

From the Acting Chief Medical Officer
Dr Elizabeth Mitchell



Department of
**Health, Social Services
and Public Safety**

An Roinn

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

www.dhsspsni.gov.uk

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Our Ref:

Date: 29th May 2009

HSS(MD) 22/2009

Dear Colleague

Health Clearance for Tuberculosis (TB), Hepatitis B, Hepatitis C and HIV: New Healthcare Workers with Direct Clinical Contact with Patients

Action required.

1. Trust Chief Executives, Head of the Medical and Dental School, Queens University Belfast, Head of Life and Health Sciences, University of Ulster, Post Graduate Medical and Dental Dean, Heads of Schools of Nursing and Midwifery, General Medical Contractors, Dental Principals and Associates, the Chief Executives of the Ambulance Service and the Public Health Agency, HSC commissioners and relevant individuals in the HSC and private sector should:
 - ensure arrangements are in place to implement this guidance from 1 July 2009;
 - bring this letter and the associated guidance to the attention of those responsible for the recruitment, (including “contracting in”) health clearance, or the training of healthcare workers including those who perform or who may perform exposure prone procedures (EPPs) for the first time; (see Annex B in accompanying guidance) and alert relevant HSC commissioners of its content;
 - revise the current standard pre-employment protocol for all new healthcare workers (as defined in the attached) to include the offer of testing for hepatitis C and HIV, in addition to the current testing protocol which includes checks for TB disease/immunity and the offer of hepatitis B immunisation with post-immunisation testing of response;
 - ensure that all healthcare workers who will perform EPPs for the first time i.e. both new to the health service or moving to posts for the first time which involve EPPs have health clearance additional to that currently in place. This additional clearance means being non-infectious for HIV (antibody negative), hepatitis B (surface antigen negative or, if positive, e-antigen negative with a viral load of 10^3 genome equivalents/ml or less) and hepatitis C (antibody negative or, if positive, negative for hepatitis C virus RNA);
 - **implement arrangements to ensure that existing clinical workers (see 4 below) who return to such work are identified and have appropriate clearance and**
 - **publicise the new health clearance requirements in job descriptions, agency contracts and application packs.**
2. **HSC commissioners who arrange for HSC patients to be treated by private sector (non-HSC or non-NHS) hospitals and health establishments should ensure that this guidance is implemented. Training institutions such as medical and dental schools and schools and colleges of nursing and midwifery should include such information in their prospectuses and application packs. Publicity material should make it clear that health clearance will be required in accordance with this guidance.**

Summary

3. This letter and the attached document (Guidance on Health Clearance for TB, Hepatitis B, Hepatitis C and HIV for New Healthcare Workers with Direct Clinical Contact with Patients) provide guidance on measures to improve the protection of patients from healthcare-associated TB, hepatitis B, hepatitis C and HIV. The overall aim is to augment and

strengthen the existing health screening arrangements for new healthcare workers and thus reduce further the risk of transmission of these infections from healthcare workers to patients. The guidance reflects the recommendations of the Advisory Group on Hepatitis and mirrors that produced in 2007 by the Department of Health, England. It will contribute to the implementation of Action 5 of the Action Plan for the Prevention, Management and Control of Hepatitis C in Northern Ireland.¹ The attached also takes account of the updated DHSSPS guidance on the Control of Tuberculosis in Northern Ireland contained in circular HSS(MD)10/2006 which refers to the recommendations of the National Institute for Health and Clinical Excellence (NICE).²

4. The guidance applies to all new healthcare workers in Northern Ireland involved in the direct clinical care of patients, including general medical contractors (and relevant staff) and dental principals, dental assistants and relevant staff.
5. For the purposes of this guidance, a “new healthcare worker” is defined as:
 - a worker directly involved in the care of patients with direct clinical contact with patients for the first time; or
 - existing healthcare workers moving to a post or training that involves EPPs for the first time in their careers; or
 - existing healthcare workers who return to clinical healthcare work depending on their risk of being infected whilst away from this work (see paragraphs 7, 21, and 22 in the attached document).
6. With these two exceptions (above two bullet points), this guidance does not apply to healthcare workers who are already employed or working in the clinical health care sector.

