Guidelines for HIV infected health care workers

Recommendating Committee: Hospital Control of Infection Committee

Approving Committee: Clinical Performance Council

Signature:

Designation: Chairman Clinical Performance Council

Date: 1 August 2008

Version Number: 06

Review Date: 1 July 2011

Responsible Officer: Director of Infection Prevention & Control

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Location of Policy

All wards and departments (for information purposes)
1. Safe working practices for all staff

It is the responsibility of all health care workers to ensure that they adopt safe working practices to prevent the transmission of Hepatitis B/HIV in health care settings.

1.1 Staff must have good standards of basic hygiene with regular handwashing.

1.2 Existing wounds or skin lesions must be covered with waterproof dressings (or gloves if hands extensively affected).

1.3 Staff must wear protective clothing as indicated in guidelines contained in the Infection Control Manual in order to avoid contamination of their skin/clothing. (e.g. Chapter 5: Personal protective equipment policy; Chapter 11D: Operating Theatre Guidelines; Chapter 4: The Isolated Patient).

1.4 Sharps usage must be avoided wherever possible.

1.5 Whenever sharps are used, care must be taken to avoid sharps injuries (see Chapter 22, Infection Control Manual for further advice). If sharps injuries are sustained the protocol for management of sharps injuries must be followed.

1.6 All waste must be disposed of according to Trust policy.

1.7 Staff must observe the correct procedures for sterilisation and disinfection of instruments and equipment.

1.8 All spillages of blood or body fluids must be cleared up promptly according to the instructions given in the Infection Control Manual Disinfection Policy (Chapter 9).

2. Exposure prone procedures

Exposure prone procedures (EPPs) are those where there is a risk that injury to the worker may result in the exposure of the patients 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 and sharp tissues (e.g. spicules of bones or teeth) inside a patient’s open body cavity, wound or confined space where the fingertips may not be completely visible at all times. Exposure prone procedures must not be undertaken by a health care worker who is HIV Ab positive.
Examples of EPPs

Normal vaginal delivery is not in itself an exposure prone procedure. However an infected health care worker may not perform procedures such as infiltration of local anaesthetic or suturing or episiotomy. Therefore an infected health care worker may not undertake vaginal deliveries.

Further specific examples of EPPs are given for every speciality in Annex A (p52-62) of HIV infected health care workers: guidance on management and patient notification. Department of Health. July 2005:

http://www.dh.gov.uk/assetRoot/04/11/64/16/04116416.pdf

3. The duties and obligations of health care workers

All health care workers have ethical and legal duties to protect the health and safety of their patients.

Any health care worker who believes that they may have been exposed to HIV infection in their personal life or during the course of their work has a duty to seek medical advice and, if appropriate, diagnostic HIV Ab testing.

Examples of how a person in the UK may have been exposed to HIV infection includes if they have:

- engaged in unprotected sexual intercourse
- shared injecting equipment whilst misusing drugs
- had unprotected heterosexual intercourse in, or with a person who had been exposed in, a country where transmission of HIV through sexual intercourse between men and women in common
- had significant occupational exposure to HIV infected material in any circumstances
- engaged in invasive medical, surgical, dental and midwifery procedures in parts of the world where infection control precautions may have been inadequate.

Additionally, a person who is aware that they had unprotected sexual intercourse with someone in any of the above categories may also have been exposed to HIV infection.

A health care worker who has reason to believe they may have been exposed to HIV infection must seek confidential, professional advice, whether or not the health care worker undertakes invasive procedures.

Those who do not undertake invasive procedures must follow the occupational advice given but they are not required to inform the employer.
Those who are undertaking invasive procedures must cease these activities immediately until expert advice is sought. The health care worker must not rely on their own assessment of risk to patients. Expert advice is available from the Consultant Microbiologists or the Medical Director.

The relevant Director of Public Health must be informed, without delay, on a strictly confidential basis. The Medical Director must also be informed in confidence at this stage.

The Director of Public Health will decide, after consultation with the Consultant in Communicable Disease Control (CCDC), Regional Epidemiologist, Regional Director of Public Health and the UK Advisory Panel if patients need to be informed about their exposure to HIV. The health care worker’s identity should not be disclosed to the UKAP.

