

**Trust Guideline for the Management of:
Hepatitis C infection in Health Care Workers**

A Clinical Guideline recommended

For use in:	Workplace Health and Wellbeing
By:	Occupational Health Nursing and Medical staff
For:	All Health Care Staff
Division responsible for document:	Corporate
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Version Number	Date of Update	Change Description	Author
5	18/06/2021	<p>Document updated to reflect updated guidance from PHE. This includes changes to testing regime if treated for Hepatitis C and when clearance can be given for resuming EPP procedures.</p> <p>Change in date of when HCW commenced EPP and expected to provide evidence of Hepatitis C when being cleared for EPP if in continuous NHS service</p>	Dr Robert Hardman

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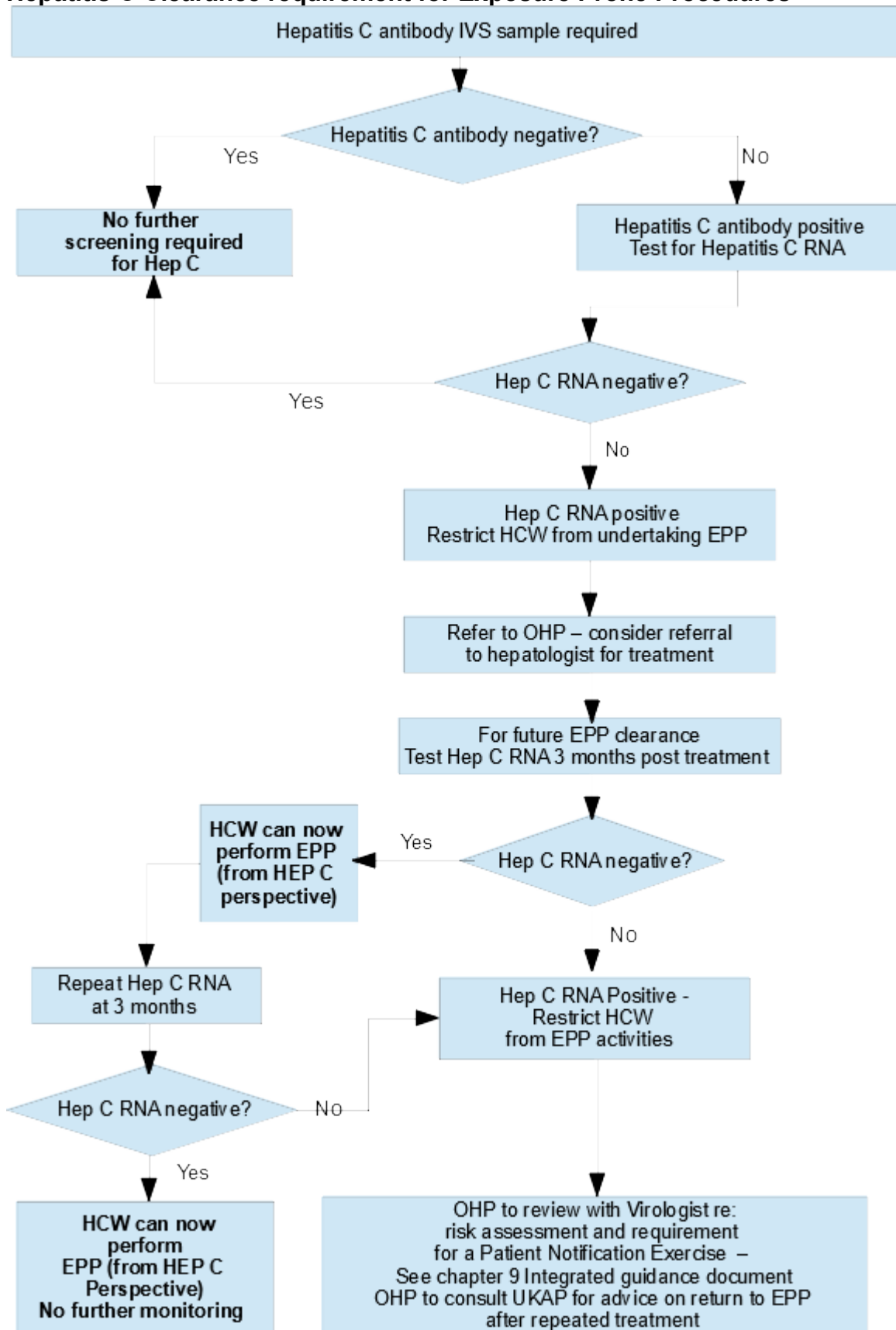
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**Quick reference guideline
Hepatitis C Clearance requirement for Exposure Prone Procedures**



1. Objectives

1.1 To ensure compliance with the Public Health England document: Integrated guidance on health clearance of healthcare workers and the management of healthcare workers infected with bloodborne viruses (hepatitis B, hepatitis C and HIV): August 2020 , Public Health England

1.2 To provide guidance on the management of Hepatitis C infected Health Care Workers (HCWs) and to reduce where possible the risk of transmission of infection to patients.

