

Human Resources Policy No. HR47

Managing Staff Exposed to Blood Borne Viruses in the Workplace

Additionally refer to:

HR01 Equality and Diversity
HR11 Protection of Pay
HR21 Injury Benefits
HR29 Special Leave Policy
HR31 Managing Sickness Absence
HR32 Ill Health Retirement
HR65 Occupational Health
HR66 Staff Counselling Service

Trust Infection Prevention and Control Policy – Exposure to Blood Borne Viruses Management of Occupational Exposure
H&S 01 Health and Safety Policy
H&S11 Management of Health and Safety Risk Assessment Forms
H&S15 Health and Safety Policy – Prevention and management of Exposure to Blood Borne Viruses
Occupational Health Protocol – Pre Employment Assessment
Occupational Health Protocol – Health Clearance for tuberculosis, hepatitis B, hepatitis C and HIV

Sponsor: Head of Human Resources in conjunction with Director of Corporate Affairs

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1. INTRODUCTION

- 1.1 The Department of Health and the Health and Safety Executive have issued guidelines for employers and staff regarding the protection of staff and patients against occupational infection with blood borne viruses. This policy outlines the arrangements for managing staff who become exposed to these agents and provides guidance regarding the appointment of staff who are known carriers of them.
- 1.2 The Trust has a legal obligation under the Health and Safety at Work etc Act 1974 to ensure that all employees are appropriately trained and proficient in procedures necessary for working safely. There is an obligation on all NHS Trusts and on individual clinical staff to take all necessary and appropriate measures to protect patients and staff from potential harm.
- 1.3 This policy should be read in conjunction with the Trust's Health and Safety policies.
- 1.4 **Further guidance regarding the immediate treatment of staff who have potentially been exposed to blood borne viruses is available from the Trust's Occupational Health, Infection Prevention & Control, and Health and Safety teams.** Specific guidance regarding the treatment of staff involved in potential exposure to blood borne viruses is available in the Trust's Infection Prevention and Control Policy Blood Borne Viruses - Management of Occupational Exposure. If the incident occurs outside Occupational Health working hours employees should attend Accident and Emergency for initial assessment and also inform Occupational Health via answer phone – providing their name, phone number and details of injury. Employees will then be contacted by Occupational Health as soon as possible for follow up assessment, immunisation and counselling.
- 1.5 **It is anticipated that in the vast majority of cases, treatment will enable employees exposed to Blood Borne Viruses to continue to work in their substantive role. Risk assessments will be conducted for any cases of staff exposure to identify safe working practices. It is only in very exceptional cases that individuals will be unable to fulfil their substantive role. This will be confirmed by the Occupational Health Physician.**

2. SCOPE

- 2.1 This policy applies to all staff who are directly employed by the Trust, whether full time or part time, permanent or temporary including those employed by the Trust via the Temporary Staffing Department.
- 2.2 The policy does not apply to individuals employed by agencies (however locum doctors and nurses performing exposure prone procedures EPPs must be screened by their agency before working with the Trust) or other contractors. However Health and Safety and Infection Prevention and Control policies regarding the **immediate** treatment following exposure to blood borne viruses does apply to such individuals.
- 2.3 In implementing this policy, managers must ensure that all staff are treated fairly and within the provisions and spirit of the Trust's Equality & Diversity policy (HR01). Special attention should be paid to ensuring the policy is understood when using it for staff new to the NHS or Trust, by staff whose literacy or use of English is weak or for persons with little experience of working life.

3. GENERAL PRINCIPLES

- 3.1 As part of the Trust's strategy to manage risk of infection, effective systems are in place to promote high standards of cleanliness and good infection control practices.
- 3.2 Managers will handle issues for all staff in their area in a positive, supportive, fair and consistent way, taking account of relevant circumstances in each individual case.
- 3.3 The confidentiality, privacy, wellbeing and dignity of occupational health patients is guaranteed, except where disclosure may be required by law or it may be in the public interest to do so. For further guidance regarding confidentiality refer to the Trust's Occupational Health policy (HR65).
- 3.4 Staff are required to observe this policy and comply with all reasonable management requests.
- 3.5 Any individual required to attend a formal management meeting to discuss their health and attendance at work will be entitled to be accompanied by an accredited representative of a Trade Union or Professional Organisation or by a colleague employed by the Trust.
- 3.6 Any members of staff, particularly those with health conditions such as eczema or psoriasis, who are concerned about exposure to blood borne viruses are encouraged to seek advice from the Occupational Health Department, Infection Prevention and Control Team or their GP.

