been inserted. A course of three vaccine injections are given, the second injection at least one month after the first dose and the third injection being administered six months after the first dose. The first and second dose should offer complete protection. The final injection is to prolong protection against the hepatitis B virus.

**Antigen** -a foreign substance in the body, such as the hepatitis B virus.
**Antibody** - a protein that the immune system makes in response to a foreign substance. Antibodies can be produced in response to a vaccine or a natural infection. Antibodies usually protect individuals from future infection.

**Hepatitis B surface antigen (HBsAg):** is the earliest indicator of an active hepatitis B infection. This antigen may be present before symptoms of an HBV infection are present. If this antigen level remains high for more than 6 months, then the employee will probably become a carrier of HBV, meaning they can transmit it to others throughout their life.

**Hepatitis B surface antibody (HBsAb):** usually appears about 4 weeks after HBsAg disappears. The presence of this antibody means that the infection is at the end of its active stage and the HCW cannot pass the virus to others (they are no longer contagious). This antibody also protects them from getting HBV again in the future. The test is done to determine the need for vaccination-the antibody will be present after receiving the HBV vaccine series, showing that the HCW has protection (immunity) from the virus.

**Hepatitis B e-antigen (HBeAg)** is an HBV protein that is only present during an active HBV infection. This test determines how contagious the HCW is. Testing for this antigen can also be used to monitor the effectiveness of treatment for HBV.

**HBV DNA testing** checks for genetic material from the hepatitis B virus. The HBV DNA tests measure how much genetic material is present. A high level of HBV DNA means that the virus is multiplying in the body and therefore the HCW is very contagious. If the HCW has a chronic HBV, an elevated viral DNA level means they are at an increased risk for liver damage and may want to consider treatment with antiviral medicine. Testing for HBV DNA is also used to monitor the effectiveness of treatment for chronic HBV infection. HBV DNA testing is a more sensitive test than HBeAg (above) for detecting HBV in the blood.

**Hepatitis B core antibody HBcAb** - This refers to an antibody that is produced in response to the core-antigen, a component of the hepatitis B virus. However, this is not a protective antibody. In fact, it is usually present in those chronically infected with hepatitis B. A "positive" or "reactive" HBcAb test result usually indicates a past or present infection. The interpretation of this test result depends on the first two further test results. Its appearance with the protective surface antibody (positive HBsAb) indicates prior infection and recovery. For chronically infected persons, it will usually appear with the virus (positive HBsAg).

### 3.1 Policy

“A policy is a statement of Trust intent for a given issue and gives a clear position statement for the Trust’s customers and employees on its values and beliefs” (Parsley & Corrigan 1999).

A policy is a “must do”; there should be no deviation from the actions as defined in the policy. Any deviation must be discussed and approved by the Strategic Integrated Governance Committee.
3.2 Guideline
A guideline is an overview of processes either clinical or non-clinical, to be undertaken in certain conditions. A guideline gives practical guidance as to how to deliver best practice but allows for professional initiative and informed decision making. Any deviation from a Trust guidance document, along with the reasons why, must be documented in the Health Records.

3.3 Clinical Pathway / Standard Operating Procedure (SOP)
A Clinical Pathway / SOP is a working document detailing the current agreed working practice that takes account of all the areas that are applicable to the management of a process in an individual setting.

4 Associated Documents
1. Cheshire HR Service: Employment Policies
2. Cheshire Occupational Health Service: HIV Employment Policy
4. Department of Health 2002 Hepatitis C infected Healthcare Workers
5. Department of Health 2002-Good Practice Guidance for Renal Dialysis and Transplant Units.
6. Department of Health 2006 (Updated 28th November 2012) Immunisation Against Infectious Diseases (The Green Book)
11. East Cheshire NHS Trust: Bullying and Harassment Policy
13. Mid Cheshire Foundation Trust: Employment Policies
14. Mid Cheshire NHS Foundation Trust Bullying and Harassment Policy
15. Reporting of Incidents and Dangerous Occurrences Regulation 1998

5 Duties
The Trust and its employees have a statutory obligation under the Health and Safety at Work Act 1974 to be mindful of the safety of others. All policies and procedures laid down to protect employees and patients must be adhered to at all times.

A deliberate breach of confidentiality, in whatever context could result in disciplinary action being taken.

