

## Hepatitis C Infection in Healthcare Workers

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			continuous NHS service
V6.0	June 2024	Hilary Winch / Dr Robert Hardman	Transfer to new template

### Previous Titles for this Document:

Previous Title/Amalgamated Titles	Date Revised
None	Not applicable

### Distribution Control

Printed copies of this document should be considered out of date. The most up to date version is available from the Trust Intranet.

### Consultation

The following were consulted during the development of this document:  
Microbiology Department

### Monitoring and Review of Procedural Document

The document owner is responsible for monitoring and reviewing the effectiveness of this Procedural Document. This review is continuous however as a minimum will be achieved at the point this procedural document requires a review e.g. changes in legislation, findings from incidents or document expiry.

### Relationship of this document to other procedural documents

This document is a clinical guideline applicable to Norfolk & Norwich University Hospitals NHS Foundation Trust. Please refer to local Trust's procedural documents for further guidance, as noted in Section 5.

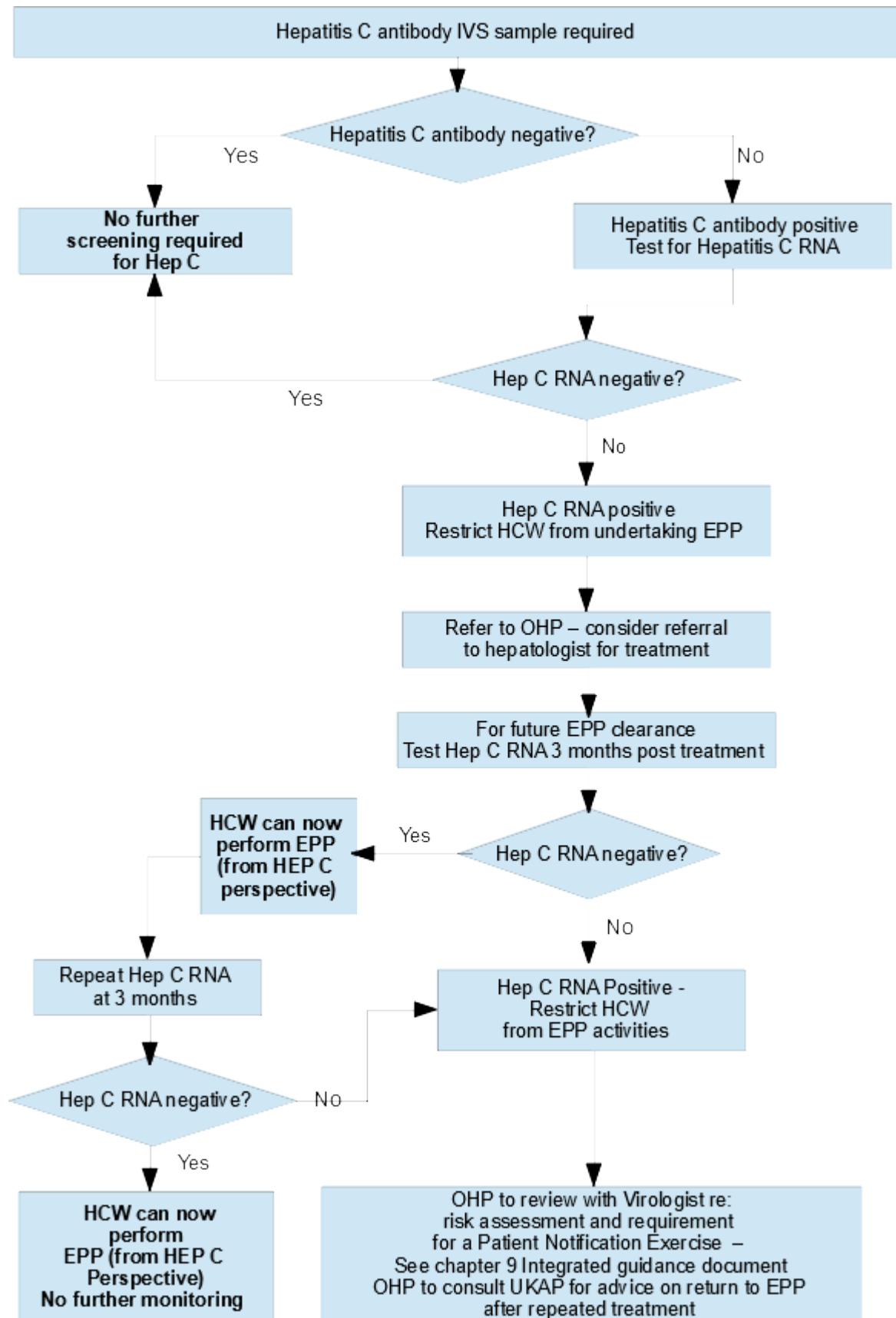
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### Quick reference - Hepatitis C Clearance requirement for Exposure Prone Procedures



