



UK Health
Security
Agency

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

November 2022

Ali Hashtroudi



UK Health
Security
Agency



UK Health
Security
Agency

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

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

November 2022

Public Health
Scotland



GIG
CYMRU
NHS
WALES | Iechyd Cyhoeddus
Cymru
Public Health
Wales

HSC Public Health
Agency

fom
Faculty of Occupational Medicine



UK Health
Security
Agency

Objectives

- Reduce the risk of HCW to patient transmission of BBVs
- Reduce the future burden of PNEs
- Retain HCWs in the workforce and reduce adverse social and professional impact on HCWs living with BBVs



UK Health
Security
Agency

Objectives

- Reduce the risk of HCW to patient transmission of BBVs
- Reduce the future burden of PNEs
- Retain HCWs in the workforce and reduce adverse social and professional impact on HCWs living with BBVs

Patient Safety ~ HCW Rights



UK Health
Security
Agency

Scope

- All
 - Any setting: NHS, military, independent, single handed, ...
 - Any grade: student, apprentice, ...
 - Any contract: locum, honorary, ...
 - 4 Nations
 - May be applied to OH services in UK crown dependencies and overseas territories.



EPP

- **Bleed-back** = HCW blood contaminating patient's open tissue
- hands may be in contact with **sharp** instruments, needle tips or sharp tissues **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.**



EPP

- **Bleed-back** = HCW blood contaminating patient's open tissue
- hands may be in contact with **sharp** instruments, needle tips or sharp tissues **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.**

SHARP **AND** INSIDE **AND** NOT VISIBLE



Epp Environments

- Significant intrinsic risk of injury to the HCW, with consequent co-existent risk of contamination of the open tissues of the patient with blood from the HCW'.
 - Road traffic collisions (RTCs), Domestic, recreational or industrial accidents
 - Sharp surfaces such as glass fragments, sharp metal or stone edges may lead to laceration of the skin of the HCW whilst in the process of attending to and or retrieving a casualty.
- No reports in the pre-hospital emergency
- Theoretical risk



UK Health
Security
Agency

LOCAL RISK ASSESSMENT



Roles and responsibilities

- HCW:
 - Professional, legal and ethical
- OH: (under supervision) accredited specialist in OM, delegate
 - Main responsibility
- Employers / Locum agency/ Training establishments



Who

- Mandatory = cannot start without
 - New to EPP
 - Returning to EPP
- Offer
 - Not above
- Is there a downside?
 - Mandatory
 - ❖ Delay, litigation
 - Offer

HBsAg+

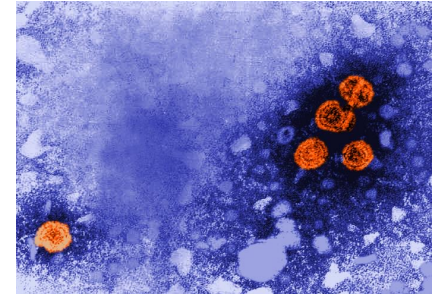
HBV VL < 200
IU/mL

Monitor 6
monthly



UK Health
Security
Agency

- No role for HBsAb, HBcAb, HBeAg, HBeAb in clearance
 - No problem with past HBeAg+ or past HBV VL > 20k
- Accredited laboratory in the UK, using a CE marked assay standardised to the WHO International Standard for Hepatitis B Virus Nucleic Acid Amplification Techniques
- Treatment for sole purpose of EPP
- Actions
 - < 60: no
 - 60-200: local decision, repeat?
 - > 200: stop EPP, repeat, when to start, risk assessment, UKAP / local PHT



CDC, PHIL Photo ID# 10755

HCV Ab+

HCV RNA +

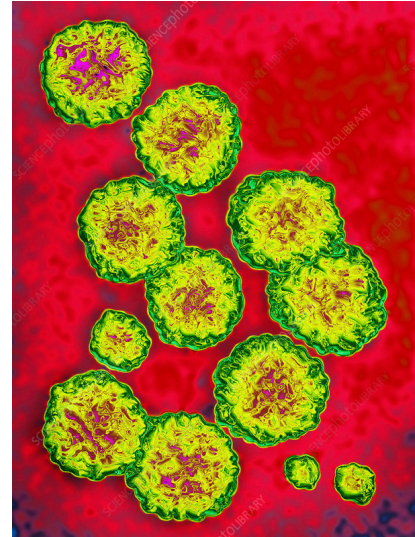
Treatment

Checked
twice



UK Health
Security
Agency

- If HCV RNA +, can't do EPP until completes treatment
- Sustained virologic response (SVR)
 - Negative at the finish and 3 months later
 - And another 3 months (total 6 months from finishing)
 - No further monitoring
- HCV+, HCV RNA –
 - Can do EPP
 - No monitoring