5.1 Duties within the Organisation
Chief Executive:
Has ultimate responsibility for the implementation and monitoring of Trust health and safety policies, this may be delegated to an appropriate officer.

Director of Service Transformation and Workforce:
Has board level accountability for the Occupational Health Service and provides assurance that the Occupational Health Service is operating in accordance with latest national policy and guidance.
**Occupational Health:**

Will ensure that all employees who have direct patient contact or come into contact with body fluids during the execution of their duties will be offered Hepatitis B vaccination and serological testing to establish immunity.

Will ensure that all employees who apply for posts or transfer in to posts that involve exposure prone procedures (EPP) for the first time will be required to undergo serological testing for viral hepatitis B and C infection.

Will ensure no employee will be deemed fit for employment in posts that involve EPP without evidence of satisfactory serological testing.

Will ensure that all viral hepatitis infected healthcare workers are risk assessed by the Occupational Health Service under the direction of the Consultant Physician in Occupational Medicine. Restrictions will be imposed on their employment practices only if necessary to protect the safety of patients.

Will ensure that individuals who test positive to Hepatitis B and/or C virus infection are offered appropriate follow-up with specialists in viral Hepatitis management.

**Human Resources:**

Will ensure that no perspective employees whose post will involve exposure prone procedures are offered a commencement date until clearance is obtained from the Occupational Health Service.

Will assist in identifying suitable redeployment for employees who become infected during the period of their employment (If necessary) and advise appropriately employees who have become infected from their employment regarding the employee’s rights re: compensation, injury benefit etc.

**Employee:**

It is incumbent on all staff to be aware of their duty of care to protect patients from blood borne pathogens.

All employees will inform the Occupational Health Service immediately if they are diagnosed with viral hepatitis or believe they may have become infected.

Will not knowingly endanger the health and safety of patients or others by engaging in working practices that could result in blood borne virus transmission

**Executive Infection Prevention and Control Group :**

Are the responsible committee for the approval and monitoring of this policy

**6 Consultation and Communication with Stakeholders**

This policy has been developed for Mid Cheshire Hospitals NHS Foundation Trust and East Cheshire Trust and NHS customers of the Cheshire Occupational Health Service. Cheshire Occupational Health Service is a shared service comprising of Mid Cheshire Hospitals NHS Foundation Trust and East Cheshire NHS Trust.

Version 1: of this policy document was ratified in March 2010 by MCHFT’s Joint Communication and Negotiation Committee.

Version 2: of this policy document was ratified in February 2013 by MCHFT Strategic Infection Control Committee
Version 3: of this policy was circulated and ratified by the membership of the Infection Control Committee Mid Cheshire Hospitals NHS Foundation Trust and ratified in February 2016.

**Author:** Clinical Lead Nurse for Cheshire Occupational Health Services, in consultation with the Consultant in Occupational Medicine and the Infection Prevention and Control Service.

It has been communicated for comment and approval to:

- The Director of Human Resources and Workforce-ECT (Ratified 2007-version 1 of this policy document)
- Executive Infection Prevention and Control Group -ECT and MCHFT
- Joint Communication and Consultation Committee- (information only)
- Associate Director of Infection Prevention and Control-MCHFT
- Director of Service Transformation and Workforce-MCHFT
- Risk Management Committee-MCHFT
- Deputy Head of Human Resources-MCHFT
- Consultant Microbiologists
- Governance.policies@mcht.nhs.uk must be included in the consultation process for all policies

7 **Implementation**

Implementation of this procedure is a mandatory requirement of all Cheshire Occupational Health Service staff. (Clinical and non-clinical as appropriate)

Directors, managers and employees of the Trust and partner organisations must cooperate with Cheshire Occupational Health Service in the implementation of this procedure, in-order to maintain a safe working environment for employees, patients and visitors. Implementation of this policy is required to ensure that the Occupational Health Service and the Trust meet their collective obligations under Health and Safety legislation and applicable domestic and European law and Department of Health guidelines therefore reducing the chances of tribunal or legal proceedings.

Implementation of this policy and associated Occupational Health and Trust policies and procedures will ensure safe working practices are achieved with regard to hepatitis B and C.