Health clearance: Offer of Tests to New Healthcare Workers

7. The accompanying guidance recommends that new healthcare workers, as defined in the attached, are offered tests for hepatitis C and HIV, in addition to the current standard health checks. The current standard checks include testing of TB disease/immunity and the offer of hepatitis B immunisation with post immunisation testing of response. This offer should form part of the pre-employment assessment protocol for new healthcare workers. The clearance described in this document should be carried out in advance of clinical duties commencing.

Additional health checks – for healthcare workers who will perform (EPPs) for the first time in their careers.

8. In the case of new healthcare workers who will perform EPPs, or existing health care workers moving for the first time to posts or training that involve such procedures, additional checks to provide proof of non-infectivity for hepatitis B, hepatitis C and HIV will be required. Examples of those whose work is likely to involve EPPs include: doctors entering training in surgical specialties, prospective dental and midwifery students, nurses who move to areas of work where they are required to carry out EPPs, ambulance staff

¹ Action Plan for the Prevention and Management of Hepatitis C. DHSSPS. 2007
<http://www.dhsspsni.gov.uk/hepatitisc-actionplan-2007.pdf>

² Circular (HSS(MD)10/2006)Control of Tuberculosis in Northern Ireland. 2006
[http://www.dhsspsni.gov.uk/ph_hss\(md\)_10-06.pdf](http://www.dhsspsni.gov.uk/ph_hss(md)_10-06.pdf)

prior to training as paramedics or technicians and podiatrists, before they commence podiatric surgery training. (See paragraphs 14 – 19)

Independent sector

9. Independent hospitals, hospices and clinics are recommended to follow this guidance as such facilities are required to comply with the Independent Health Care Regulations (NI) 2005, Regulation 15.7 of which describes duties to minimise the risk of infection.³
10. Furthermore, implementation of this guidance is likely to ensure compliance with certain requirements of DHSSPS minimum standards the publication of which is planned for 2009/10. In Northern Ireland the Regulatory and Quality Improvement Authority (RQIA) is the body responsible for the enforcement of these regulations and standards.

Background

11. An expert *ad hoc* group set up in England in 2001 carried out an assessment of the potential health risk posed to patients from healthcare workers new to the NHS who were infected with HIV, hepatitis B virus, hepatitis C and TB. In 2003 draft guidance to take account of the recommendations of the Working Group was developed in Great Britain.⁴ DHSSPS mirrored the GB approach and in its own right developed and consulted on draft guidance and shared responses with the Department of Health. After a period of consideration final guidance for England and Wales was issued in 2007 and in Scotland in 2008. These have been used as the basis to develop the accompanying guidance for Northern Ireland.

Existing Guidance on Hepatitis B and HIV Infected Health Care workers

12. Guidance on hepatitis B and HIV infected healthcare workers has already been issued.^{5 6} New guidance, to take account of updated recommendations on HIV infected healthcare workers, and healthcare workers infected with hepatitis C is being developed by DHSSPS. Consideration is also being given to guidance on hepatitis B infected healthcare workers who are receiving antiviral therapy.

Further information

13. A separate allocation letter will be issued to HSC Trusts to advise of the recurrent funding available to help with the additional virological testing and input from occupational health services for HSC groups affected by this guidance.

³ Independent Health Care Regulations (Northern Ireland) 2005

⁴ Draft Guidance on Health Clearance for Serious Communicable Diseases.
http://www.dh.gov.uk/en/Consultations/Closedconsultations/DH_4016880

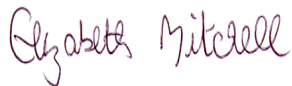
⁵ HSS (MD) 17/00 Hepatitis B infected health care workers [http://www.dhsspsni.gov.uk/hss\(md\)_17-2000pdf](http://www.dhsspsni.gov.uk/hss(md)_17-2000pdf)

⁶ AIDS/HIV Infected Health Care Workers: Guidance on the Management of Infected Health Care Workers and Patient Notification (Health Service Circular) (HSC) 1998/226

14. For convenience the Guidance on the implementation of the new arrangements is attached. It is also available on the DHSSPS website at:
www.dhsspsni.gov.uk/healthcare-workers-guidance.doc

Should further information be required please contact Dr. Delia Skan (delia.skan@detini.gov.uk) or at telephone number 02890408004.

Yours sincerely



Acting Chief Medical Officer Acting Chief Dental Officer Chief Nursing Officer

For information to:

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