# Hepatitis C infection in Healthcare Workers

## 1. Introduction

### 1.1. Rationale

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. Health Care Workers who are Hepatitis C RNA positive must not undertake Exposure Prone Procedures in line with UKHSA Integrated Guidance on health clearance of healthcare workers and the management of healthcare workers living with bloodborne viruses (hepatitis B, hepatitis C and HIV) [BBVs in healthcare workers: health clearance and management - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/bbv-in-healthcare-workers-health-clearance-and-management)

### 1.2. Objective

The objective of this guideline is to:

- To ensure compliance with the UK Health Security Agency (UKHSA): Integrated guidance on health clearance of healthcare workers and the management of healthcare workers infected with bloodborne viruses (hepatitis B, hepatitis C and HIV):
- 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.
- To support the Trust in its commitment to protecting the health of its employees and protecting patients.

### 1.3. Scope

This document applies to all staff who are required to undertake Exposure Prone Procedures (EPP) as part of their role as well as aspects for all staff who are exposed to a Hepatitis C positive patient through a blood exposure incident.

### 1.4. Glossary

The following terms and abbreviations have been used within this document:

Term	Definition
HCW	Health Care Worker
Hepatitis C - HCV	Hepatitis C is an inflammation of the liver caused by the hepatitis C virus. The virus can cause both acute and chronic hepatitis, ranging in severity from a mild illness to a serious, lifelong illness including liver cirrhosis and cancer. The virus is a bloodborne virus and most infection occur through exposure to blood from unsafe injection practices, unsafe health care, unscreened blood transfusions, injection drug use and sexual practices that lead to exposure to blood.
Hepatitis C RNA	Hepatitis C Viral Load / HCV RNA quantitative testing Hepatitis C for Patients. Hepatitis C. The viral load of hepatitis C refers to the amount of virus present in the bloodstream. The quantitative HCV RNA tests measure

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	the amount of hepatitis C virus is in the blood.
UKHSA	United Kingdom Health Security Agency
EPP - Exposure Prone Procedures	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."
IVS – Identified and Validated samples	<p>Laboratory test results required for clearance for undertaking EPPs, and ongoing monitoring thereafter must be derived from an IVS. Results should <b>not</b> be recorded in Occupational Health records if not derived from an IVS.</p> <p><b>IVS requirements</b></p> <ul style="list-style-type: none"> <li>• Proof of identity with a photograph (for example trust identity badge, new driver's licence, passport, or national identity card) at the time the sample is taken.</li> <li>• The sample of blood should be taken within the Occupational Health service (exceptions are where this would give rise to duplication of testing, local arrangements should be made between the treating physician and the Occupational Health service OR for example, there may be a local agreement between the OH team and the local phlebotomy service to support where an individual is difficult to bleed. This must only be undertaken if local training has been provided to the phlebotomy department with regards to IVS requirements and the OH service has reassurance of this competency.</li> <li>• Samples should be delivered to the laboratory in the usual manner; they must not be taken to the laboratory by the individual.</li> <li>• When results are received from the laboratory, the clinical notes should be checked to confirm that the sample was sent by the Occupational Health service or under local arrangements, at the correct date and time and the name and date of birth match.</li> </ul>
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
WHWB	Workplace Health & Wellbeing (NNUH Occupational health service)

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## 2. Responsibilities

### 2.1. Responsibility of the Trust

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

### 2.2. Responsibility of a Manager

- To ensure HCWs who undertake EPPs are not allowed to commence work within their department until they have been cleared by Workplace Health & Wellbeing.
- To refer a HCW to Workplace Health & Wellbeing if they become aware they have been exposed to HCV.
- 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.
- Redeployment/ Role restrictions or adjustments will have to be considered where the health care worker is HCV RNA positive and is required to perform EPPs.

### 2.3. Responsibility of Health Care Workers

- 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.
- 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 screened accordingly in line with timeframes of exposure.
- 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.
- 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.
- 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 to their line manager.
- All HCWs must comply with the Trust policy and report all blood/body fluid exposure incidents to Workplace Health & Wellbeing.

