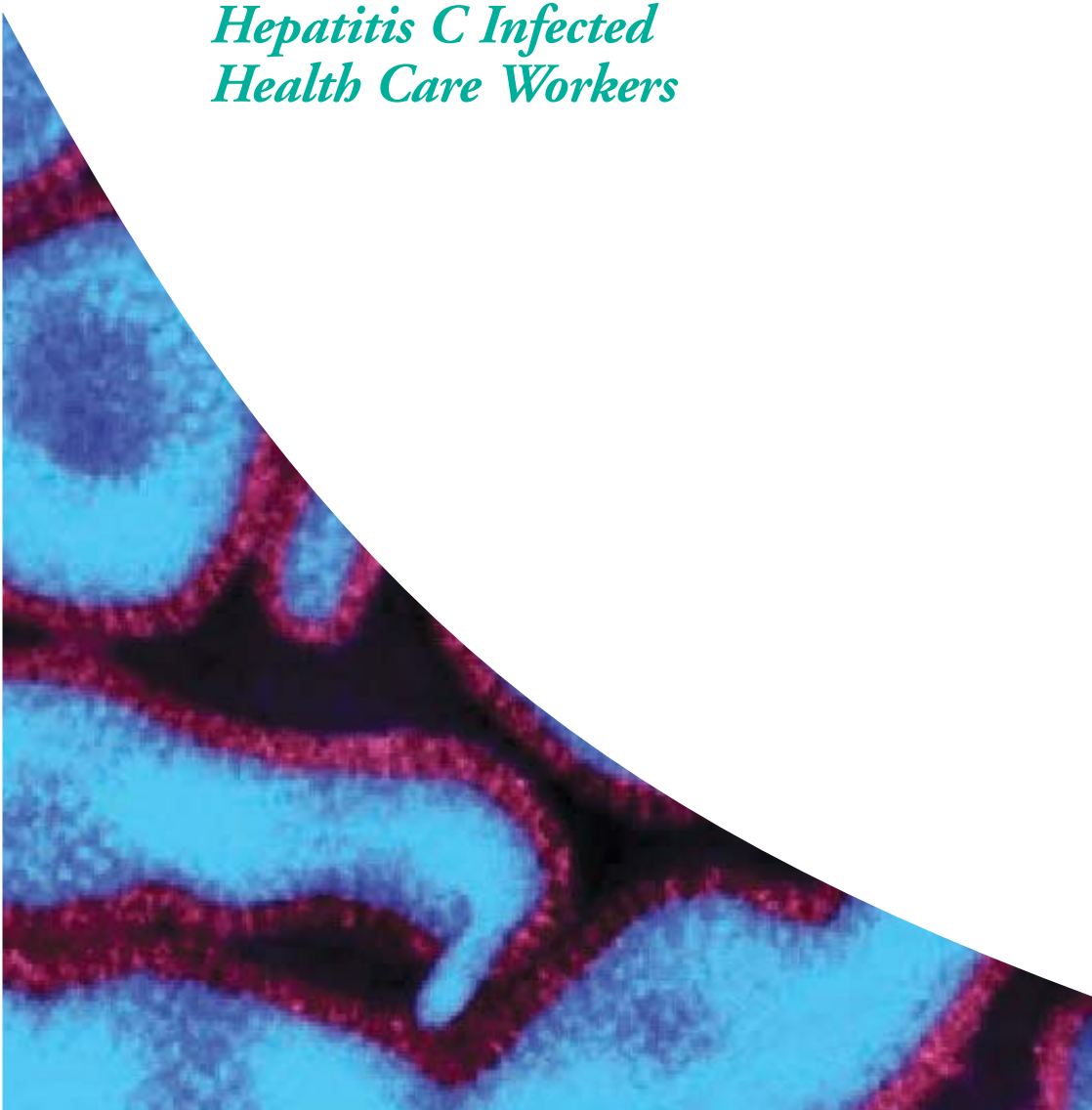
Department of Health

Hepatitis C Infected Health Care Workers



Implementing *Getting Ahead of the Curve*: action on blood-borne viruses

Hepatitis C Infected Health Care Workers

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Hepatitis C Infected Health Care Workers