4. RESPONSIBILITIES

4.1 Director of Infection Prevention and Control

It is the responsibility of the Director of Infection Prevention and Control to:

- Promote high standards of hygiene and good practice in infection control;
- Ensure that there is training in standards of hygiene, infection control and screening procedures;
- Regularly monitor trends;
- Determine protocols for screening and treatment programmes;
- Identify specific outbreaks and determine strategies for handling them;
- Liaise with the Medical Director and Chief Operating Officer to agree action plans to manage outbreaks;
- Inform the Executive Team of any outbreaks and of action to be taken to manage the situation;
- Ensure that screening and treatment programmes are carried out in accordance with appropriate protocols;
- Liaise with Occupational Health staff to ensure appropriate screening and treatment programmes are available for staff.

4.2 Medical Director and Chief Operating Officer

It is the responsibility of the Medical Director and the Chief Operating Officer to:

- Support the Director of Infection Prevention and Control in ensuring strategies and action plans to manage safe practice to reduce the exposure to blood borne viruses;
- Ensure that all staff comply with this policy.

4.3 Occupational Health

It is the responsibility of the Occupational Health Team to:

- Advise and support the organisation regarding blood borne viruses in respect of current Occupational Health guidelines;
- Provide surveillance and immunisation services under the direction of the Director of Infection Prevention and Control and in accordance with appropriate protocols;
- Provide medical services, advice, support and counselling to employees following exposure to a blood borne virus;
- Notify the individual of any positive results;
- Notify the appropriate Line Manager if management action is necessary provided that permissions are given by the member of staff. This will be in accordance with the confidentiality provisions set out in the Trusts Occupational Health policy. Confidentiality is not an absolute obligation. Disclosure may be required by law or it may be in the public interest to do so.
- Maintain confidential occupational health medical records in accordance with data protection regulations.

4.4 Health and Safety

It is the responsibility of the Health and Safety team to ensure that:

- Managers are trained to undertake appropriate risk assessments competently;
- Updated guidance is available regarding the prevention and management of sharps injuries;
- Reports to the HSE under RIDDOR 1995 are made when required.

4.5 Clinical Directors and Line Managers

It is the responsibility of Clinical Directors and Line Managers to:

- Ensure high standards of hygiene and good practice in infection control are promoted and maintained in their area of control;
- Ensure they are trained to undertake Health and Safety Risk assessments in order to determine, assess and prevent injury from Needlesticks and Sharps;
- Liaise with the Director of Infection Prevention and Control regarding risk assessments for individuals identified as carrying a blood borne virus;
- Support, in a confidential manner, any employee who is exposed to a blood borne virus;
- Ensure that staff are aware of both this policy and the Infection Control and Prevention guidance, Blood Borne Viruses – Management of Occupational Exposure and relevant Health and Safety policies;
- Ensure that staff report any sharps and needlestick injuries in line with current Health and Safety Guidance;
- Ensure that any incidents resulting in exposure to blood borne viruses are reported to the Health and Safety team for advice and guidance as an assessment will be required as to whether the incident is RIDDOR reportable.

4.6 All Staff

It is the responsibility of all staff to:

- Ensure high standards of hygiene and good practice in infection prevention and control are promoted and maintained in their area of control;
- Ensure they have maintained their knowledge and understanding relating to exposure prone procedures and relevant health and safety guidance, for example managing risks associated with needlestick injury;
- Ensure that the appropriate Personal Protective Equipment is used when necessary
- Not undertake any procedures that in any way might place patients, themselves or colleagues at any risk;
- Minimise the risk to themselves, other employees and members of the public;
- Advise their line manager if they become aware that they have, or may have, contracted a blood borne virus; failure to do so could result in disciplinary action and referral to their governing body (if applicable);
- Report all injuries or near misses to their line management without delay and ensure that incidents are reported using the Trust's Incident Reporting form or DatixWeb;
- Comply with reasonable management requests to attend occupational health appointments for regular screening and vaccination as prescribed by occupational health protocol.

5. DEFINITIONS

5.1 For matters concerning this policy the term 'blood borne virus' refers to Hepatitis B, Hepatitis C and HIV1 & HIV2 (Human Immunodeficiency Virus 1 and 2). These viruses may infect and cause serious disease to humans. Once infection has occurred it may persist and give rise to a carrier state in which the agent is present continually in the blood and other tissues of the infected person thereby posing a risk to others.

5.2 Exposure Prone Procedures (EPPs) 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 (bleed-back). 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.

5.3 Needlestick or sharps injuries are those which involve needles, sharp edged instruments, broken glassware and other items which are likely to be contaminated in use by blood or body fluids and which may cause laceration or puncture wounds. Sharp tissue such as bone or teeth may also pose a risk of injury.

