

The purpose of this procedure is to provide guidance to all relevant aspects of the organisation to implement the Working with BBV policy document. This operational procedure is incumbent on the following key deliverables:

1.0 Key Deliverables

- 1.1 The implementation of this policy achieves 3 separate but related deliverables:
 - a) The establishment and maintenance of detailed lists of NHS Lothian posts assessed as involving EPP and lists identifying current staff employed within those posts;
 - b) The establishment and operation of effective recruitment and pre-employment procedures, ensuring that no staff commence EPP work in NHS Lothian prior to confirmation that their BBV status is compatible with this policy;
 - c) The establishment and operation of effective ongoing monitoring surveillance, self-reporting and staff support systems, to ensure that BBV status of staff in relevant posts continues to be in accordance with this policy.
- 1.2 Service Managers, Clinical Directors and Departmental Heads are responsible for the assessment of all their clinical posts and must maintain current lists of posts involving EPP. Posts should only be designated as involving EPP where they meet the agreed definitions (Section 3 of the Working with Blood Borne Viruses Policy). Advice to managers is available from the Medical Director and from Consultant Occupational Physicians.
- 1.3 Senior Managers, Clinical Directors and Department Heads should advise the HR Department of changes in their EPP post lists as they occur. Senior Managers, Clinical Directors and Department Heads must maintain a current and comprehensive list of EPP Posts in their clinical areas as well as a list of staff appointed to those posts. The full list of staff appointed in roles involving EPP is to be made available to the Occupational Health Service (OHS). This list is to be updated at least on an annual basis or as changes occur.
- 1.4 The OHS will maintain a current list of staff appointed in EPP posts and request an annual update from clinical line managers

2.0 Recruitment and Pre-Employment Procedures

- 2.1 Senior Managers, Clinical Directors and Departmental Heads must inform the appropriate recruitment department, with sufficient notice, when new staff (new, permanent, temporary, locum, agency or bank) are required to fill EPP posts. They must also ensure that individuals selected for EPP posts do not commence EPP until clearance is provided by the OHS Service via the relevant recruitment section.

The recruitment process must:

- a) Inform all prospective clinical HCW of NHS Lothian policy for staff who believe they may have been exposed to BBV (point 3.1 below);
- b) Inform all prospective EPP staff of NHS Lothian policy for pre-employment BBV screening requirements, which they must complete prior to commencing the relevant post
- c) Provide Service Managers and Departmental Heads with information from OHS identifying the fitness status of prospective HCW for EPP work, including the need for temporary or permanent restrictions or modifications covering that individual's employment.

2.2 Prospective EPP staff:

Must comply in full with BBV screening requirements of this policy; failure to do so will determine that the individual will not be employed or allowed to work with NHS Lothian. If appointed, disciplinary action may result if it is discovered that test result misrepresented their BBV status.

2.3 The OHS must:

- a) Assess the BBV status of all prospective EPP staff notified to the service by the recruitment process. Assessment is based on examination of results of previous tests, by conducting tests using identified validated samples or by a mixture of both.
- b) Inform the HCW of the results of their evaluation, including the provision of advice on the implications for future employment.

In addition:

- (i) Where the HCW is already employed by NHS Lothian in another post, the OHS will review their continued fitness for this post based on the new information;
- (ii) When the pre-employment testing is carried out by NHS Lothian OHS, the service is responsible for advising the HCW on the need for further specialist or GP referral.

2.5 Where any restrictions recommended by Occupational Health cannot be accommodated within the job profile of the EPP / relevant post, an offer of employment is not confirmed. Candidates who are not offered EPP posts, based on pre-employment screening, have the opportunity to apply and be considered for advertised non-EPP roles through the normal recruitment process.

2.6 Specific Groups:

- a) Locum and agency healthcare workers

Before commencing EPP duties, all HCWs working on a temporary or intermittent basis must provide evidence of satisfactory BBV status to their Service Manager, Clinical Director or Departmental Head.

- b) Visiting Professionals

Clinical Directors are responsible for ensuring that any visiting professional who wishes to take part in clinical work involving EPPs must comply with this policy.

- c) Doctors appointed through the South East Scotland Committee for Post Graduate Medical and Dental Education

The Post Graduate Dean's Office is responsible for ensuring that the procedures in this policy are followed for all doctors in training.

- d) Medical Students

It is the responsibility of the Medical School to ensure that students comply with the procedures in this policy.

- e) Other healthcare students

It is the responsibility of the relevant university or college to ensure that students comply with the procedures in this policy.

- f) Healthcare workers applying for posts with Honorary NHS Contracts

New HCWs with honorary NHS contracts must follow the procedures for new appointments as outlined in this policy.

- g) Independent contractors

General Practitioners, General Dental Practitioners, private hospitals, hospices and nursing homes, independent midwifery services, podiatric surgeons, ambulance services and other independent practitioners will be responsible for implementation in relation to themselves and their staff and students, liaising with the Lothian NHS Occupational Health Service, as required.