Introduction

1. This guidance is intended to assist in implementation of Health Service Circular (HSC) 2002/010 *Hepatitis C Infected Health Care Workers*. It is also available on the Department of Health web site at http://www.doh.gov.uk/hepatitisc

Summary of HSC 2002/010

2. This circular builds upon previous advice from the Advisory Group on Hepatitis that hepatitis C infected health care workers associated with transmission of infection to patients should no longer perform exposure prone procedures.[1] It recommends that employers put arrangements in place as soon as possible so that:

   - the Health Service Circular and this guidance is brought to the attention of health care workers who perform or who may perform exposure prone procedures;

[1] Exposure prone procedures are those where there is a risk that injury to the health care worker could result in their blood contaminating a patient's open tissues. Exposure prone procedures occur mainly in surgery (including some procedures in minor surgery carried out by GPs), obstetrics and gynaecology, dentistry and midwifery. Annex A to this guidance provides further advice. An illustrative list of exposure prone procedures is contained in *Guidance on the management of HIV/AIDS infected health care workers* and patient notification (issued under cover of Health Service Circular 1998/226). Revised guidance to replace this version is currently out for consultation (see http://doh.gov.uk/aids.htm).

- health care workers who already know that they have been infected with hepatitis C and who perform exposure prone procedures should be tested for hepatitis C virus RNA. This testing is not necessary for health care workers who are already known to be hepatitis C virus RNA positive. Those found to be carrying the virus (i.e. who are hepatitis C virus RNA positive) should not be allowed to perform exposure prone procedures;
- health care workers who are intending to undertake professional training for a career that relies upon the performance of exposure prone procedures should be tested for antibodies to hepatitis C virus, and if positive, for hepatitis C virus RNA. Those found to be hepatitis C virus RNA positive should be restricted from starting such training whilst they are carrying the virus;
- health care workers who perform exposure prone procedures and who believe that they may have been exposed to hepatitis C infection should promptly seek and follow confidential professional advice (e.g. from an occupational health physician) on whether they should be tested for hepatitis C. They should cease performing exposure prone procedures if they are carrying the virus;
- hepatitis C infected health care workers who have responded successfully to treatment with antiviral therapy should be allowed to resume exposure prone procedures or to start professional training for a career that relies upon the performance of exposure prone procedures. Successful response to treatment is defined as remaining hepatitis C virus RNA negative 6 months after cessation of treatment. Successfully treated health care workers will be allowed to return to performing exposure prone procedures at that time. As a further check, they should be shown still to be hepatitis C virus RNA negative 6 months later;
- staff are provided with information and training about measures to reduce the risk of occupational exposure to hepatitis C infection (e.g. safe handling and disposal of sharps and measures to reduce risks during surgical procedures).

Previous advice and scope of new guidance

3. The Advisory Group on Hepatitis (AGH) recommended in 1995 that hepatitis C infected health care workers associated with transmission of infection to patients should no longer perform exposure prone procedures[2]. However, there have now been five incidents in this country in which hepatitis C infected health care workers have transmitted infection to 15 patients, and the AGH has made further recommendations to protect patients. HSC 2002/010 introduces additional restrictions based on the AGH's recommendations.

4. This guidance applies to all health care workers in the NHS who carry out exposure prone procedures, including independent contractors such as general dental and medical practitioners (and relevant staff); independent midwives; students; locums and agency staff; and visiting health care workers. NHS Trusts and Primary Care Trusts that arrange for NHS patients to be treated by private sector hospitals should ensure that this guidance is observed by health care workers who perform exposure prone procedures on NHS patients. *The National Minimum Standards for Independent Health Care* require all health care workers in the independent health care sector to comply with Department of Health guidelines on health care workers infected with blood-borne viruses, including hepatitis C.[3]

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[2] Communicable Disease Surveillance Centre (CDSC). Hepatitis C virus transmission from health care worker to patient. *Commun Dis Rep CDR Wkly* 1995; 5: 121.

