HEPATITIS B EMPLOYMENT POLICY

1 INTRODUCTION

The Trust has a duty to prevent the transmission of hepatitis B from health care workers to their patients and vice versa.

1.1 The policy was initially developed in accordance with guidelines produced by the Advisory Group on Hepatitis and contained within the document ‘Protecting Health Care Workers and Patients from Hepatitis B’, HSG(93)40, issued by the NHS Executive in August 1993 and its Addendum issued under cover of EL(96)77 issued in September 1996, reinforcing guidance previously issued by the Department of Health in 1981.

1.2 This revision is in response to HSC 2000/020, ‘Hepatitis B Infected Health Care Workers’, issued 23rd June 2000 by the NHS Executive and supplementing previous guidance restricting the working practices of certain hepatitis B infected health care workers to reduce further the risk of transmission of infection to patients. The circular recommends carrying out additional testing of hepatitis B infected workers, i.e., those who are hepatitis B surface antigen (HBsAg) positive but e-antigen (HbeAg) negative and perform exposure prone procedures or clinical duties in renal units and restricting the working practices of those with higher viral loads.

1.3 In compliance with HSC 2000/020 the Trust must have in place arrangements to have all infected health care workers who are e-antigen negative and who perform exposure prone procedures or clinical duties in renal units tested for viral load, i.e., hepatitis B virus DNA. The testing of staff currently employed must be completed by 1st June 2001.

1.4 Recommendations about the immunisation of health care workers, the testing of staff who undertake exposure prone procedures and the restriction of working practices of health care workers who are e-antigen positive outlined in HSG(93)40 and EL(96)77 still apply.

1.5 This policy also assists compliance with the following health and safety legislation.

- General duties placed upon employers and others by the Health & Safety at Work Act 1974.
- Broad requirements of the Management of Health & Safety at Work Regulations 1992.
- Health surveillance and monitoring of microbiological hazards under the current Control of Substances Hazardous to Health Regulations (COSHH).
1.6 Managers should also refer to the following Trust polices for further guidance.

- Pre-employment Health Screening
- Recruitment and Selection
- Sickness Absence
- Inoculation Accident Policy

1.7 The purpose of this document is to provide a framework whereby the Trust can comply with relevant guidance and legislation and to outline the responsibilities of management and employees.

2 DEFINITIONS

The definitions listed are used in the policy and are those referred to in HSG(93)40 and HSC 2000/020.

- ‘Health care workers’ - Employees and contracted staff, including students and trainees, whose activities involve contact with patients or with blood or other body fluids from patients in a health care setting.

- ‘Hepatitis B infected health care workers’ - Employees who are hepatitis B surface antigen positive.

- ‘Exposure prone procedures’ - Procedures which carry a risk of occupational injury by exposure of the patient’s open tissues to the blood of the worker. Procedures include those where the worker’s gloved hand may be in contact with sharp instruments, needle tips and 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.

- ‘Immunisation and follow-up’ - Immunisation consists of 20 mgms of vaccine given intramuscularly into the deltoid region at 0, 1 and 6 months.

- ‘Hepatitis B markers’ - See Glossary of Terminology (Appendix 1)

3 POLICY STATEMENT

The Trust is committed to compliance with health and safety legislation and current national guidance in order to ensure that patients and health care workers are protected from blood borne infections.
4 TRUST BOARD RESPONSIBILITIES

The responsibilities of the Trust Board are outlined below.

4.1 Immunisation will be offered to ensure that health care workers employed by the Trust, contracted staff and new employees who may be at risk of acquiring hepatitis B are protected and that patients are protected from the risk of acquiring hepatitis B from an infected health care worker.

4.2 The Trust Board is required to ensure that pre-employment health screening is carried out to establish the hepatitis B immunity status of candidates expected to carry out exposure prone procedures, clinical duties in renal units or work in high risk occupational areas in the course of their employment. Staff identified as being in a ‘high risk’ occupation are listed in Appendix 2.

4.3 The Trust Board undertakes to do everything possible to maintain the dignity and confidentiality of infected health care workers and to assist redeployment where this becomes necessary.

4.4 The Trust Board will ensure that compliance with this policy is a condition of service for all new and existing staff appointed to posts where duties may include exposure prone procedures, clinical duties in renal units and work in high risk occupations.

4.5 Agencies supplying locum staff whose work will involve exposure prone procedures, clinical duties in renal units and high risk occupational areas are required to produce adequate documentation demonstrating satisfactory compliance with Trust policy.