HIV infected health care workers who do not perform exposure prone procedures but who continue to provide clinical care to patients must remain under regular medical and occupational health supervision. They must follow occupational health advice, especially if their circumstances change.

Once any health care worker has symptomatic HIV disease, closer and more frequent occupational health supervision is necessary. As well as providing support to the worker, the aim of this is to detect at the earliest opportunity any physical or psychological impairment which may render a worker unfit to practise, or may place their health at risk.

HIV infected health care workers applying for new posts must complete health questionnaires honestly. HIV infection is a medical condition about which an occupational health physician should be informed, verbally if preferred. Details will remain confidential to the occupational health department, as for other medical conditions disclosed in confidence to occupational health practitioners.

Physicians/Occupational Health Physicians/other health care workers who are aware that HIV infected health care workers under their care have failed to seek or follow advice to modify their practice, will inform any appropriate regulatory bodies and the Director of Public Health in confidence.

4. The Responsibilities of Employers

This document must be brought to the attention of new staff by the head of department/ward manager.

A letter (Appendix A) will be distributed to all new staff (permanent/temporary) who may undertake invasive procedures e.g. medical staff, dental staff, nursing staff, ODAs, midwives.
The HIV status of employees is confidential and will not be disclosed unless the employee consents to disclosure. Every effort should also be made to avoid disclosure of information which would allow deductive disclosure. This may include use of a media injunction to prevent publication or other disclosure of a worker’s identity. Even if the infected worker has died, this does not mean that duties of confidentiality are at an end. In dealing with the media it should be stressed that individuals are entitled to have their confidence respected. Legally, the identity of infected individuals may be disclosed with their consent or in exceptional circumstances, whenever it is considered that individual patients need to be told for the purpose of treatment or prevention of spread of infection. Any such disclosure may need to be justified.

All health care workers who are found to be HIV positive will be assured that their status and rights as employees will be safeguarded so far as is practicable and that the Trust will make every effort to arrange suitable alternative work and retraining opportunities, or where appropriate, early retirement.

Benefits are available under the NHS Injury Benefits Scheme for NHS staff who become infected in the course of their work and lose remuneration as a consequence.

5. **The Responsibilities of the Occupational Health Department**

HIV infected health care workers are recommended to seek initial advice from the Occupational Health Department. The HIV physician should liaise with the Occupational Health physician.

Occupational health physicians should consider the impact of HIV positivity on the individual’s resistance to infection when advising on suitability for particular posts, especially if the duties involve exposure to known or undiagnosed TB. Occupational physicians are well placed to act as advocates for the worker on issues of retraining, redeployment, or retirement.

HIV infected health care workers have the same rights of confidentiality as all patients. The HIV status will not normally be disclosed without the health care worker’s consent. However there are occasions when the employer may need to be advised that a change in duties should take place. Also where patients are or may have been at risk it may be necessary, in the public interest for the employer to have access to confidential information. The health care worker should be counselled about the implications of this disclosure.
6. **When a patient notification should be conducted**

It is no longer necessary to notify every patient who has undergone an exposure prone procedure by an HIV infected health care worker because of the low risk of transmission and the anxiety caused to patients and the wider public.

The Director of Public Health of the Primary Care Trust, Dr. D. Forrest will be responsible for deciding whether patient notification is necessary, supported by the Regional Epidemiologist or Regional Director of Public Health. The UK Advisory Panel will be able to provide advice.

Notification of patients identified as having been exposed to a risk of HIV infection by an infected health care worker is considered necessary:

- To provide the patients with information about the nature of the risk to which they have been exposed.
- To detect HIV infection, provide care and advice on measures to prevent onward HIV transmission.
- To collect valid data to augment existing estimates of the risk of HIV transmission from an infected worker to patients during exposure prone procedures.

The need for patient notification should be decided on a case-by-case basis using 3 risk assessment criteria:

- Evidence of possible HIV transmission
- Nature and history of the health care worker’s clinical practice
- Other relevant considerations e.g. evidence of poor clinical practice in relation to infection control or physical/mental impairment as a result of symptomatic HIV disease.