[3] *National Minimum Standards for Independent Health Care*. Department of Health 2002. http://www.doh.gov.uk/ncsc/independenthealthcare.pdf The standards apply to independent hospitals, independent clinics and independent medical agencies (as defined by section 2 of the Care Standards Act 2000).

Transmissions to patients from hepatitis C infected health care workers

5. The first reported incident in the UK was in 1994 in which a health care worker infected with hepatitis C transmitted infection to a single patient[4]. The four other incidents in the UK which have occurred since then have been reported in the Public Health Laboratory Service's CDR Weekly[5]. There had been one previous incident reported in Spain.[6] There have since been two reports from Germany,[7] and an incident from the US involving a cardiac surgeon is currently being investigated.[8] Hepatitis C can cause serious liver disease leading to cirrhosis and, in a small proportion of cases, primary liver cancer.

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[4] Duckworth GJ, Heptonstall J and Aitken C for the Incident Control Team and Others. Transmission of hepatitis C virus from a surgeon to a patient. *Commun Dis Public Health* 1999; **2**: 188-192.

[5] CDSC. Transmission of hepatitis C virus from surgeon to patient prompts lookback. *Commun Dis Rep CDR Wkly* 1999; **9**:387. CDSC. Two hepatitis C lookback exercises – national and in London. *Commun Dis Rep CDR Wkly* 2000; **10**: 125,8. CDSC. Hepatitis C lookback exercise. *Commun Dis Rep CDR Wkly* 2000; **10**: 203,6. CDSC. Hepatitis C lookback in two Trusts in the south of England. *Commun Dis Rep CDR Wkly* 2001; **11** No. 21 (24 May 2001).

[6] Esteban JI, Gomez J, Martell M, Cabot B, Quer J, Camps J, Gonzalez A, Otero T, Moya A, Esteban R and Guardia J. Transmission of hepatitis C virus by a cardiac surgeon. *N Engl J Med* 1996; **344**: 555-560.

[7] Ross RS, Viazov S, Roggendorf M. Phylogenic analysis indicates transmission of hepatitis C virus from an infected orthopaedic surgeon to a patient. *J Med Virol. 2002*; **66**: 461-467 and Ross RS, Viazov S, Thormahlen M, Bartz L, Tamm J, Rautenberg P, Roggendorf M, Deister A. Risk of hepatitis C virus transmission from an infected gynecologist to patients: results of a 7-year retrospective investigation. *Arch Int Med.* 2002; **162**(7): 805-810.

[8] See http://www.newsday.com/ny-lihep28.story and http://www.newsday.com/news/local/newyork/ny-hep0419.story

Minimising the risk of occupational exposure to hepatitis C infection

6. There is no vaccine to protect against hepatitis C infection. Therefore health care workers remain at risk of infection because of occupational injuries that may expose them to the blood of infected patients. It is therefore essential that employers provide staff with information and training about measures to reduce the risk of occupational exposure to hepatitis C such as safe handing and disposal of sharps, measures to reduce risks during surgical procedures, and decontamination and waste disposal. The UK Health Department's publication *Guidance for clinical health care workers: protection against infection with blood-borne viruses* provides relevant advice.[9]

Restriction on the practice of hepatitis C infected health care workers

7. The AGH has assessed that the risk of transmission of hepatitis C from a health care worker of unknown hepatitis C status during exposure prone procedures is low. It does not therefore advise that all health care workers doing exposure prone procedures should be routinely tested for hepatitis C. However, it has recommended the following precautionary measures to reduce the risk of infection to patients:

Health care workers who know that they have been infected with hepatitis C and who carry out exposure prone procedures

(a). Health care workers who know that they have been infected with hepatitis C (i.e. who have antibodies to hepatitis C virus) and who carry out exposure prone procedures, should be tested for the hepatitis C virus RNA. Health care workers in this position should

[9] *Guidance for clinical health care workers: protection against infection with blood-borne viruses* (issued under cover of Health Service Circular HSC 1998/063). http://doh.gov.uk/chcguid1.htm

take account of their regulatory bodies' statements on professional responsibilities in relation to communicable disease. This testing is not necessary for health care workers who are already known to be hepatitis C virus RNA positive. Those found to be carrying the virus (i.e. who are hepatitis C virus RNA positive) should be restricted from performing exposure prone procedures in future, unless they have responded successfully to treatment (see paragraph 12). Occupational health departments will have a key role to play in identifying such health care workers and bringing this guidance to their attention. Health care workers who have antibodies to the hepatitis C virus and are hepatitis C RNA negative should be allowed to continue performing exposure prone procedures.