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### **2.4. Responsibility of Workplace Health & Wellbeing**

- 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.
- To undertake a pre-test discussion for all HCWs requiring a HCV antibody test.
- 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.
- To arrange appropriate testing for those HCWs who undertake EPPs or have been exposed to the HCV.
- Occupationally acquired HCV is reportable to the HSE under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations). To maintain confidentiality this will be undertaken by Workplace Health & Wellbeing.

### **3. Processes to be followed.**

#### **3.1. Pre-placement**

- 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. 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.
- 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

#### **3.2. EPP Screening**

Blood results used for EPP clearance (including those submitted at pre-placement) must be from:

- A UK accredited laboratory and be IVS (Identified and Validated samples) samples.
- Consent for IVS HCV testing must be gained along with specific consent for additional testing if HCV antibody positive.



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**The following outcomes provide guidance on actions to take dependant upon serology results:**

### **HCV antibody negative**

A non-reactive or negative IVS HCV antibody result confirms that the HCW is not currently infected. They can be cleared for EPP in respect to HCV (subject also to HIV and HBV IVS results)

### **HCV antibody positive**

A positive HCV antibody test indicates that the individual has been infected at some stage. It doesn't mean they are currently infected and further testing for HCV RNA will be required to inform whether clearance for EPP activity can be given.

Any HCW who is HCV antibody positive must be restricted/not cleared to perform EPPs immediately pending IVS HCV RNA serology.

### **HCV antibody positive and HCV RNA negative**

HCWs who have antibodies to HCV and are confirmed to be HCV RNA negative can be cleared to undertake EPPs (subject also to HIV and HBV IVS results).

HCWs who have been treated with antiviral therapy are permitted to undertake EPP providing they remain HCV RNA negative for at least 3 months after cessation of treatment. If they are confirmed as HCV RNA negative 3 months after cessation then they can be cleared to undertake EPP activity at that time. As a further check the Occupational Health service should repeat the HCV RNA test 3 months after to confirm they remain negative. Providing this criteria is met, clearance for EPP activity is a local decision and does not need to be referred to UKAP.

If the 2<sup>nd</sup> HCV RNA (post treatment) returns as positive the individual must cease EPP activities immediately.

### **HCV RNA Positive**

HCWs who are confirmed to be HCV RNA positive have active, or current, infection and should NOT be cleared for EPP and cease immediately if they have been undertaking EPP.

In cases where this is a new diagnosis and the HCW is not being monitored by a Hepatologist the Occupational Health Physician should ensure the HCW is supported with a specialist referral for consideration of antiviral treatment. This may be undertaken as a direct referral from the consultant Occupational Health Physician or via the HCW's GP in line with local arrangements.

In the case of any HCW diagnosed with HCV who has been undertaking EPP activity, a local risk assessment should be triggered. The consultant occupational physician will consult with the consultant virologist in order for a risk assessment to be undertaken (Guidance of performing a local risk assessment can be found in chapter 9 of the [integrated guidance](#).)

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A Patient Notification Exercise (PNE) will only be recommended if the risk assessment identifies factors that increase the risk of BBV transmission from the HCW.

### **For future EPP clearance; test Hep C RNA 3 months post treatment**

A HCW must wait 3 months from the end of treatment for a further IVS HCV RNA serology test. Where the result of the HCV RNA serology result is confirmed as negative the HCW can be cleared for EPP (subject also to HIV and HBV IVS results).

However, a second HCV RNA 3 months later should be undertaken as a confirmation that they have remained HCV RNA negative.

**NB:** In the case of a HCW who spontaneously recovers from HCV infection and wishes to undertake or return to EPP the consultant occupational physician should seek advice from UKAP.

HCW's who are either:

- HCV antibody negative or
- HCV antibody positive and HCV RNA negative (at least 3 months post treatment) will not require any further monitoring in respect of HCV. The HCW can be cleared for EPP (subject to HIV and HBV outcomes).

### **3.3. Blood/ body fluid exposure incident where the source is Hep C positive**

- Prophylaxis with immunoglobulin or anti-viral agents is not indicated following exposure to Hepatitis C, as there is no scientific evidence of any benefit.
- 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.