The policy ensures that the organisation successfully meets NHS Employers, NHS Health at Work, Safe, Efficient Occupational Health Services (SEQOHS) and CQC requirements. It also ensures that the Trust is following best practice guidance with regard to hepatitis B and C as stipulated in the Department of Health 2007 guidance (Reference: 1,2,3&4)

This procedure will be available on each Trust’s intranet and senior staff and managers will be alerted by the Trust’s communication processes when new policies are issued or existing polices are update and reissued.

Due to the advisory and supportive function of the Cheshire Occupational Health Service the implementation of its policies, procedures and protocols is and on-going and consistent process.

8 **Education and Training**

All Occupational Health Staff are to adhere to this procedure and carry out their responsibilities under it in order to achieve the objectives outlined in section 5 of this document. All Occupational Health staff will undertake mandatory and specialised
training for on-going personal development. Training needs will be identified through Knowledge Skills Framework assessment.

The Lead Nurse for Cheshire Occupational Health Service will communicate changes in practice to all Occupational Health clinical staff through clinical meetings or more frequently if urgency dictates.

Training for Trust staff in the application of this procedure will be delivered in the following ways:

**Ad-hoc Clinical Updates**: covering strategic and clinical aspects of Occupational Health, including national initiatives, National Institute for Clinical Excellence standards, Care Quality Commission requirements.

**Induction**: all new starters to the Trust are made aware of the functions of the Cheshire Occupational Health Service at induction by way of PowerPoint presentation and will be aware of this procedure and their duties under it.

**On Request**: specific topics can be covered for both specialist and general areas.

### 9 Monitoring and Review

This procedure will reviewed on a three-yearly basis by the Lead Nurse for Occupational Health and where necessary amendments will be carried out; especially in line with changes in domestic and European laws that have a direct effect upon it and following instruction from the Department of Health.

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<td>The Occupational Health Department will be aware of all Hep B&amp;C infected healthcare workers and should be monitoring them on a minimum yearly basis.</td>
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<td>No healthcare worker with infectious Hepatitis B&amp;C will perform exposure prone procedures.</td>
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All new to the NHS healthcare workers who perform EPP’s will have serological evidence of non-infectious status for Hep B and c

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9.1 Action Plan

The MCHFT Trust Gap Analysis/Action Plan must be used to demonstrate effective monitoring of all documents. This can be found on the intranet in frequently used forms.

9.2 Audit Proforma

The MCHFT Audit proforma must be used to demonstrate effective monitoring and implementation of planned actions. This can be found on the intranet in frequently used forms.

10 References / Bibliography
1. Department of Health 2002/010 Hepatitis C infected Healthcare Workers. Health Service Circular
2. Department of Health 2002 Hepatitis C infected Healthcare Workers
4. Department of Health 2007, Hepatitis B infected healthcare workers and antiviral therapy
5. Department of Health 2006 (Updated 28th November 2012) Immunisation Against Infectious Diseases (The Green Book)
6. Department of Health 2002-Good Practice Guidance for Renal Dialysis and Transplant Units.

11 Appendices
All Appendices must be in numerical order 1, 2, 3 etc and positioned before the mandatory appendices below.

A Version Control Document
B Communication / Training plan
C Equality Impact and Assessment Tool
APPENDIX A - Control Sheet

This must be completed and form part of the document appendices each time the document is updated and approved.

<table>
<thead>
<tr>
<th>Date</th>
<th>Version</th>
<th>Author</th>
<th>Reason for changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/09/09</td>
<td>1</td>
<td>Lead Nurse for Occupational</td>
<td>New policy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Health</td>
<td></td>
</tr>
<tr>
<td>28/12/12</td>
<td>2</td>
<td>Lead Nurse for Occupational</td>
<td>3 year review, no changes in national hepatitis B&amp;C policy; changes in internal</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Health</td>
<td>policy following reported breach prior to lifetime of version 1 of this policy.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Changes in line with introduction of Equality Act 2010</td>
</tr>
<tr>
<td>11/12/15</td>
<td>3</td>
<td>Lead Nurse for Occupational</td>
<td>Format changes-minor grammatical changes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Health</td>
<td>Hepatitis B RNA action changed form genomes to mmol to /ml in accordance with</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>laboratory testing protocols</td>
</tr>
</tbody>
</table>
### APPENDIX B - Training needs analysis