Health care workers intending to begin professional training for a career that relies upon the performance of exposure prone procedures

(b). Health care workers intending to embark upon careers that rely upon the performance of exposure prone procedures should be tested for antibodies to hepatitis C virus, and if positive, for hepatitis C virus RNA. Those found to be hepatitis C virus RNA positive should not commence training for such careers unless they have a sustained virological response to treatment (see paragraph 12). It will obviously be to the advantage of health care workers to establish their hepatitis C status early as they make their career choices. The time for testing may vary depending upon the particular chosen career, but the following are considered appropriate:

- junior doctors entering all surgical specialties, including obstetrics and gynaecology, should be tested before their first SHO post (this will include those posts in accident & emergency where doctors may be called upon to perform exposure prone procedures and GP trainees, if they are to carry out minor surgery in general practice);

- prospective dental students should be tested before entry into dental school, as exposure prone procedures form an integral part of their training and in the work of dentists;
- prospective midwifery students should be tested before embarking on midwifery courses; if they are hepatitis C virus RNA positive, they should only be allowed to proceed with training on the understanding that they will not be able to perform exposure prone procedures, and hence not be able to undertake the full ranges of activities in the specialty;
- nurses should be tested before they move to specialised areas of work where they may be required to perform exposure prone procedures, e.g. operating theatre and accident & emergency nursing;
- ambulance staff should be tested before they embark on training as paramedics or technicians;
- podiatrists should be tested before they commence training in podiatric surgery .

This list covers the major specialties but is not intended to be exhaustive.

It is not currently considered necessary for medical students to be tested for hepatitis C routinely, as those embarking on careers that involve exposure prone procedures will be tested at SHO level (see above). However, an expert ad hoc group has just completed an assessment of the potential health risk posed to patients from health care workers new to the NHS infected with serious communicable diseases (in particular, HIV, hepatitis B virus, hepatitis C virus and TB).[10] Further guidance will follow on this.

[10] This would include health care workers newly recruited or working in the NHS for the first time, including students.

Health care workers who perform exposure prone procedures and who may have been exposed to hepatitis C infection

(c). Health care workers, who perform exposure prone procedures and who believe that they may have been at risk of acquiring hepatitis C, should promptly seek and follow confidential professional advice on whether they should be tested for hepatitis C. Testing should be for antibodies to hepatitis C virus, and if positive, for hepatitis C virus RNA. Health care workers should take account of their regulatory bodies' statements on professional responsibilities in relation to communicable disease. The major risk factors for hepatitis C in the general population are:

- receipt of unscreened blood or untreated plasma products (in the UK prior to September 1991 and 1985 respectively);
- the sharing of injecting equipment whilst misusing drugs.

(d). Additionally the following risk factors also apply to health care workers:

- having been occupationally exposed to the blood of patients known to be infected, or deemed to be at high risk of infection, with hepatitis C by sharps or other injuries (see paragraphs 17-21 on the management of blood exposure incidents);
- involvement as a health care worker or patient in invasive medical, surgical, dental or midwifery procedures in parts of the world where infection control precautions may have been inadequate, or with populations with a high prevalence of HCV infection.

8. Occupational health departments should be available to discuss with health care workers whether they may have been exposed to hepatitis C infection occupationally or otherwise; whether they should be tested for hepatitis C; and the implications of a positive test. Health care workers who are found

to be carrying the virus should be restricted from carrying out exposure prone procedures unless they have shown a sustained virological response to treatment (see paragraph 12 below).