5.4 Mucocutaneous exposure occurs when infected body fluids make contact with the moist (mucosal) surfaces of the eyes, nose and mouth.

5.5 Percutaneous exposure occurs when infected body fluids make contact with skin punctures, cuts, scratches, skin lesions and burns.

Body fluids that may contain viruses include:

- Blood
- Cerebrospinal fluid (CSF)
- Pleural Fluid
- Breast milk
- Amniotic fluid
- Vaginal secretions

- Peritoneal fluid
- Synovial fluid
- Semen
- Other bodily fluids containing blood
- Urine, faeces, saliva, sputum, tears, sweat and vomit, present a minimal risk of blood borne virus infection unless they are contaminated with blood. However, they may be hazardous for other reasons.

5.6 Other blood-borne infections exist that are not covered by this policy. The management measures recommended are applicable to the majority of other infectious agents that may be found in blood at some time during the course of an illness.

6. PRECAUTION AGAINST EXPOSURE TO BLOOD BORNE VIRUSES

6.1 Health and Safety and Infection Control Precautions

6.1.1 Managers are responsible for ensuring that all work with hazardous substances including biological agents is subject to risk assessment. Adequate control measures should be identified and implemented to ensure that any risks are reduced to acceptable levels.

6.1.2 Employees must be given suitable information, instruction and training to work safely, taking precautionary measures relating to blood borne viruses. Employees must work within the bounds of departmental practices and the Trust's Infection Prevention and Control procedures. New employees must be trained regarding safe working procedures in relation to blood borne viruses during departmental Induction.

6.1.3 Reference should also be made to the Trust's Infection Prevention and Control Policy – Exposure to Blood Borne Viruses Management of Occupational Exposure the Trust's Health and Safety Policy – Needlestick Injury Prevention.

6.1.4 Although there are no known cases of staff acquiring Blood Borne Virus infection through aerosol inoculation, the Health Protection Agency does consider this to be a risk to staff. Therefore staff should be provided with and use appropriate personal protective equipment (face masks) when undertaking potentially hazardous procedures.

6.2 Occupational Health Surveillance and Immunisation

6.2.1 As part of the Pre-Employment Medical Screening process, Occupational Health will undertake standard health clearance checks. For employees who will be undertaking EPPs, additional clearance will be required. This clearance involves being non – infectious for HIV (antibody negative), hepatitis B and hepatitis C. These checks will be completed before confirmation of an appointment to an EPP post.

6.2.2 Occupational Health will also undertake immunisation and vaccination programmes for hepatitis A and hepatitis B.

6.2.3 Additional guidance regarding health clearance is available from the occupational health department.

7. MANAGEMENT OF STAFF POTENTIALLY EXPOSED TO BLOOD BORNE VIRUSES

7.1 Immediate action after an employee has been exposed to potentially infection body fluids should be in accordance with the Trust's Health and Safety and Infection Prevention and Control policies.

- 7.2 It may be necessary for the employee to attend medical appointments in work time, for example a follow up appointment with occupational health. Such requests should be dealt with in accordance with the usual arrangements for attendance at medical appointments, contained in the Trust's Special Leave Policy (HR29).
- 7.3 The Director of Infection Prevention and Control should be contacted as soon as practicable to consider whether staff involved in an incident present an unacceptable risk to others. Temporary alternative employment may be identified. Such offers should not be unreasonably refused. For medical staff their Job Plan will be modified to temporarily withdraw risk activities.
- 7.4 Payment during this period will continue as if the individual were employed and working in their permanent role.
- 7.5 Advice and guidance must be sought from the Trust's Occupational Health Team and the Human Resources team before any action is taken.

8. MANAGEMENT OF STAFF INFECTED WITH BLOOD BORNE VIRUSES

- 8.1 Where an individual has acquired a blood borne virus and they undertake exposure prone procedures, they must immediately cease these activities and inform the Trust's Occupational Health physician or the Director of Infection Control for further advice.
- 8.2 Employees who perform exposure prone procedures may in some circumstances be allowed to continue to undertake such procedures if reasonable adjustments can be made to their role. This can only take place under the advice and guidance from the Occupational Health physician.
- 8.3 If the current role cannot be reasonably adjusted and where the risks of them continuing in their current role are unacceptable for reasons of patient safety, the Trust will seek to redeploy the individual into suitable alternative employment. This will be managed in accordance with the Trust's Managing Sickness Absence policy (HR31).