Exposure prone procedures have been classified into three levels of risk of bleed-back (categories 1-3 of increasing risk). See Appendix B for further details. Where there is evidence of HIV transmission from infected health care worker to patient, notification of all patients who have undergone exposure prone procedures by that health care worker should take place. In the absence of evidence of HIV transmission, all patients who have undergone category 3 procedures by an HIV infected health care worker should be notified. When only category 1 or 2 procedures have been carried out, patient notification will not be necessary, unless the other relevant considerations suggest that it is.

Additional information (Appendix C) will assist in risk assessment and deciding how far back patient notification should go.

The decision about the need for a patient notification exercise should rest with the Director of Public Health (DPH), supported as necessary by the Regional...
Epidemiologist and the Regional Director of Public Health. When a patient notification exercise is to be undertaken the DPH or delegated colleague (e.g. Consultant in Communicable Disease Control) should inform UKAP. If more than one Primary Care Trust is involved, it will be appropriate for the Regional Epidemiologist to become involved at this stage. If there is doubt about the need for patient notification, UKAP should be consulted. UKAP should also be informed in writing of incidents where it is concluded that a patient notification is not warranted.

Further advice on patient notification exercises (practical & psychological support, confidentiality, injunctions, identification of exposed patients, contacting patients, telephone helplines, testing of patients, further investigation of HIV positive results, media enquiries and reviewing the outcome etc.) is given in:  
http://www.dh.gov.uk/assetRoot/04/11/64/16/04116416.pdf

7. Management of the health care worker

If a decision is taken to notify patients the infected worker must be informed and they and their family will need immediate practical and psychological support. If they decide to seek their own independent legal advice, it will be helpful for the Trust’s legal advisors to keep in regular contact with those representing the health care worker.

Advice in retraining, redeployment etc. will be available from the Specialist Occupational Health Physician, who may take advice from the UK Advisory Panel. The Director of Human Resources and the Regional Postgraduate Dean will be able to help with advice on these issues.

8. Further advice

Further advice may be obtained from the Consultant Microbiologists Ext. 1834/1836, the Medical Director Ext 1458 or the Director of Public Health of the Primary Care Trust, Ext. 7232.

Further advice may be obtained from the UK Advisory Panel (address given below). The worker’s identity should not be revealed to the panel. However confidentiality of all information will be maintained by members of the panel.

UK Advisory Panel Medical Secretary  
Health Protection Agency  
61 Colindale Ave  
LONDON NW9 5EQ  
Tel:  020 8327 6423 (Medical secretary)  
020 8327 6074 (Administrative secretary)
9. Telephone Helplines/websites

Mersey Body Positive 0151 709 9000

National AIDS Helpline
(Phone FREE in confidence) 0800 567 123

Disability Discrimination Act 2005

Information on HIV and employment is at http://www.drc-gb.org/library/publications/employment/positively_employed_an_end_to.aspx


or http://www.opsi.gov.uk/ACTS/acts2005/20050013.htm

or http://www.direct.gov.uk/DisabledPeople/RightsAndObligations/YourRights/YourRightsArticles/fs/en?CONTENT_ID=4001068&chk=eazXEG

10. References


Dear Colleague,

HIV Infected Health Care Workers

The Department of Health have advised that the following information be given to all health care workers who undertake invasive procedures.

Any health care worker who believes that they may have been exposed to HIV infection in their personal life or during the course of their work has a duty to seek medical advice and, if appropriate, diagnostic HIV antibody testing.

Information on the health status including HIV status of employees is confidential. If a health care worker in this Trust believes that they may have HIV infection they must contact either the Consultant with responsibility for Occupational Health Services or one of the Consultant Microbiologists (Ext. 1834/1836). The Director of Public Health of the Primary Care Trust, must be notified in confidence.

Any HIV infected health care worker must cease undertaking procedures that may place patients or other staff at risk of infection, e.g. surgical procedures, sharps handling.

Doctors who are aware that HIV infected health care workers under their care have failed to seek or follow advice to modify their practice will inform the appropriate regulating authorities and the Director of Public Health in confidence.