- h) Healthcare workers recruited from abroad

For healthcare workers recruited from abroad, only results from UK accredited laboratories can be accepted for compliance with this policy.

3.0 Ongoing Monitoring and Surveillance

- 3.1. All HCW involved in clinical roles, including those carrying out EPP, have a professional duty to protect patients. Individuals who believe they may have been exposed to BBV infection, at work or in their personal life, must seek medical advice and if appropriate undergo diagnostic testing. Where such testing shows positive results, the worker must self-refer to OHS for a review of their "fitness to work" assessment and may need to cease EPP. Failure to comply with this policy may result in disciplinary action.
- 3.2. Where accidental exposure to blood and body fluids occurs during work within NHS Lothian the NHS Lothian "Standard Operating Procedure for Management of Needlestick Injuries " should be referred to.
- 3.3. EPP staff subject to OHS follow-up requirements must present themselves for the required

immunisation or screening when requested by the OHS. Failure to do so may result in disciplinary action. When the HCW is aware that they will be away from the area at the time that follow-up tests will be required, it is their responsibility to liaise with the OHS to arrange alternative dates.

3.4 The OHS must:

- a) Operate a system, which recalls EPP staff for follow up immunisation or testing as required by appendices 3-5.
- b) Notify Service Managers of the outcome of these recall assessments in the format "fit for EPP / fit for EPP with review / unfit for EPP".
- c) Inform Clinical / Service Managers of staff in EPP posts who fail to attend for required follow up actions as required by appendices 3-5.
- d) Reassess the BBV fitness status of healthcare workers presenting in accordance with paragraphs 3.1 and 3.2 above. Where this assessment determines the need to amend the individual's fitness status, report the results to the Service Managers in the format listed at paragraph 3.4b above.
- e) Provide advice and support to healthcare workers whose status changes as a result of these assessments.

3.5 Service Managers, Clinical Directors and Heads of Departments must:

- a) Where OHS indicate that EPP staff have not attended for required follow up actions, Service Managers will ensure EPP work by those individuals does not proceed until appropriate follow up action is complete.
- b) Where OHS assessments of existing staff determines that an EPP worker is now unfit for EPP work, Service Managers must ensure that such work stops.
- c) Where OHS assessments of existing staff determines that the worker is unfit for their employed role or identifies the need to modify practice, the Employee Relations advisor, in liaison with Partnership representatives, will work with the manager of the employee to arrange suitable alternative work which may involve referral to the NHS Lothian Redeployment Policy. Where the OHS assessment indicates occupational causation of the infection, it will be reported statutorily under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, and the employee will be retained in employment without detriment in pay and condition.
- d) Where the change in blood borne virus status:
 - i) Results in sickness absence
 - ii) Occurs as a result of a work related incident

Service Managers, with support from HR, will advise staff on any entitlement under the NHS injury benefits scheme.

- 3.6 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 the OHS. Similarly, if the Health Protection Team identifies a HCW who has a BBV and has performed EPP, they have a duty to report this to the OHS.
- 3.7 In that circumstance, OHS will risk assess the situation and notify the (DPH) / Consultant in Public Health Medicine. A local risk assessment team usually led by the CPHM involving occupational health and virology as a minimum will review the situation seeking guidance from United Kingdom Advisory Panel (UKAP) as required. This process will aim to establish if there has been the risk of transmission to patients and to agree the necessary restrictions of the HCWs future practice. The Medical Director/Nurse Director (for HCWs), or relevant personnel within the training institution for those in training would be notified in cases where regulatory bodies e.g. the GMC, GDC, NMC need to be informed.
- 3.8 The responsibility for instituting and co-ordinating any patient notification exercise rests with the DPH (Annex 7).
- 3.9 HCW who have carried out EPP when their BBV status does not meet the requirements of the policy and this procedure, have a personal responsibility to cease EPP and inform the OHS where they will be given support and advice.

4.0 Confidentiality

- 4.1 HCWs' BBV status is subject to the same rights of medical confidentiality as any patient and client in receipt of medical care or investigation.
- 4.2 Medical in confidence information is maintained in the individual's Occupational Health record, and is not normally released without the consent of the HCW or a court order.
- 4.3 The results of OHS assessments are passed to management without clinical information (see 3.4b above). Situations may arise where it could be useful for a HCW to be able to discuss their BBV status in detail with the Medical Director, their line manager and an identified HR representative. In these situations OH clinical information on BBV status will normally only be passed to these individuals with the HCWs consent.
- 4.4 In exceptional circumstances of patient risk or public safety, it may be necessary for DPH or physicians treating patients to have access to confidential information. This can sometimes be accomplished by anonymising the data, so that it is in no way tied to the name of the HCW. Individuals making a disclosure of confidential information are required to justify their decision. This duty does not end with the death of the worker.

5.0 Associated materials/references:

Materials related to this procedure and the [Working with Blood Borne Viruses \(BBV\) Policy](#) are available on the [Working with Blood Borne Viruses Policy page on Policy Online](#)