Testing for hepatitis C virus RNA

9. Qualitative testing for hepatitis C virus RNA should be carried out in accredited laboratories which are experienced in performing such tests, and which participate in appropriate external quality assurance schemes. Two samples taken a week apart should be tested for each health care worker. The assays used should have a minimum sensitivity of 50 IU per ml. Health care workers do not need to cease performing exposure prone procedures whilst testing is carried out, provided this is done promptly.

Use of identified and validated samples

10. Those commissioning tests for hepatitis C antibodies or hepatitis C virus RNA should ensure that samples tested are from the health care worker in question. Health care workers should not provide their own specimens. The following standards for occupational health data recording have been agreed by the Association of NHS Occupational Physicians (ANHOPS) and the Association of NHS Occupational Health Nurse Advisors (ANHONA) as the two relevant professional bodies:

- laboratory test results required for clearance for undertaking exposure prone procedures must be derived from an identified, validated sample (IVS). Results should not be recorded in occupational health records if not derived from an IVS;
- an IVS is defined according to the following criteria:
  - the health care worker should show a proof of identity with a photograph – Trust identity badge, new driver's licence, some credit cards or passport, when the sample is taken;

- the sample of blood should be taken in the occupational health department;
- samples should be delivered to the laboratory in the usual manner, not transported by the health care worker;
- when results are received from the laboratory, check that the sample was sent by the occupational health department.

11. On request, occupational health departments may wish to arrange testing for health care workers who are currently not employed. Trusts are not expected to meet the costs of testing for these individuals, unless such testing forms parts of pre-employment assessment. If it does not, Trusts may wish to seek reimbursement of the testing costs from individual health care workers, or in the case of doctors employed by a locum agency, from the agency itself in accordance with the national contract specification. A full range of occupational health services should have been available for practitioners and staff in the General Medical Services by March 2002.[11] Occupational health departments will also wish to make arrangements, via Primary Care Trusts, to provide a service to general dental practitioners and their staff who perform exposure prone procedures. This may also need to be the case for general medical practitioners and their staff where such services are not yet in place.

Health care workers who have had antiviral therapy

12. Hepatitis C infected health care workers who have been treated with antiviral therapy and who remain hepatitis C virus RNA negative for at least 6 months after cessation of treatment should be permitted to return to performing exposure prone procedures at that time. As a further check, they should be shown still to be hepatitis C virus RNA negative 6 months

[11] *The provision of occupational health and safety services for general medical practitioners and their staff* (issued by the Department of Health on 28 June 2001). http://www.doh.gov.uk/healthandsafety

later. Provided that these criteria are met, a return to exposure prone procedures would be a local decision and would not need to be referred to the UK Advisory Panel for Health Care Workers Infected with Blood-borne Viruses (UKAP). However, UKAP is available to provide advice if required[12].

Health care workers who refuse to be tested

13. Health care workers who already know that they have been infected with hepatitis C or who are intending to undertake professional training for a career that relies upon the performance of exposure prone procedures, and who refuse to be tested, should not be allowed to carry out exposure prone procedures in future or start their training.

Occupational health advice to hepatitis C infected health care workers

14. Arrangements should be made to provide individual health care workers with access to a consultant occupational health physician. Occupational health departments should explain to health care workers the purpose of the new testing arrangements and how they might affect continued performance of exposure prone procedures. After testing, occupational health departments should inform health care workers of the results of their tests and the implications for their working practice. Occupational health departments should refer hepatitis C infected health care workers for specialist clinical assessment, if this has not already taken place. All hepatitis C infected health care workers should be given accurate and detailed advice on ways of minimising the risks of transmission in the health care setting and to close contacts.[13]

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[12] UKAP may be contacted via its Secretariat: The Medical Secretary, UKAP, Room 635B Skipton House, 80 London Road, London SE1 6LH. Telephone 020 7972 1533.