All staff must take care to avoid sharps injuries. Please see Infection Control Manual (Chapter 22) for further details. Further information dealing with HIV infection in general and the consequences for health care workers is available from the Occupational Health Department.

Medical Director & Consultant Microbiologists

____________________________________________________________________________________

THIS SLIP MUST BE RETURNED TO THE OCCUPATIONAL HEALTH DEPARTMENT, WHISTON HOSPITAL.

I have received, read and understand the letter concerning HIV and health care workers.

Name (Printed) .................................................................

Signed .................................................................

Payroll number .................................................................

Place or work (i.e. ward, department etc) .................................
Categorisation of procedures according to the risk of bleed-back.

Category 1
Procedures where the hands and fingertips of the worker are usually visible and outside the body most of the time and the possibility of injury to the worker’s gloved hands from sharp instruments and/or tissues is slight. This means that the risk of the health care worker bleeding into a patient’s open tissues should be remote.

Examples: local anaesthetic injection in dentistry, removal of haemorrhoids.

Category 2
Procedures where the fingertips may not be visible at all times but injury to the worker’s gloved hands from sharp instruments and/or tissues is unlikely. If injury occurs it is likely to be noticed and acted upon quickly to avoid the health care worker’s blood contaminating a patient’s open tissues.

Examples: routine tooth extraction, appendicectomy.

Category 3
Procedures where the fingertips are out of sight for a significant part of the procedure, or during certain critical stages, and in which there is a distinct risk of injury to the worker’s gloved hands from sharp instruments and/or tissues. In such circumstances it is possible that exposure of the patient’s open tissues to the health care worker's blood may go unnoticed or would not be noticed immediately.

Examples: hysterectomy, caesarean section, open cardiac surgical procedures.

N.B. A categorisation of the most common clinical procedures depending upon the relative risk of bleed-back is being developed by UKAP.
APPENDIX C

Additional information for risk assessment and deciding length of patient notification

In carrying out a risk assessment and deciding on how far back patient notification should go, the following information will also be needed. The co-operation of the health care worker will be necessary, and should be sought in as sensitive a manner as possible, preferably by his or her own physician:

- confirmation of the date of diagnosis. Steps should be taken to ensure that there is no doubt that the worker is HIV infected, including repeat testing in a UK laboratory if appropriate;
- any information to suggest when the health care worker was infected. For example:
  - evidence of a possible seroconversion illness;
  - previous documented negative HIV tests;
  - presence of symptomatic HIV disease;
  - having worked in a country with a high prevalence of HIV infection;
  - other risk factors e.g. injuries, blood transfusion etc.
- whether there are any stored sera that could be tested (with informed consent) to obtain further information;
- a carefully documented clinical history (including dates, places and results of tests for HIV antibody, HIV viral load, and CD4 cell counts) to assemble a record of the course of HIV infection; the interval between the health care worker being diagnosed as HIV positive and reporting this to an occupational health physician or to public health officials; what recommendations were made during any of this time, and were they documented; did the health care worker continue to practise during this time;
- the nature of the duties performed by the health care worker while likely to have been HIV infected;
- whether the health care worker is willing for his or her medical adviser(s) to provide information on all/any of the above;
- after first seeking specialist virological advice on specimen collection and processing, specimens suitable for HIV isolation and gene sequencing should be obtained from the worker and securely stored, in anticipation of a possible need for investigation at a later date.

Ideally, the bulk of the health care worker’s medical history should be obtained from the health care worker. If for any reason this is not possible or appropriate, the history may require reconstruction or supplementation from other data sources after appropriate consent has been obtained. These may include hospital in-patient or out-patient notes, general practice records and the health care worker’s partner and family. Although it is unlikely that the date of the onset of the worker’s infection with HIV will be known, in some cases the clinical history may indicate when this was likely to have occurred.
Where the duration of infection is unknown, where a clinical history cannot be obtained or if the health care worker has AIDS or has died, it is currently recommended that in the first instance patients who have undergone relevant exposure prone procedures during the preceding 10 years be notified, where records are still available. (Ten years is the median incubation period from infection to symptomatic disease in untreated individuals). If there is evidence of transmission of HIV from the health care worker to a patient during this time, then patient notification should be extended for as long as is possible.