1.3 To support the Trust in its commitment to protecting the health of its employees and protecting patients.

2. Rationale

2.1 Hepatitis C, like Hepatitis B and HIV is transmitted by direct contact with infected blood and or body fluids. Infection does not always cause symptoms but may lead to a chronic carrier state with the high risk of long term complications.

2.2 The AGH recommended in 1995 that Hepatitis C infected HCWs should not perform exposure prone procedures (EPPs). This was reinforced in later guidance in 2002, 2017 and now in 2020 – indicating that anyone who is hepatitis C RNA positive should not perform EPPs

2.3 There is no vaccine to protect against Hepatitis C infection. HCWs are therefore at risk of infection from occupational exposure to the blood of infected patients. It is therefore essential that safe working practices are adopted to minimise this risk.

3. Definitions of Terms Used / Glossary

3.1 Exposure Prone Procedures (EPPs). The Department of Health definition is as follows:

“EPPs are those procedures where there is a risk that injury to the worker may result in exposure of the patient’s open tissues to the blood of the worker. These procedures include those where the worker’s gloved hands may be in contact with sharp instruments, needle tips or sharp tissues (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.”

4. Responsibility of the Trust

4.1 To ensure the Health & Safety of patients is not compromised by exposure to a HCW infected with the Hepatitis C Virus (HCV) while carrying out EPPs (section 3).

- 4.2 To ensure that the status and the rights of an infected HCW are safeguarded so far as is reasonably practicable. Where necessary, every effort will be made to arrange suitable alternative work and consideration given to any retraining opportunities in accordance with good general principles of occupational health and management practice.

5. Pre-employment or change to a speciality, which requires EPPs to be undertaken

- 5.1 All HCWs who apply to work for the Trust and who will be undertaking EPPs for the first time (including HCWs entering new specialities and commencing a training programme, which require the HCW to undertake EPPs) will need to provide a UK ID verified laboratory result confirming non-carrier status for HCV.
- 5.2 This will also apply to existing HCWs who have been undertaking EPPs since 1st April 2007. If they cannot provide evidence of HCV status they will be tested for antibodies to HCV and if positive for HCV RNA will be excluded from undertaking EPPs. This includes all HCWs who have never undertaken EPPs in the UK before.
- 5.3 All HCWs who are new to the Trust, irrespective of their role, can request a hepatitis C test. This will be undertaken by Workplace Health & Wellbeing staff. A pre-test discussion and Hepatitis C antibody test will be undertaken (and if positive a Hepatitis C RNA Test).

6. The Responsibility of Health Care Workers

- 6.1 HCWs who know or have reason to believe they may have been infected with Hepatitis C must report this in confidence to Workplace Health & Wellbeing.
- 6.2 Any HCW who is involved in EPPs and has reason to believe that they have been infected with Hepatitis C must inform Workplace Health & Wellbeing. They will be tested for antibodies to HCV and, if positive, also tested for Hepatitis C virus ribonucleic acid (HCV RNA).
- 6.3 Qualitative testing for hepatitis C virus RNA should be carried out in accredited laboratories that are experienced in performing such tests and which participate in external quality assurance schemes. The assays should have a minimum sensitivity of 50 IU/mL.
- 6.4 If positive for HCV RNA, HCWs will be restricted from performing EPPs. HCV infected HCWs who respond successfully to treatment with anti-viral therapy, i.e. remain HCV RNA negative 3 months after cessation of treatment, may resume EPPs following advice from Workplace Health & Wellbeing. As a further check, they should be shown still to be hepatitis C virus RNA negative 3 months later.

Provided that these criteria are met, a return to exposure prone procedures would be a local decision made by Workplace Health & Wellbeing.

- 6.5 Any HCW who refuses to be tested will not be allowed to continue undertaking EPPs and may be subject to disciplinary action if such refusal could adversely affect patient safety.
- 6.6 Any HCW who is or suspects they may be a carrier of Hepatitis C virus is able to obtain appropriate medical support and will be enabled by the Trust to carry on working safely to the maximum of their ability. Confidential information and advice can be obtained from Workplace Health & Wellbeing.
- 6.7 HCWs who are aware, or have reason to believe that a HCV infected colleague is practising in a way, which places patients at risk, must report this in confidence to Workplace Health & Wellbeing.
- 6.8 All HCWs must comply with the Trust policy and report all blood/body fluid exposure incidents to Workplace Health & Wellbeing.

7. The Responsibility of a Manager

- 7.1 To ensure HCWs who undertake EPPs are not allowed to commence work within their department until they have been cleared by Workplace Health & Wellbeing
- 7.2 To refer a HCW to Workplace Health & Wellbeing if they become aware they have been exposed to HCV.
- 7.3 If a HCW develops Hepatitis C, every effort must be made to arrange suitable alternative work and consideration given to any retraining opportunities, if needed, in accordance with good general principles of occupational health and management practice.
- 7.4 Redeployment will have to be considered where the health care worker is HCV RNA positive and is required to perform EPPs.