[13] *Guidance for clinical health care workers: protection against infection with blood-borne viruses* (issued under cover of Health Service Circular HSC 1998/063) contains advice on infection control. http://doh.gov.uk/chcguid1.htm

Confidentiality

15. It is extremely important that hepatitis C infected health care workers receive the same right of confidentiality as any patient seeking or receiving medical care. Occupational health staff, who work within strict guidelines on confidentiality, have a key role in this process. It is recommended that occupational health departments are closely involved in revising local procedures for managing hepatitis C infected health care workers. Occupational health notes are separate from other hospital notes. Occupational health staff are ethically and professionally obliged not to release information without the consent of the individual. There are occasions when an employer may need to be advised that a change of duties should take place, but hepatitis C status itself will not normally be disclosed without the health care worker's consent. Where patients are, or have been, at risk, however, it may be necessary in the public interest for the employer to have access to confidential information.

Duties of other health care workers

16. Health care workers who know or have good reason to believe (having taken steps to confirm the facts as far as practicable), that a hepatitis C infected health care worker has not complied with this guidance or followed advice to modify their practice, should inform an appropriate person in the health care worker's employing or contracting authority (e.g. a consultant occupational health physician, Trust medical director or director of public health), or where appropriate, the relevant regulatory body. Health care workers may wish to seek advice from their regulatory and professional bodies before passing such information on. Such cases are likely to arise very rarely. Wherever possible, the health care worker should be informed before information is passed to an employer or regulatory body.

Management of blood exposure incidents

17. As recommended in HSC 1998/063: *Guidance for clinical health care workers: protection against infection with blood-borne viruses*, each employer should draw up a policy on the management of blood exposure incidents for both staff and patients. Each Primary Care Trust, or NHS Trust should designate one or more doctors to whom health care staff or any other person present in the health care setting may be referred immediately for advice if they have been exposed, or have exposed others, to potentially infected blood. Local policies should also specify who will be responsible for the follow up of any staff or patients who have been exposed. Dental and medical practitioners in primary care should also ensure that similar procedures are in place for themselves and their staff.

18. Guidance on the investigation and appropriate management of occupational exposure to blood has been published by Department of Health and the Public Health Laboratory Service.[14] A summary of the Public Health Laboratory Service's recommendations about the investigation of and follow up of health care workers in relation to hepatitis C when they have been occupationally exposed to blood, is shown in the box below:

[14] *Guidance for clinical health care workers: protection against infection with blood-borne viruses* (issued under cover of Health Service Circular HSC 1998/063) contains advice on the management of blood exposure incidents. http://doh.gov.uk/chcguid1.htm
The Public Health Laboratory Service has published guidance on the management of occupational exposure to hepatitis C – Ramsay ME. Guidance on the investigation and management of occupational exposure to hepatitis *C. Commun Dis Public Health* 1999; **2**: 258-262. http://www.phls.co.uk/topics_az/hepatitis_c/HepCguidelines.pdf

Known hepatitis C infected source

- obtain baseline serum for storage from health care worker
- obtain serum/EDTA for HCV RNA testing at 6 and 12 weeks
- obtain serum for anti-HCV testing at 12 and 24 weeks

Source known not to be infected with hepatitis C

- obtain baseline serum for storage from health care worker
- obtain follow up serum if symptoms or signs of liver disease develop

Hepatitis C status of source unknown

- obtain baseline serum for storage from health care worker
- designated doctor to perform risk assessment

High risk

- manage as known infected source

Low risk

- obtain serum for anti-HCV testing at 24 weeks

Health care workers found to have acquired hepatitis C infection following occupational exposure should be referred as soon as possible for specialist assessment.

19. There is currently no post-exposure prophylaxis for hepatitis C. However, a recent study suggests that early treatment of acute hepatitis C infection may prevent chronic hepatitis C infection.[15] This underlines the need for careful management and follow-up of occupational exposures and early referral for

[15] Jaeckel E, Cornberg M, Wedemeyer H, Santantonio T, Mayer J, Zankel M, Pastore G, Dietrich M, Trautwein C and Manns M, for the German Acute Hepatitis C Therapy Group. *Treatment of acute hepatitis C with interferon alfa-2b*. N Engl J Med 2001; **345**: 1452-1457. http://content.nejm.org/cgi/content/full/345/20/1452

specialist occupational medicine and gastroenterology/hepatology/infectious diseases assessment if infection has been transmitted.