BSIP, CAVALLINI JAMES /
SCIENCE PHOTO LIBRARY

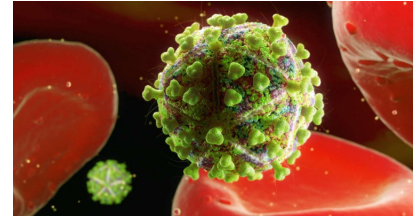
HIV Ab+

HIV VL < 200
copies/mL

Monitor 3
monthly



UK Health
Security
Agency



Verywellhealth.com

- Register with UKAP
- Elite controller
 - Undetectable over 12 months on 3 separate tests
- Actions
 - <50: no
 - 50-200: local decision, repeat?
 - 200-1000: repeat, if >200 stop EPP, UKAP
 - >1000: **stop EPP**, repeat, when to start, risk assessment, UKAP / local PHT



UK Health
Security
Agency

Less noted

- Risk assessment (ch9)
 - Including at the start
- Transfer (App 2 & 3)



UK Health
Security
Agency

Frequent questions



Is XXX EPP?

- **LOCAL** RISK ASSESSMENT
 - Management decision
 - OH helps
- Don't go by
 - Job title
 - What used to happen
 - Others

BUT

- A lot of overestimation



Renal dialysis

- Not full EPP, only HBV clearance
- Legacy advice
- Needs review of evidence
- For now 😞
 - All RD
 - Any setting
 - The same as HBV clearance for EPP



New to EPP

- First time
- Start careers or training that would rely on the performance of EPPs
- Existing but not tested before
 - Mandatory if started after 2007
 - Offer if started before 2007
- There is no national requirement to re-test after a certain period, moving job / employer / within UK, type of EPP



UK Health
Security
Agency

Return to the NHS

- **May** have been exposed to BBVs while away
- Risk assessment by OH
 - What activities
 - Where
 - BFE
 - Non-occupational exposure



HBV reactivation

- Immunosuppression
 - Current infection (HBsAg +) but a low or negative HBV VL
 - Past, cleared, infection (HBsAg -, HBcAb+)
- HBcAb is **NOT** part of screening
 - If known
 - Identified as part of investigations pre-immunosuppression
- Monitored for HBsAg+, not on treatment → advise to inform OH
- If known HBcAb+, not monitored → advise to inform OH
- Discussion between OHP, treating specialist and hepatologist / virologist re **prophylactic** antiviral therapy, frequency of **monitoring**, **continue/stop** EPP
- If reactivate → no EPP until VL <200 IU/mL in 2 sample, UKAP



UK Health
Security
Agency

Registering HBV + with UKAP

- Only if pre-treatment HBeAg+ or VL>20k



What if missing 3 monthly

- Stop EPP
- Re-register
 - Needs 2x samples 3 months (12-16 weeks) apart
- Even if one day
 - There is already 4 weeks window



Delegation

- From specialist OHP to
 - Non-specialist OHP including registrars
 - OHN
 - others?
- Routine
 - Illness, compliance, change, needlestick, vaccine
 - Escalation
- **Responsibility is with the specialist OHP**



Sample and reporting

- IVS
 - Update?
- Can be taken outside OH if conditions met
 - Identity checked and reported every sample
 - Not taken by HCW, “friends / colleagues”
 - HCW not involved in transferring the sample to lab or reporting
- GUM, GP, another OH
- Standard of report between OH services



UK Health
Security
Agency

Confidentiality

- No need to inform the employer of monitoring unless
 - Known already and expectation
 - Non-compliant, patient safety
 - HCW asks



UK Health
Security
Agency

Future

- Review of EPP definition
- Audit
- Register?
- Renal dialysis



UK Health
Security
Agency

Thanks you!

Any question?

Aliasad.hashtroudi@gstt.nhs.uk

Aliasad.hashtroudi@nhs.net