8. The Responsibility of Workplace Health & Wellbeing

- 8.1 To ascertain the Hepatitis C status of all new HCWs (notified to Workplace Health & Wellbeing) who undertake EPPs in line with this policy and to inform managers once they have been cleared to undertake EPPs.
- 8.2 To provide advice and support for any HCW who may become infected with HCV about implications on employment and ways of minimising the risk of transmission.
- 8.3 To arrange appropriate testing for those HCWs who undertake EPPs or have been exposed to the HCV.
- 8.4 Occupationally acquired HCV is reportable to the HSE under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences). To maintain confidentiality this will be undertaken by Workplace Health & Wellbeing.
- 8.5 To undertake a pre-test discussion for all HCWs requiring a HCV antibody test.

9. Blood and body fluid exposure incident where the source is Hep C positive

- 9.1 Prophylaxis with immunoglobulin or anti-viral agents is not indicated following exposure to Hepatitis C, as there is no scientific evidence of any benefit.
- 9.2 Where the source patient/individual of an exposure is found to be HCV antibody positive, the recipient HCW will be offered blood tests to detect seroconversion to HCV. Workplace Health & Wellbeing will provide information and advice on Hepatitis C and its potential impact on work and lifestyle. It will not normally be necessary to exclude the HCW from performing EPPs during the period before the results of blood tests are known.

10. Confidentiality

- 10.1 HCV infected HCWs will receive the same rights to confidentiality as any person seeking or receiving Occupational Health (OH) advice and support.
- 10.2 Information will not be released without consent of the HCW. However, where the HCW undertakes EPPs, OH will formally notify their manager that their EPP status has been withdrawn. Where the Trust needs to be advised of a change of duty, this will be advised without disclosure as to the cause, unless the HCW consents to the release of this information.

11. Patient Notification Exercises

- 11.1 If needed, before notifying patients, the UK Advisory Panel for HCWs Infected with Blood-borne Viruses (UKAP) would be consulted. Contact details for UKAP can be found at:

<https://www.gov.uk/government/groups/uk-advisory-panel-for-healthcare-workers-infected-with-bloodborne-viruses#contact-details>

12. Clinical audit standards / monitoring compliance

- 12.1 See monitoring table for details
- 12.2 The audit results will be sent to the Head of Workplace Health & Wellbeing who will ensure that these are discussed at relevant governance meetings to review the results and make recommendations for further action

Summary of development and consultation process undertaken before registration and dissemination

This guideline reflects the current Public Health England guidance and best practice. The document has been circulated to the Microbiology Department during the consultation phase.

This version has been endorsed by the Clinical Guidelines Assessment Panel (CGAP).

References

British Medical Association, Board of Science and Education (1996). A Guide to Hepatitis C. London: BMA

Centre for Disease Control (1997). Recommendations for Follow-up of Health Care Workers after Occupational Exposure to Hepatitis C Virus. Morbidity and Mortality Weekly Report; 46 (26): 603-6 June 97.

Communicable Disease Surveillance Centre (1995). Hepatitis C virus transmission from health care worker to patient. Communicable Disease Report Weekly; Vol 5 (26) 30 June 1995.

Health clearance for tuberculosis, hepatitis B, hepatitis C and HIV: New healthcare workers 2007.

Health Service Circular HSC 1998/063: Guidance for clinical health care workers: protection against infection with blood-borne viruses.

Health Service Circular HSC 2002/010: Hepatitis C Infected health care workers: and associated guidance.

Hepatitis C Infected Health Care Workers (2002) Department of Health

HIV infected Health Care Workers. A Consultation Paper on Management and Patient Notification. Department of Health 2002.

Integrated guidance on health clearance of healthcare workers and the management of healthcare workers infected with bloodborne viruses (hepatitis B, hepatitis C and HIV): August 2020 , Public Health England

Ramsay ME: Guidance on the investigation and management of occupational exposure to Hepatitis C. Commun Dis Public Health 1999; 2; 258 – 262.

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Monitoring Compliance / Effectiveness Table

Appendix 1

Element to be monitored (For NHSLA documents this must include all Level 1 minimum requirements)	Lead Responsible for monitoring (Title needed and name of individual where appropriate)	Monitoring Tool / Method of monitoring	Frequency of monitoring	Lead Responsible for developing action plan & acting on recommendations	Reporting arrangements (Committee or group where monitoring results and action plan progress are reported to)	Sharing and disseminating lessons learned & recommended changes in practice as a result of monitoring compliance with this document
Workers who have commenced EPP roles after 1st April 2007 will provide evidence of a negative Hepatitis C antibody result or have a test undertaken by WHWB.	Senior occupational Health Nurse Adviser	Audit of EPP clearance	3 yearly	Hilary Winch	WHWB Clinical Governance group	
EPP Workers who are found to be Hepatitis C antibody positive will proceed to have x RNA sample undertaken before any clearance decision on EPP is made	Occupational Health Physician	Audit of Hepatitis C positive results	3 yearly	Hilary Winch	WHWB Clinical Governance group	