

Screening of Healthcare Workers who Perform Exposure Prone Procedures

Policy Number 5.125

Policy Function Safe Practice and Environment

Issue Date 12 November 2018

Summary This policy provides staff screening guidelines for healthcare workers who as part of their employment would be expected to perform procedures where there is potential for contact between the skin of the healthcare worker and sharp surgical instruments, needles or sharp tissues in body cavities or in poorly visualised or confined body sites, and there is therefore potential for the blood of an injured healthcare worker to enter the patient.

Responsible Officer Executive Director Clinical Operations

Applicable Sites

- Administration Centres
- Community Sites (e.g. Court Liaison Service, Community Integration Team, etc.)
- Health Centres (Adult Correctional Centres or Police Cells)
- Health Centres (Juvenile Justice Centres)
- Long Bay Hospital
- Forensic Hospital

Previous Issue(s) Policy 5.125 (Nov 2011, May 2015)

Change Summary

- Updated relevant NSW Ministry of Health Policy Directives
- Updated position titles

HPRM Reference POLJH/5125

Authorised by Chief Executive, Justice Health and Forensic Mental Health Network

1. Preface

Blood-borne viruses including human immunodeficiency virus (HIV), hepatitis B virus (HBV) and hepatitis C virus (HCV) are of concern because of their potential for transmission from an infected healthcare worker (HCW) to a patient during provision of health care. According to NSW Ministry of Health (Ministry) policy directive [PD2005_162](#) *HIV, Hepatitis B or Hepatitis C - Health Care Workers Infected* there is a very low, but real, risk of transmission of blood borne viruses from an infected HCW to a patient in Australian health care settings.

HCWs who perform exposure prone procedures (EPPs) as defined in [section 4](#) must know their HIV, HBV and HCV status. They must have confidential annual serological testing to know their blood-borne infection status and hepatitis B immune status, and are tested if significant exposure to blood or body substances occurs in the interim.

Justice Health and Forensic Mental Health Network (the Network) HCWs who intend to or are currently performing EPPs must be aware of the restrictions on performing EPPs that apply in certain circumstances, as described in this policy.

2. Policy Content

2.1 Mandatory Requirements

- To inform HCWs who as part of their employment would be expected to perform EPPs, and their managers, of their responsibility to comply with NSW Ministry [PD2005_162](#) and the relevant sections regarding hepatitis B immunity of NSW Ministry [PD2018_009](#) *Occupational Assessment, Screening & Vaccination Against Specified Infectious Diseases*.
- To provide a system for confidential off-site screening and counselling for HCWs who perform EPPs.
- In the Network, Category A HCWs who perform procedures that fit the Ministry definition of EPPs are Dental Officers and Dental Therapists. (Dental Assistants in the Network do not place their fingers inside the patient's mouth).
- Any Network HCW who believes that he/she, or another HCW, is also performing EPPs, must inform their manager who must inform the Executive Director Clinical Operations.

2.2 Implementation - Roles & Responsibilities

- This policy applies to Category A HCWs – whether employed permanently or temporarily by the Network or other personnel who may be contracted including Visiting Medical Officers, Visiting Dental Officers, Dental Therapists, agency staff on clinical placement, or students – who as part of their employment, would be expected to perform EPPs as defined in [section 4](#).
- HCWs know which procedures are defined by the Ministry as EPPs
- HCWs who perform EPPs are required to know their HIV, HBV and HCV status
- HCWs do not perform EPPs if they are not aware of their HIV, HBV and HCV status
- HCWs do not perform EPPs if they have a chronic blood borne virus infection of HIV, HBV or HCV with test results of:

- hepatitis C polymerase chain reaction (PCR) positive, or
- HIV positive, or
- hepatitis B e antigen positive, or
- hepatitis B virus DNA positive
- HCWs do not perform EPPs if they are uncertain or have indeterminate results for a chronic blood borne virus infection:
 - hepatitis C antibody positive but PCR status has not yet been determined, or
 - hepatitis B surface antigen positive but e antigen and DNA status have not yet been determined
- HCWs who do not perform EPPs if they do not have HBV immunity:
 - HCW has not provided documented evidence of their hepatitis B immune status, or
 - HCW is not immune to the hepatitis B virus
- HCWs infected with HIV, HBV or HCV seek expert medical advice on modifying their work practices to protect themselves and their patients.