20. This guidance is directed mainly at health care workers, but patients who are exposed to blood should be managed in the same way as exposed health care workers. There may be occasions when a patient is accidentally exposed to the blood of a health care worker who may be infected with hepatitis C in circumstances which may or may not involve exposure prone procedures. Health care workers are under ethical and legal obligations to take all proper steps to safeguard the interests of their patients. This would include ensuring that, in the event of a patient being exposed to the infected health care worker's blood, information about the latter's status was reported to the appropriate person to consider what action might be necessary for the well-being of the patient. The General Medical Council's guidance documents *Good Medical Practice* and *Serious Communicable Diseases* state that doctors who have a serious communicable disease and continue in professional practice must have appropriate medical supervision and should not rely upon their own assessment of the risks they pose to patients. Statements from the General Dental Council and Nursing and Midwifery Council also emphasise the duties of health care workers to safeguard the well-being of their patients.

21. The Public Health Laboratory Service Communicable Disease Surveillance Centre carries out national surveillance of health care workers who have been occupationally exposed to blood-borne viruses. Occupational exposures to hepatitis C should be reported to the research nurse responsible for this surveillance (telephone: 020-8200-6868 extension 4573).

Patient notification exercises

22. Whenever a transmission of hepatitis C from an infected health care worker to a patient is detected, notification of other patients of that health care worker who have undergone exposure prone procedures, with the offer of

serological testing, should normally follow. Most new infections with hepatitis C are asymptomatic. It has yet to be determined whether there is a need for automatic patient notification exercises when a hepatitis C virus RNA positive health care worker is identified in the absence of evidence of transmission. Until more precise indications for patient notification in this situation can be defined, the UK Advisory Panel for Health Care Workers Infected with Blood-borne Viruses (UKAP) should be approached for advice whenever patient notification is being considered, and before preparations for such an exercise are put in train.[16]

Redeployment, retraining and benefits

23. It is expected that relatively small numbers of health care workers will be affected by the new restrictions and their retraining/redeployment needs will vary. Employers should make every effort to arrange suitable alternative work and retraining opportunities in accordance with good general principles of occupational health and management practice.

24. NHS employers already assist and support cases where staff retraining or redeployment is necessary for a variety of reasons. Postgraduate medical and dental deans also play an important role in retraining or redeployment programmes for doctors and dentists, not only within the training grades, but often within the career grades too. Professional bodies may also be able to provide advice. Local employers are best placed to support staff displaced because of the new restrictions, and to ensure that the process is handled sympathetically and sensitively. Medical Directors will have an important contribution to make. Local Primary Care Trusts and NHS Trusts will want to consider the training and development needs of the non-medical workforce (e.g. midwives) using training and development opportunities available within the Trust and through Workforce Development Confederations. In particularly difficult cases which cannot be resolved

[16] UKAP may be contacted via its Secretariat: The Medical Secretary, UKAP, Room 635B Skipton House, 80 London Road, London SE1 6LH. Telephone 020 7972 1533.

locally, employers will be able to draw on advice from Directorates of Health and Social Care and the Department of Health's Human Resources Directorate (contact: Julian Topping, Human Resources Directorate, Room 1N35D Quarry House, Quarry Hill, Leeds LS2 7UE; Telephone: 0113-254-5756).

25. The NHS Injury Benefits Scheme and the Industrial Injuries Disablement Benefit Scheme provide benefits where hepatitis C has been occupationally acquired. The NHS Injury Benefits Scheme provides temporary or permanent benefits for all NHS employees who lose NHS renumeration because of an injury or disease attributable to their NHS employment. The scheme is also available to general medical and dental practitioners working in the NHS. Under the terms of the scheme, it must be established whether, on the balance of probabilities, the injury or disease was acquired during the course of NHS work. The Industrial Injuries Disablement Benefit Scheme provides benefits where viral hepatitis (including hepatitis C) has been acquired as a result of an accident arising out of and in the course of employment, e.g. a needlestick injury.