### **3.4. Confidentiality**

- Occupational Health records are held separately from other hospital notes and should only be accessed by Occupational Health Practitioners, who are obliged ethically and professionally not to release records or information without the consent of the individual.
- NHS Trusts must have systems in place for requesting serology tests for staff and storing all staff serology results separately to ensure that these results are only accessible to authorised Occupational Health staff. WHWB have this in place for requesting blood screening for staff.
- The duty of confidentiality, however, is not absolute. Legally, the identity of individuals living with BBVs may be disclosed with their consent, or without consent in exceptional circumstances, where it is considered necessary for

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the purpose of treatment, the prevention of spread of infection or in the public interest where patients are, or may have been, at risk. Any such disclosure will need to be justified and based on a robust assessment of the risk to patient(s). If a HCW is identified as having a BBV who has been undertaking EPP's a local risk assessment will be required. This would apply to newly diagnosed staff with BBV who are already in a EPP role and/or those who have not been appropriately cleared or have breached the threshold of viral load results for EPP work. In this case it must be managed by a consultant Occupational Health Physician in the first instance who will consider if discussion is required with IPC/Virology in relation to a Patient Notification Exercise.

- Further detailed advice on managing confidentiality in respect of those living with BBV can be accessed in the [integrated guidance](#).

#### 4. Training & Competencies

- Any WHWB staff undertaking EPP screening will receive training and undertake a competency assessment in relation to EPP screening.
- Support during the training periods will be provided by competent occupational health professionals.

#### 5. Related Documents

- [Immunisation Assessments - The Beat \(nnuh.nhs.uk\)](#)
- **Workplace Health Assessment Screening Procedure** [Trust Docs \(nnuh.nhs.uk\)](#)
- **Immunisation of New and Existing Health Care Workers** [Trust Docs \(nnuh.nhs.uk\)](#)

#### 6. References

UKHSA (Updated 2024) Integrated guidance on health clearance of healthcare workers and the management of healthcare workers living with bloodborne viruses (hepatitis B, hepatitis C and HIV)

<https://www.gov.uk/government/publications/bbvs-in-healthcare-workers-health-clearance-and-management>

UKHSA (Updated 2024) Integrated guidance on health clearance of healthcare workers and the management of healthcare workers living with bloodborne viruses (hepatitis B, hepatitis C and HIV) Quick Reference Guide

<https://www.gov.uk/government/publications/bbvs-in-healthcare-workers-health-clearance-and-management>

UK Advisory Panel for Healthcare Workers Living with Bloodborne Viruses (UKAP)

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

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### 7. Audit of the process

Compliance with the process will be monitored through the following:

Key elements	Process for Monitoring	By Whom (Individual / group /committee)	Responsible Governance Committee /dept	Frequency of monitoring
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.	WHWB Audit plan	Senior Occupational Health Nurse Adviser	Workplace Health & Wellbeing Governance meeting	3 yearly
EPP Workers who are found to be Hepatitis C antibody positive will proceed to have an Hepatitis C RNA sample undertaken before any clearance decision on EPP is made	WHWB Audit plan	Senior Occupational Health Adviser	Workplace Health & Wellbeing Governance meeting	3 yearly

The audit results are to be discussed at relevant governance to review the results and recommendations for further action.

### 8. Appendices

There are no appendices for this document.

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### 9. Equality Impact Assessment (EIA)

<b>Type of function or policy</b>	Existing
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<b>Division</b>	Corporate	<b>Department</b>	Workplace Health & Wellbeing
<b>Name of person completing form</b>	Hilary Winch	<b>Date</b>	04/06/2024

Equality Area	Potential Negative Impact	Impact Positive Impact	Which groups are affected	Full Impact Assessment Required YES/NO
Race	Nil	None	Trust	No
Pregnancy & Maternity	Nil	None	Trust	No
Disability	Nil	None	Trust	No
Religion and beliefs	Nil	None	Trust	No
Sex	Nil	None	Trust	No
Gender reassignment	Nil	None	Trust	No
Sexual Orientation	Nil	None	Trust	No
Age	Nil	None	Trust	No
Marriage & Civil Partnership	Nil	None	Trust	No
<b>EDS2 – How does this change impact the Equality and Diversity Strategic plan (contact HR or see EDS2 plan)?</b>				

- A full assessment will only be required if: The impact is potentially discriminatory under the general equality duty
- Any groups of patients/staff/visitors or communities could be potentially disadvantaged by the policy or function/service
- The policy or function/service is assessed to be of high significance

#### IF IN DOUBT A FULL IMPACT ASSESSMENT FORM IS REQUIRED

The review of the existing policy re-affirms the rights of all groups and clarifies the individual, managerial and organisational responsibilities in line with statutory and best practice guidance.