2.2.1 Responsibility of Managers

The Clinical Director Oral Health, and any other manager of a HCW who as part of their employment would be expected to perform EPPs, must:

- Prior to employment, advise the HCW of their responsibility to seek confidential off-site testing for blood-borne viruses as described in this policy; and provide the HCW with a copy of this policy and copies of NSW [PD2005_162](#) and [PD2018_009](#).
- Note the receipt of documentation provided by the HCW of their hepatitis B immune status, and Trim that document in the HCW's personnel file.
- Advise any HCW who, as part of their employment would be expected to perform EPPs but has failed to provide documented evidence of his/her hepatitis B immune status, that they must not perform EPPs until that documentation has been provided. The manager must immediately inform the Executive Director Clinical Operations.
- Advise any HCW who currently performs EPPs and who is not immune to the HPV, of the process for obtaining vaccination against the HBV.
- Advise a HCW who is either waiting for the hepatitis B vaccine to become effective, or has declined to be vaccinated against the HBV, or is a non-responder to the hepatitis B vaccine, or has a medical reason for not being vaccinated against the HBV, that they must not perform EPPs until the Network has conducted a risk assessment specific to their individual circumstances, as described in [section 3.2](#).
- Send an annual memorandum to the HCW reminding the employee of the requirement and their responsibility to seek confidential off-site testing for blood-borne viruses as described below.
- Send the memorandum as described above to the Executive Director Clinical Operations; the memorandum should be Trimmed to the HCW's personnel file by their Manager.
- Advise the HCW that the Network will reimburse the HCW for any reasonable costs incurred for these tests.

- Advise the HCW to comply with the infection prevention information contained in the [JH&FMHN Infection Prevention & Communicable Diseases Resource](#), the Oral Health Safe Work Practices, and any other relevant local safe work practices to reduce the risk of being injured during a procedure.
- Manage any HCW exposed to the blood or body substances of another person as described in policy [5.100 Occupational Exposure Management](#), noting the requirement in that policy to also immediately report to the Executive Director Clinical Operations when a patient is exposed to the blood of an injured healthcare worker.

2.2.2 Responsibility of HCWs who Perform EPPs

Network HCWs who perform EPPs must be aware of their HIV, HBV and HCV status by seeking serologic testing for the following circumstances:

- If untested and currently performing EPPs
- If about to commence performing EPPs
- If 12 (twelve) months or longer has elapsed since their last tests
- Following any significant occupational exposure to blood or body substances (as described in policy [5.100](#))
- Immediately on recognition of a non-occupational exposure, including: needle sharing with a person infected or at increased risk of HIV, HBV, HCV; and unprotected sexual intercourse with a person infected with or at increased risk of HIV or HBV. (The risk of sexual transmission of HCV is believed to be low, but is increased where sexual activity involves blood to blood contact).

HCWs must report a positive result to their manager as soon as possible so that any necessary adjustments to their work practice can be assessed and implemented.

These HCWs must also inform their manager that they are seeking serological testing, and note the restriction on performing EPPs as follows:

- A HCW must not perform EPPs if he/she is not aware of their HIV, HBV and HCV status.
- A HCW must not perform EPPs if he/she is either hepatitis C PCR positive, or hepatitis C antibody positive but PCR status has not yet been determined, or HIV positive, or hepatitis B e antigen positive, or hepatitis B virus DNA positive, or hepatitis B surface antigen positive but e antigen and DNA status have not yet been determined, or has not provided documented evidence of his/her hepatitis B immune status.

A HCW who is not immune to the HBV (for whatever reason) must have a risk assessment performed, and must not perform EPPs, except at the discretion of the Chief Executive and dependent on that risk assessment.

A HCW who is exposed to the blood or body substances of a patient is to follow the recommendations in the Network policy [5.100](#), noting the requirement in that policy to also immediately inform their manager when a patient is exposed to the blood of the injured HCW.

3. Procedure Content

3.1 Confidentiality

Network HCWs who perform EPPs (as defined in [section 4](#)) should seek confidential testing and counselling from an off-site General Practitioner or other off-site healthcare facility. Serological testing of HCWs must not be performed on-site.

NSW [PD2005 162](#) does not require evidence of the HIV, HBV or HCV status of any HCW to be submitted to their employer, except for documentation of hepatitis B immune status. HCWs must submit a copy of their hepatitis B immune status to their manager before they commence performing EPPs. The copy of the HCW's hepatitis B immune status must be captured in the HCW's personnel file in Trim by their Manager.

3.2 Management of Category A HCWs who are Not Immune to the Hepatitis B Virus

HCWs must not perform EPPs, and should seek expert medical advice and expert work health and safety advice, as described in NSW [PD2005 162](#), if they are:

- hepatitis C PCR positive,
- hepatitis C antibody positive but their PCR status has not yet been determined,
- HIV positive,
- hepatitis B e antigen positive,
- hepatitis B virus DNA positive, or
- Hepatitis B surface antigen positive but e antigen and DNA status has not yet been determined.

