

Procedure for reporting and risk assessment of a healthcare worker diagnosed with BBV



1.0 Purpose of this procedure

To provide information and guidance on the reporting and investigation of a healthcare worker (HCW) diagnosed with a blood borne virus (BBV), including risk assessment and consideration of patient notification exercise.

2.0 Responsibilities for reporting

- 2.1 Healthcare workers who might perform EPPs have a responsibility to seek advice and/or a BBV test if they have reason to believe that they may have been exposed to a BBV infection, regardless of whether this was in an occupational or personal setting. HCWs who have carried out EPP when their BBV status does not meet the requirements of this policy have a personal responsibility to inform Occupational Health Service (OHS).
- 2.2 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 to refer themselves to the OHS, or to modify their practice due to BBV infection, the clinician has a responsibility to inform OHS.
- 2.3 Healthcare workers who have good reason to believe that a HCW infected with BBV is practising in a way which places patients at risk, or has done so in the past, must inform an appropriate person (e.g. Consultant Occupational Health Physician) or where appropriate, the relevant regulatory authority. Wherever possible, the HCW should be informed before information is passed on to an employer or regulatory body.
- 2.4 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.
- 2.5 The responsibility for further risk assessment and investigation rests with the DPH. This investigation is usually led by the CPHM with advice from Health Protection Scotland (HPS) and the United Kingdom Advisory Panel for Health Care Workers Infected with Blood-borne Viruses (UKAP) as required.

3.0 Risk Assessment

- 3.1 When a healthcare worker with a BBV is reported to the OHS, the Occupational Health Physician will do an initial risk assessment. If the HCW is in an EPP post, or the Occupational Health Physician identifies a previous or ongoing risk to patients, then a formal structured local risk assessment is required.

- 3.2 This local risk assessment will usually be led by the CPHM, and involve occupational health and virology as a minimum. The risk assessment will aim to identify any factors that may impact on the HCW's ability to practise safely and/or increase the risk of transmission from the HCW to patients.
- 3.3 If a HCW living with BBV has been recognised as the source of transmission to a patient, the investigating team should make a careful appraisal of the facts, seeking relevant specialist advice. As few people as possible should be involved in this investigation in order to maintain the confidentiality of the HCW. The UKAP proforma should be completed and advice sought from UKAP.
- 3.4 If there is no recognised transmission, the investigating team should assess factors which would increase the risk of transmission from HCW to patient such as
- 3.4.1 poor infection prevention and control practice or identified breaches which could have resulted in significant exposure to the blood/body fluids of the HCW e.g. repeated needlestick injuries.
 - 3.4.2 other factors – behavioural, physical, neurological or psychological impairment; relevant medical condition e.g. skin conditions, eczema
- 3.5 If no risks are identified, the UKAP risk assessment form should be completed and returned to UKAP and no further action is required.
- 3.6 If risks or concerns are identified, the UKAP risk assessment form should be completed and the case should be discussed with UKAP.
- 3.7 UKAP will advise on the need for further actions such as review of EPPs undertaken and a patient notification exercise.
- 3.8 When it has been decided that a patient notification exercise is necessary, a small incident team should be set up locally. The number of individuals who know the identity of the infected HCW should be kept to a minimum at all stages.

4.0 Confidentiality

Every effort should be made to avoid disclosure of the infected worker's identity or information that would allow deductive disclosure. The duties of confidentiality still apply even if the infected HCW has died or has already been identified publicly.

5.0 Associated materials/references:

[Working with Blood Borne Viruses Policy](#)

UK Advisory Panel for Healthcare Workers Infected with Bloodborne Viruses (UKAP) 2020 [Integrated Guidance](#) on health clearance of healthcare workers and the management of healthcare workers living with bloodborne viruses (hepatitis B, hepatitis C and HIV).