26. Occupational health services locally should provide health care workers with advice in cases where entitlement to benefits for occupationally acquired infection is under consideration. Details of the NHS Scheme can be obtained from the Injury Benefits Manager, NHS Pensions Agency, Hesketh House, 200-220 Broadway, Fleetwood, Lancashire, FY7 8LG (http://www.nhspa.gov.uk/scheme_booklets.cfm). Leaflets and advice on the Industrial Injuries Disablement Scheme can be obtained from local social security offices. (http://www.dwp.gov.uk/lifeevent/benefits/industrial_injuries_dis.htm).

27. Ill-health retirement benefits under the NHS Pension Scheme may be payable when health care workers are permanently incapable of performing their duties because of their hepatitis C infection. Information on ill-health retirement is available from the NHS Pensions Agency (see address and website address above).

28. Queries about the NHS Injury Benefits Scheme or the NHS Pension Scheme may be addressed to Ross Mathieson, NHS Pensions Agency, Room 118 Hesketh House 200/220 Broadway, Fleetwood, Lancs FY7 8LG (Telephone 01253-774941).

Associated Documentation

- Health Service Circular HSC 1998/063: *Guidance for clinical health care workers: protection against infection with blood-borne viruses* http://doh.gov.uk/chcguid1.htm
- Health Service Circular HSC 1998/226: *Guidance on the management of AIDS/HIV infected health care workers and patient notification* (Note: revised guidance to replace the above is currently out for consultation. See http://www.doh.gov.uk/aids.htm)
- Ramsay ME. Guidance on the investigation and management of occupational exposure to hepatitis *C. Commun Dis Public Health* 1999; **2**: 258-262 http://www.phls.co.uk/topics_az/hepatitis_c/HepCguidelines.pdf
- The provision of occupational health and safety services for general medical practitioners and their staff (Department of Health 2001) http://www.doh.gov.uk/healthandsafety

Annex A
Exposure prone procedures

1. Exposure prone procedures are those invasive procedures where there is a risk that injury to the worker may result in the exposure of the patient's open tissues to the blood of the worker. These include procedures where the worker's gloved hands may be in contact with sharp instruments, needle tips or 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. However, other situations, such as pre-hospital trauma care and care of patients where the risk of biting is regular and predictable, should be avoided by health care workers restricted from performing exposure prone procedures.

2. When there is any doubt about whether a procedure is exposure prone or not, advice should be sought in the first instance from a consultant occupational health physician who may in turn wish to consult the UK Advisory Panel for Health Care Workers Infected with Blood-borne Viruses (UKAP). Some examples of advice given by UKAP about exposure prone procedures are provided in *Guidance on the management of HIV/AIDS infected health care workers and patient notification* (issued under cover of Health Service Circular 1998/226).[17] These may serve as a guide but cannot be seen as necessarily generally applicable as the working practices of individual health care workers vary.

3. Procedures where the hands and fingertips of the worker are visible and outside the patient's body at all times, and internal examinations or procedures that do not involve possible injury to the worker's gloved hands

[17] Note: revised guidance to replace the above is currently out for consultation. See http://www.doh.gov.uk/aids.htm

from sharp instruments and/or tissues, are considered not to be exposure prone provided routine infection control procedures are adhered to at all times.

4. Examples of procedures that are not exposure prone include:

- taking blood (venepuncture);
- setting up and maintaining IV lines or central lines (provided any skin tunnelling procedure used for the latter is performed in a non-exposure prone manner i.e. without the operator's fingers being at any time concealed in the patient's tissues in the presence of a sharp instrument);
- minor surface suturing;
- the incision of external abscesses;
- routine vaginal or rectal examinations;
- simple endoscopic procedures.

5. The decision whether a hepatitis C infected worker should continue to perform a procedure which itself is not exposure prone should take into account the risk of complications arising which might necessitate the performance of an exposure prone procedure; only reasonably predictable complications need to be considered in this context.

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