4.6 All students carrying out clinical work must be made aware of the guidance and not permitted to participate in exposure prone procedures or duties in renal units until they have been immunised and any failure to respond to the vaccine has been adequately investigated. This also applies to academic visitors who may be involved in exposure prone procedures or clinical duties in renal units during their stay on Trust premises.

4.7 The Trust Board must ensure that arrangements are in place to comply with the hepatitis B virus DNA testing and follow-up required by HSC 2000/020.

5 OCCUPATIONAL HEALTH RESPONSIBILITIES

The duties of the Occupational Health Service Manager are outlined below.

5.1 A hepatitis B screening and follow-up programme must be in place to identify infected health care workers in high risk occupational areas and those who may be involved in exposure prone procedures or clinical duties in renal units.

5.2 All health care workers, including independent contractors, clinical students and locum workers, will be offered immunisation against hepatitis B unless evidence of natural immunity has been documented.
At the pre-employment health screening stage, all potential employees whose duties involve exposure prone procedures or clinical duties in renal units must provide dated UK laboratory confirmation of successful immunisation for hepatitis B from previous employment within the last 5 years, or be tested, before an offer of employment is made.

Health clearance will be processed using the following criteria:

5.3.1 **Immunity** i.e., titre > 100 miu/ml in the past 5 years. The employment offer can be confirmed.

5.3.2 **Low immunity** i.e., titre > 10 miu/ml and <100 miu/ml in the past year. The employment offer can be offered on the understanding that the candidate will receive a booster dose of vaccine on taking up the post.

5.3.3 **No immunity.** Documentary evidence will be required of full hepatitis B screen carried out by a UK laboratory during the past year or by the Trust Occupational Health Service prior to employment. If surface antigen negative, the post can be offered subject to acceptance of a course of vaccination. Continued non-immunity will result in annual re-testing for hepatitis B antigen for those individuals carrying out exposure prone procedures. True non-responders will be followed up after exposure incidents or if they develop an illness that could be acute HBV. The candidate must decide whether or not to accept the post with the knowledge that he/she is at risk from acquiring the infection from a patient based on advice from an Occupational Health Physician.

5.3.4 **Hepatitis B s antigen +ve, e-antigen –ve.** Currently, if testing has not been carried out, the candidate will be seen by an occupational health consultant in order to begin the process of testing for hepatitis B Virus DNA but, from 1st June 2001, candidates will be required to provide documentary evidence of hepatitis B virus DNA carried out within the past 12 months by a designated UK laboratory. Candidates must also give written consent for a medical report to be obtained from the Occupational Health Physician consulted for counselling before and after testing. The sequence of testing is shown in Appendix 3.

5.3.5 **Hepatitis B s antigen +ve, e-antigen –ve with a viral load which exceeds 10^3 genome equivalents per ml.** When confirmed by the Occupational Health Service, counselling must be offered and the offer of employment withdrawn or not made. Following consultation with the Occupational Health Service, recruiting managers may wish to consider the possibility of offering an alternative or modified job or holding the post open if treatment is considered a viable option and can be arranged.

5.3.6 **Hepatitis B s antigen +ve, e-antigen –ve with a viral load which does not exceed 10^3 genome equivalents per ml.** The job offer can be confirmed on condition that the candidate attends the Occupational Health Department and is re-tested for viral load at 12-monthly intervals. These health care workers should cease to perform exposure prone procedures if their viral load is shown by testing to have risen above the specified level or if investigation of a case of hepatitis B in a patient indicates the possibility of transmission from a health care worker. In addition, hepatitis B DNA testing should be carried out immediately if a health care worker becomes immunosuppressed for any reason or has symptoms suggestive of a reactivation of their hepatitis B infection.
5.3.7 **Hepatitis B e-antigen positive.** When confirmed by the Occupational Health Service, counselling must be offered and the offer of employment withdrawn or not made. Following consultation with the Occupational Health Service, recruiting managers may wish to consider the possibility of offering an alternative or modified job.

5.4 All employees who perform exposure prone procedures or clinical duties in renal units must have their hepatitis B status assessed prior to undertaking these procedures.