8.4 Temporary Alternative Employment

- 8.4.1 If it is considered that an individual cannot carry out their normal day to day duties, the Occupational Health Department will advise their Line Manager who will arrange to meet with them at the earliest opportunity to determine what work could be undertaken without risk and to identify temporary alternative employment. This may be in the immediate work area but not in direct contact with patients or it may be to a different work area. The individual may be accompanied by an accredited Trade Union representative or colleague employed by the Trust at this meeting.
- 8.4.2 Any offer of temporary alternative employment or for medical staff modification of their Job Plan should not be unreasonably refused.
- 8.4.3 The individual will start working under the alternative arrangements immediately and these arrangements will continue until the individual has been tested clear of blood borne viruses. During this period, they will continue with their existing terms and conditions, although working arrangements such as hours of work may be changed. Payment during this period will continue as if the individual were employed and working in their permanent role.

8.4.4 If no temporary alternative employment can be found or if an individual refuses to work under alternative arrangements during this period, they will be excluded from duty immediately on grounds of ill health until they have been tested clear of blood borne viruses. Payment during this period will continue as if the individual were employed and working in their permanent role. However alternative temporary employment should not be unreasonably refused.

8.4.5 At any meeting to discuss this, the individual may be accompanied by an accredited Trade Union representative or colleague employed by the Trust.

8.5 Permanent Redeployment

8.5.1 If it is considered that an individual is deemed to be unfit to carry out their normal day to day duties on a permanent basis by an Occupational Health Physician or where an individual refuses to accept a programme of treatment, then the Trust will seek to identify suitable permanent alternative employment in accordance with the Trust's Managing Sickness Absence policy (HR31).

8.5.2 Where an individual is retained in employment under such alternative arrangements, he/she will be employed on the terms and conditions applicable to the new role. The Trust's Protection of Pay policy will apply during the first twelve months of this policy, although the Medical Director/Chief Executive may use their discretion to extend this period.

8.5.3 For members of the NHS Pension Scheme early retirement on the grounds of ill-health may be requested by the individual and will, in these special circumstances, have the full support of the Trust. However, as with all cases of Ill Health Retirement, the final decision will rest with the NHS Pensions Agency (see the Trust's Ill Health Retirement policy (HR32)).

8.6 Failure to co-operate with action proposed by management

8.6.1 If an individual who is required to be immunised/vaccinated unreasonably refuses to do so, or it is found an individual should have withdrawn from exposure prone procedures and has chosen not to do so, s/he may be subject to action in accordance with the Trust's Disciplinary Procedure (HR36). During this process s/he may be temporarily redeployed to an alternative post. Payment during this period will continue as if the individual were employed and working in their permanent role.

8.6.2 Any member of the Medical and Dental workforce unreasonably refusing to co-operate with immunisation/vaccination will be reported to the GMC under their Fitness to Practise Procedures and other healthcare registered staff will be reported to their regulatory body.

8.7. Infection or treatment resulting in sickness absence

8.7.1 Where an individual falls ill as a result of contracting a blood borne virus or the treatment they receive and are prevented by the illness from attending for work, they will be dealt with in accordance with the Trust's Managing Sickness Absence Policy (HR31), with particular account being taken of the reasons for the absence.

8.7.2 In exceptional circumstances the Trust may use its discretion to extend the period of paid sick leave beyond the standard period. An application for extended paid sick leave must be made in accordance with the Trust's Managing Sickness Absence policy (HR31). The authority to extend paid sick leave rests with the Head of HR, acting under delegated authority from the Director of Corporate Affairs.

8.7.3 The NHS Injury Benefits Scheme provides temporary or permanent benefits for all NHS employees who lose remuneration because of an injury or disease attributable to their NHS employment. Reference should be made to the Trust's Injury Benefits policy (HR21).

9. EMPLOYMENT OF STAFF INFECTED WITH A BLOOD BORNE VIRUS

9.1 The Trust is committed to equality of opportunity in employment; as such the Trust recognises that people with a blood borne virus may be subject to discrimination.

9.2 If a prospective employee is infected with a blood borne virus and is required to undertake exposure prone procedures, the Trusts Occupational Health team will be required to determine through the normal pre-employment medical clearance whether the applicant is fit for contractual duties. This decision will be taken with reference to whether the person can work effectively and safely without risk to patients.

9.3 Employees who perform exposure prone procedures may, with the advice and guidance of the Trust's Occupational Health physician, be appointed to continue to work in their contracted role with reasonable adjustments made in accordance with the Disability Discrimination Act (DDA).

10. POLICY REVIEW

10.1 This policy will be reviewed and monitored by the Human Resources Department. This will include regular review meetings with the Occupational Health Service, the annual business planning meeting and through consultation with managers, staff and staff representatives.

10.2 Any queries relating to the application of this policy should be referred to the HR Department.

10.3 The joint TNCC will be responsible for the periodic review of the policy to ensure it remains appropriate and effective.