HCWs who are HCV antibody positive but HCV PCR RNA negative, or Hepatitis B surface antigen (HBsAg) positive but hepatitis B e antigen (HBeAg) negative and HBV DNA negative may continue to perform EPPs provided they remain negative for the infectious genetic material of the virus. Such HCWs have a responsibility to have ongoing expert clinical advice and regular virological monitoring regarding their potential infectiousness and the appropriateness of their continued performance of EPPs.

HCWs have a responsibility for self-disclosure to either their employer, professional organisation or the NSW Ministry of Health Blood Borne Advisory Panel if they are either hepatitis C PCR positive, or hepatitis C antibody positive but PCR status has not yet been determined, or HIV positive, or hepatitis B e antigen positive, or hepatitis B virus DNA positive, or hepatitis B surface antigen positive but e antigen and DNA status have not yet been determined, AND if they are or have been performing EPPs, so that a confidential investigation can be arranged to determine if any patients have been exposed.

3.3 Management of Infected Healthcare Workers

As described in NSW [PD2005 162](#) all HCWs who are HIV antibody positive, HBeAg positive or HBV DNA positive or HCV PCR positive should seek:

- Expert medical advice; and
- Expert occupational health and safety advice

HCWs who are HCV antibody positive and HCV PCR negative and HCWs who are HBsAg positive are to be provided with access to ongoing expert clinical advice regarding their potential infectiousness and the appropriateness of their continued performance of EPPs.

The categories of infected HCWs excluded from the performance of EPPs are:

1. HIV antibody positive, irrespective of levels of viraemia
2. HCV antibody positive and HCV RNA is positive by PCR or in whom HCV RNA PCR status is yet to be determined
3. HBsAg positive in whom HBeAg or HBV DNA is positive or in whom HBeAg or HBV DNA status is yet to be determined

HCWs who are:

1. HCV antibody positive but HCV PCR RNA negative, and/or
2. Hepatitis B surface antigen (HBsAg) positive but hepatitis B e antigen (HBeAg) negative and HBV DNA negative may continue to perform EPPs provided they remain negative for the infectious genetic material of the virus. Such HCWs are obliged to have regular virological monitoring to ensure that their practice reflects their virological status.

HCWs who are HIV positive, HBV positive and HCV positive are excluded from performing EPPs and should only perform non-invasive procedures such as consults and examinations.

HCWs have a responsibility for self-disclosure to either their employer, professional organisation or the NSW Ministry of Health Blood Borne Advisory Panel if they are either hepatitis C PCR positive, or hepatitis C antibody positive but PCR status has not yet been determined, or HIV positive, or hepatitis B e antigen positive, or hepatitis B virus DNA positive, or hepatitis B surface antigen positive but e antigen and DNA status have not yet been determined, AND IF they are or have been performing EPPs, so that a confidential investigation can be arranged to determine if any patients have been exposed.

4. Definitions

Category A Healthcare Workers

Denotes HCWs who have direct physical contact with patients, deceased persons, blood, body substances or infectious material or surfaces/equipment that might contain these or contact that would allow acquisition and/or transmission of a specified infectious disease by respiratory means.

Exposure Prone Procedures

EPPs are those procedures where there is potential for contact between the skin (usually finger or thumb) of the HCW and sharp surgical instruments, needles or sharp tissues (splinters or pieces of bone or teeth) in body cavities or in poorly visualised or confined body sites (including the mouth).

EPPs have the potential for an injured HCW to bleed into a patient. Provided they are not conducted in poorly visualised or confined body sites the following procedures are NOT considered to be exposure prone: oral, vaginal or rectal examinations that do not involve sharp instruments; phlebotomy (taking blood); administering intramuscular, intradermal or subcutaneous injections; needle biopsies or aspirations; lumbar punctures; venous cut down and angiographic procedures; excision of epidermal or dermal lesions; suturing of superficial skin lacerations; endoscopy; placing and maintaining peripheral and central intravascular lines,

nasogastric tubes, rectal tubes and urinary catheters; acupuncture; other procedures that do not involve sharps; or procedures where the use of sharps is superficial, well visualised, and administered to compliant or anaesthetised patients, where it is very unlikely that a HCW skin injury would result in exposure of a patient to the HCW's blood or body substances.

Must

Indicates a mandatory action required to be complied with.

Should

Indicates a recommended action to be followed unless there are sound reasons for taking a different course of action.

5. Legislation and Related Documents

Justice Health and Forensic
Mental Health Network
Policies and Guidelines

[5.100 Occupational Exposure Management](#)

[JH&FMHN Infection Prevention & Communicable Diseases Resource](#)

NSW Policy Directives, and
Guidelines

[PD2005 162 HIV, Hepatitis B or Hepatitis C – Health Care Workers Infected](#)

[PD2018 009 Occupational Assessment, Screening & Vaccination Against Specified Infectious Diseases](#)