5.5 All on site blood samples for hepatitis B antibody testing must be taken in the Occupational Health Department.

5.6 Arrangements will be made to carry out the hepatitis B virus DNA testing of infected health care workers currently employed by 1st June 2001 and as subsequently required in compliance with **HSC 2000/020.**

5.7 Infected health care workers will be seen by a consultant Occupational Health Physician and be given an explanation of the new testing arrangements and their potential effect on continued performance of exposure prone procedures. After testing, employees will be informed of their results and the implications for working practice. Referral for specialist clinical assessment will be made where appropriate.

5.8 An employee who performs exposure prone procedures or clinical duties in renal units and who refuses to comply with the policy will be considered as if e-antigen positive and managed accordingly. Infected health care workers who refuse to have their viral load tested will not be allowed to carry exposure prone procedures in the future.

5.9 Current employees found to be HbeAg positive or HBsAg positive with a viral load exceeding $10^3$ genome equivalent per ml are regarded as being at risk of transmitting hepatitis B to patients in the course of exposure prone procedures or clinical duties in renal units and should not, therefore, continue these practices. If they cannot be moved from a ‘high-risk’ area they should be suspended from duty, without prejudice and on full pay, on medical grounds. The situation will be reviewed in the light of changes in hepatitis B status. Where indicated, the employee must be offered redeployment options under employment terms and conditions or have their contract terminated on the grounds of incapability.

6 **MANAGERIAL RESPONSIBILITIES**

The duties of managers are outlined below.

6.1 They must inform staff involved in exposure prone procedures, carrying out clinical duties in renal units and working in high risk occupational areas of the need for routine infection control measures and safe working practices to prevent transmission of blood-borne viruses in a health care setting. These measures are outlined in **Appendix 4.**

6.2 They must ensure that staff are aware of the requirement to report inoculation and splash incidents promptly in compliance with the Trust Inoculation Policy.

6.3 Recruiting managers must follow the correct pre-employment health screening procedure. Candidates whose duties will include carrying out exposure prone procedures or clinical duties in renal units must be advised of this policy and informed that documentary
evidence of hepatitis B status will be required prior to an offer of employment to a substantive or locum post.

6.4 Written occupational health clearance **must** be obtained before appointment is confirmed and prior to the candidate taking up the post.

6.5 Restrictions imposed on health care workers must be adhered to and every effort made to arrange suitable alternative work should this prove necessary.

7 **EMPLOYEE RESPONSIBILITIES**

The duties of employees are outlined below.

7.1 All new employees, clinical students and locum workers in ‘high-risk’ occupations must produce documentary evidence of antibody status, i.e., dated UK laboratory confirmation of successful immunisation for hepatitis B from previous employment within the last 5 years or be tested before an offer of employment is made.

7.2 They must follow general infection control guidelines and adopt safe working practices to prevent hepatitis B transmission in health care settings.

7.3 Health care workers involved in exposure prone procedures, carrying out clinical duties in renal units and working in high risk occupational areas must respond to requests from the Occupational Health Service to undergo hepatitis B vaccination and/or testing for immunity status. Managers will be informed of failure to respond and disciplinary action may result.

7.4 Employees should be aware that restrictions imposed upon infected health care workers whose viral load exceeds the specified limit apply to those who refuse immunisation or subsequent monitoring or who do not have documentary evidence of hepatitis B status as required at pre-employment stage.

7.5 Infected health care workers must not perform exposure prone procedures or carry out clinical duties in renal units and must follow advice given by the Occupational Health Physician and other medical specialists involved in their care.

7.6 Health care workers who know, or have good reason to believe, that a hepatitis B infected health care worker has not followed advice to modify practice should inform an occupational health practitioner employed by the Trust or the Medical Director. It may then be necessary for the Trust to inform the relevant regulatory body. This measure should only be taken if steps have been taken to confirm the facts, as far as is reasonably practicable and, where possible, the infected health care worker will be advised before this action is taken.

8 **CONFIDENTIALITY**

8.1 Confidentiality is assured and any deliberate breach of confidence will result in disciplinary action in accordance with Trust policy.
8.2 Occupational health practitioners are ethically and professionally obliged not to release information without the consent of the individual. Advice may have to be given to an employer with regard to a change of duties but hepatitis B status will not normally be disclosed.

8.3 Where patients are, or have been, at risk it may be necessary in the public interest for the employer to have access to confidential information.

9 MONITORING AND REVIEW

This policy has been developed in the light of current information and national guidance available to the Trust. It will be monitored and reviewed by the Infection Control Committee and the Director of Human Resources with the support of appropriate specialist advice and amended through the Joint Consultative Committee.

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