

1.0 Purpose of this procedures

To provide information and guidance aimed at the identification and management of HCWs infected with the Human Immunodeficiency Virus (HIV).

2.0 Management of HIV

Current evidence suggests that the likelihood of transmission of Human Immunodeficiency Virus (HIV) from an HIV infected HCW to a patient is extremely low. However, HCWs who are infected with HIV must be assessed with regard to the risk they constitute for patients. Within NHS Lothian this assessment will be carried out in the strictest confidence by an accredited specialist Occupational Physician.

- a) Advice will be given on minimising the risk of transmission in healthcare settings and to close contacts.
 - b) The OHS may recommend appropriate re-deployment if required. Redeployment may be required to protect the HCW e.g. if duties involve exposure to known or undiagnosed TB.
 - c) The OHS will discuss appropriate further clinical management with the HCW and liaise with the HCW's treating physician to arrange subsequent medical supervision.
- 2.1 Only HCW infected with HIV who meet strict clearance and follow up criteria may perform exposure prone procedures.
 - 2.2 If there is doubt about whether an HIV infected HCW can safely be employed in a particular clinical area, the OHS will contact the special UK Advisory Panel that has been established specifically to give advice on such matters.
 - 2.3 HIV infected HCWs who do not perform EPPs but who are involved in the clinical care of patients must remain under regular medical and occupational health supervision and receive appropriate advice if their circumstances change.
 - 2.4 All healthcare workers with direct clinical contact, new to the NHS, are offered pre-test discussion and HIV testing at the pre-employment stage by NHS Lothian.
 - 2.5 Staff in EPP posts
Healthcare workers currently in EPP posts who believe they may have been exposed to HIV must promptly seek and follow confidential professional advice on whether they should be tested for HIV. If found to be HIV positive, then they must cease all EPPs.
 - 2.6 Healthcare workers who know they are infected with HIV must cease EPPs until formal evaluation for clearance by a consultant occupational physician.

3.0 Responsibility of HCW

- 3.1 HCWs have a professional duty to protect patients. Those who believe they may have been exposed to infection with HIV in their personal life or during the course of their work must seek medical advice, and, if appropriate, diagnostic HIV testing. HCWs found to be infected must seek expert medical and occupational health advice. Those who perform or assist in EPPs must obtain further advice on their work practice, as it may need to be modified or restricted to protect their patients.
- 3.2 If exposure prone procedures are currently being performed these activities must cease whilst expert advice is sought.
- 3.3 NHS Lothian Director of Public Health (DPH) must be notified when an HIV infected HCW has performed EPPs. The HCW may, request that a physician acting on his/her behalf inform the DPH.

4.0 Staff who commence training or employment involving EPPs

- 4.1 All staff in NHS Lothian who are to be appointed to an EPP post for the first time (new starts or existing staff) are required to demonstrate that they have been tested negative for HIV.
- 4.2 Any healthcare worker who, prior to commencement of employment for an EPP post, is found to be HIV positive will be referred to a consultant occupational physician to assess their fitness.
- 4.3 The timing of HIV testing prior to employment or training for EPP will be dependent on the professional discipline. Some staff groups where EPPs are an integral part of the job are tested prior to commencing appropriate professional training. Others require testing following completion of basic training, and prior to undertaking specialist roles. In circumstances where individuals are to undertake EPP posts for NHS Lothian, where no previous testing has been performed, NHS Lothian OHS will carry out the testing.
- 4.4 In NHS Lothian, all staff to be employed in EPP posts must provide evidence of IVS (identified validated sample) testing, or be subject to such testing prior to taking up the post. The system of clearance is incorporated into the fitness screening by OHS.

5.0 Fitness of HIV Infected Healthcare Workers to Undertake EPP

- 5.1 In order to be cleared to perform EPP, HIV infected HCWs must meet, and maintain, the following criteria:

Either

- a) be on effective combination antiviral therapy (cART)
- AND
- b) have a plasma viral load of less than 200 copies per ml
- or
- c) be an 'elite controller' – defined as an individual with HIV not receiving cART who has maintained a viral load below the limits of detection for at least 12 months, based on at least 3 separate viral load measurements.