#### Communication/Training Plan (for all new / reviewed documents)

<table>
<thead>
<tr>
<th>Goal/purpose of the communication/training plan</th>
<th>Make staff aware of policy and its contents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target groups for the communication/training plan</td>
<td>Occupational health clinical staff and healthcare workers who undertake EPP</td>
</tr>
<tr>
<td>Target numbers</td>
<td>Occupational Health staff and all staff who undertake EPP at point of testing</td>
</tr>
<tr>
<td>Methodology – how will the communication or training be carried out?</td>
<td>Briefing, Trust intranet, 1:1 with OH staff</td>
</tr>
<tr>
<td>Communication/training delivery</td>
<td>1:1</td>
</tr>
<tr>
<td>Funding</td>
<td>Nil</td>
</tr>
<tr>
<td>Measurement of success. Learning outcomes and/or objectives</td>
<td>Adherence to policy</td>
</tr>
<tr>
<td>Review effectiveness – learning outputs</td>
<td>Breaches of policy</td>
</tr>
<tr>
<td>Issue date of Document</td>
<td></td>
</tr>
<tr>
<td>Start and completion date of communication/training plan</td>
<td>On going</td>
</tr>
<tr>
<td>Support from Learning &amp; Development Services</td>
<td>None</td>
</tr>
</tbody>
</table>

For assistance in completing the Communication / Training Plan please contact the MCHT Learning and Development Services
Appendix C

Equality Impact Assessment

Please read the Guide to Equality Impact Assessment before completing this form. The completed assessment is to form part of the policy/proposal/business case appendices when submitted to governance-policies@mcht.nhs.uk for consideration and approval.

**POLICY/DOCUMENT/SERVICE: Hepatitis B and C Employment Policy**

**SECTION A**

<table>
<thead>
<tr>
<th>A</th>
<th>Does the document, proposal or service affect one group less or more favourably than another on the basis of:</th>
<th>Yes/No</th>
<th>Justification &amp; data sources. Include nature of impact. Also record provisions already in place to mitigate impact.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Race, ethnic origins (including gypsies and travellers) or nationality</td>
<td>Yes</td>
<td>Policy applied equitably for all staff that undertakes exposure prone procedures regardless of race. Serological testing from non-UK laboratories will not be accepted; therefore foreign national maybe inconvenienced and recruitment delayed due to this.</td>
</tr>
<tr>
<td>2</td>
<td>Sex</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Transgender</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Pregnancy or maternity</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Marriage or civil partnership</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Sexual orientation including lesbian, gay and bisexual people</td>
<td>Yes</td>
<td>Policy applied equitably for all staff that undertake exposure prone procedures regardless of sexuality. Incidence of Hepatitis B is highest amongst men who have sex with men; therefore this policy maybe more applicable to them. However all aspects of the policy are applied fairly and equitably</td>
</tr>
<tr>
<td>7</td>
<td>Religion or belief</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Age</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Disability - learning disabilities, physical disability, sensory impairment and mental health problems</td>
<td>No</td>
<td>Policy applied equitably for all staff that undertakes exposure prone procedures. Can be available in other formats if necessary</td>
</tr>
<tr>
<td>10</td>
<td>Economic/social background</td>
<td>Yes</td>
<td>Policy applied equitably for all staff that undertakes exposure prone procedures regardless of socioeconomic status. Staff without an occupational pension scheme could be financially disadvantaged if their employment</td>
</tr>
</tbody>
</table>
was discontinued due to symptomatic hepatitis infection as they would not be entitled to ill-health retirement pension.

<table>
<thead>
<tr>
<th>B</th>
<th>Human Rights – are there any issues which may affect human rights</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Right to Life</td>
</tr>
<tr>
<td>2</td>
<td>Freedom from Degrading Treatment</td>
</tr>
<tr>
<td>3</td>
<td>Right to Privacy or Family Life</td>
</tr>
<tr>
<td>4</td>
<td>Other Human Rights (see guidance note)</td>
</tr>
</tbody>
</table>

Date: 11th December 2015.

Name: Keith Williamson

Job Title: Clinical Lead for Occupational Health

Date: 11th December 2015

Name: Gail Ford-Rowley

Job Title: Occupational Health Nurse