AND

- d) be subject to plasma viral load monitoring by IVS samples every 3 months and
- e) be under joint supervision of a consultant occupational physician and their treating physician and
- f) be registered with the UKAP occupational health monitoring register (UKAP – OHR).

- 5.2 Initial clearance of HIV infected HCWs to perform EPPs requires 2 IVS test samples no less than 3 months apart demonstrating viral load levels below 200 copies per ml. The clearance to perform EPP is given by UKAP. The decision to clear the HCW is the responsibility of the consultant occupational physician in consultation with the treating physician. UKAP may be consulted. Any HIV infected HCW cleared to undertake EPP must be entered on the UKAP – OHR by the consultant occupational physician before EPP duties commence.
- 5.3 Once cleared to undertake EPP, HIV infected HCWs must be subject to IVS viral load testing every 3 months (from the date of sample, not the date of receipt of results). The table below sets out the required actions based on viral load tests

| Viral load count test result | Action |
|------------------------------------|--|
| <50 copies/ml or below | No action – retest in three months |
| 50-200 copies/ml | A case-by-case approach based on clinical judgement would be taken which may result in no action (as above) or a second test may be done 10 days later to verify the first result. Further action would be informed by the test result. |
| >200 copies/ml but <1000 copies/ml | A second test should automatically be done 10 days later on a new blood sample to verify the first result. If the count was still in excess of 200 copies/ml, the HCW would cease conducting EPPs until their count, in two consecutive tests no less than three months apart, was reduced to <200 copies/ml. |
| 1000 copies/ml or above | The HCW would cease conducting EPPs immediately. A second test must be done on a new blood sample 10 days later to verify the first result. If the count was still in excess of 1000 copies/ml, a full risk assessment should be initiated to determine the risk of HCW to patient transmission. At a minimum, this will include discussion between the consultant occupational physician and the treating physician on the significance of the result to the risk of HIV transmission. Following a risk assessment exercise, a Patient Notification Exercise (PNE) may be indicated. UKAP advice may be sought at this stage. |

- 5.4 All HCWs performing EPP under these arrangements must be advised by their consultant occupational physician and treating physician of the importance of the 3 monthly

monitoring. Where a HCW does not attend for monitoring or refuses to have tests undertaken, the consultant occupational physicians must inform NHS Lothian management that the individual is no longer cleared to perform EPP. Resumption of EPP activities (following a period of interruption) for whatever reason requires demonstration of a consistent viral load suppression to very low or undetectable levels (i.e. at least 2 viral samples below 200 copies/ml no less than 3 months apart).

- 5.5 The roles and responsibilities of the respective individuals involved in the monitoring process are set out in section 7 below.

6.0 HIV testing

- 6.1 Prior to obtaining samples, the Occupational Health Service will explain to staff the testing arrangements and how a positive result might affect their future employment requiring EPPs.
- 6.2 Testing for HIV requires IVS EDTA blood tube sent to the specialist virology centre at RIE (marked "EPP" to ensure that the sample is tested and not stored).
- 6.3 The OHS will inform the healthcare worker of the results and implications.
- 6.4 Healthcare workers already undertaking EPP are not required to cease EPP while waiting for the results of testing.

7.0 Responsibilities of clinicians

- 7.1 Clinicians should remind any BBV infected HCW under their care to refer themselves to OHS. If they become aware that an infected HCW is performing EPP or has done so in the past and has not followed the professional requirements of this policy to refer themselves to the OHS, or to modify their practice due to BBV infection, the clinician has a responsibility to inform OHS.
- 7.2 If the Occupational Health Physician identifies either risk of ongoing transmission or risk to patients previously treated by the HCW, they should notify the Consultant in Public Health Medicine (CPHM) or Director of Public Health (DPH). In cases where regulatory bodies e.g. the GMC, GDC, NMC need to be informed, the Medical Director/Nurse Director (for HCWs), or relevant personnel within the training institution for those in training, would be notified.