

# Hepatitis B Status Policy

1.1

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## 1. INTRODUCTION

This document sets out the outline of SHPCA policy for Hepatitis B status, including mandatory checks for any staff as appropriate. Precise clinical requirements are outside the scope of this document. SHPCA also requires agreed methods of dealing with these or other arising issues prior to taking action, in particular relating to staff members who apply for a post or training in exposure-prone procedures (EPP) activities (see below) who decline to be immunised or tested for immunity.

As with any medical condition, strict confidentiality will be maintained regarding an individual's hepatitis B status, in line with the Data Protection Act.

## 2. IMMUNISATION

The primary protection against exposure to blood borne viruses (hepatitis B, HIV and hepatitis C) is adherence to safe working practices. National guidance is that all Health Care Workers (HCWs) who are potentially exposed to blood and body fluids should be immunised prior to commencing their posts and their antibody level determined to ensure they are immune against Hepatitis B virus.

All HCWs who undertake Exposure Prone Procedures (EPPs) must provide evidence that they are not a hepatitis B infection risk and must provide proof of antigen and antibody level before being allowed to perform EPPs in compliance with Public Health England (2017) guidance. All documentation must be identity verified. EPPs include procedures where the worker's gloved hands may be in contact with sharp instruments, needle tips or sharp tissues (spicules of bone or teeth) inside a patient's open body cavity, wound or confined anatomical space, and where the hands or finger tips may not be visible at all times.

Hepatitis B protection is recommended for HCWs who may have:

- Exposure to blood by patient contact.
- Contact with blood samples or specimens.
- Contact with equipment or articles contaminated with blood.
- Contact with used needles or other sharp objects.
- Contact with blood-stained body fluids (the following fluids should also be handled with same precautions as blood; cerebrospinal, peritoneal, pleural, pericardial, synovial, amniotic, vaginal secretions and breast milk.)
- Risk of exposure to human bites which cause bleeding.
- Contact with biological waste.

Clinical staff working for SHPCA are expected to have received vaccination according to the current course of immunisation (Primary course of immunisation consists of three injections. The second dose is given at one month and the third six months after the first dose (0, 1, and 6).

Current advice from the Joint Committee on Vaccination and Immunisation (JCVI), Public Health England (2018) have indicated that the 5 yearly booster will no longer be required in healthy, immunocompetent adults who have completed a primary course of vaccine, this includes healthcare workers who are known responders.

For immunisations results for Staff the following applies:

- Response level >100 mIU/mL. No further action required - preferred level of anti-HB levels - Immunity
- Response level 10-100 mIU/mL. An additional booster dose is required at the time. In immunocompetent individuals a further test is not required and there is no additional booster dose required. – Generally accepted as enough to protect against infection - Immunity
- Non-responder (10 mIU/mL then future actions would be taken as per their response level.

HCWs who have previously been immunised, but have no record of immunity status should arrange for an anti-HBs titre to be taken and if indicated be given a booster dose of vaccine.

Any healthcare worker who is considered to be immunocompromised (e.g. has had a transplant, taking a disease modifying agent) may need to be monitored in terms of their antibody level. This will be done on a case by case basis according to their condition and medication.

### **3. CHECKING HEPATITIS B IMMUNE STATUS**

All staff undertaking EPPs will be requested to show evidence of vaccination and their response to the vaccine. This will be recorded in their individual HR file.

### **4. IDENTIFIED VALIDATED SAMPLES (IVS)**

HCWs who undertake EPPs and have previously been immunised will need to provide UK laboratory or documentary evidence from a UK Occupational Health department of the necessary hepatitis B serology results, which must be from an identified validated sample (IVS). The healthcare worker should show proof of identity with a photograph – NHS trust identity badge, photographic driving licence, passport or photographic national identity card – this photographic ID should be checked when the

The checks will be completed prior to an offer of employment where EPPs will be performed or approval to work in SHPCA services (registered on the Sensei platform) and be a condition of it. This is not to stop these candidates working in SHPCA health services but may restrict infected people to working in “non-risk to patient” jobs. This policy is consistent with the policy working restrictions placed on persons *known* to be infected.

The workers themselves are considered to benefit from the screening requirement as earlier diagnosis could benefit them.

## **5. STAFF WITHOUT POST VACCINATION IMMUNITY (NON-RESPONDERS)**

Antibody responses to hepatitis B vaccine vary widely between individuals. 10-15% of adults fail to respond, or have a poor response. Any staff whose evidence of their immunisation status shows they are 'non-responders' should confirm they are not known Hepatitis B carriers (i.e. are infected with Hepatitis B).

SHPCA will ensure that any staff who are identified as non-responders are advised in writing that they are not protected against Hepatitis B infection and in the event of an exposure they must inform their Line Manager or the On Call Manager as they may require Hepatitis B Immunoglobulin in the event of exposure to the virus (See Staff Non-Responder Form below). They must be particularly vigilant with universal precautions and self-protection from exposure to blood and body fluids. They will also be asked to inform SHPCA of any Infection Prevention & Control Incidents outside of their work within SHPCA services that may have exposed them to infection.

## **6. STAFF WHO DO NOT UNDERTAKE EPPS**

Staff who do not undertake EPPs and have had a part course of treatment, or have had a course of treatment but have not been tested for immunity are under no obligation to continue or complete the course or investigation.

## **7. STAFF DECLINING TESTS**

Healthcare workers who apply for a post that may involve EPPs and who decline to be tested for relevant infections such as HIV, hepatitis B and hepatitis C should not be cleared to perform EPPs.

SHPCA has a responsibility to staff and patients to ensure that no one, as far as reasonably practicable, is placed at avoidable risk. This is both under the Health & Safety at Work Act (employers are responsible for both staff and members of the public) and under COSHH regulations (employers are required to review every procedure carried out by their employees which involves a direct contact with a substance hazardous to health – this includes pathogenic micro-organisms such as hepatitis).

This will make the employer potentially legally liable if a clinician who has refused to be tested is allowed to undertake exposure-prone procedures (EPPs). This applies to both directly employed staff and any staff working on a locum or sessional basis in any SHPCA services.

## 8. OTHER RELEVANT POINTS

- SHPCA will adopt a non-discriminatory policy in accordance with the Equality Act 2010 provisions and ethos.
- Any breaches of an affected employee's right to non-discrimination, confidentiality and privacy will be treated as a disciplinary offence.
- Any disciplinary offence will be handled through the SHPCA Disciplinary Procedure
- Any member of staff needing help may seek advice through the Head of Quality, Governance & Safety or their Line Manager.
- Clinical staff who become infected with hepatitis B must follow their own professional guidance on disclosure.
- Any non-clinical employee who becomes infected with hepatitis B is not required to inform the Practice unless he/she wishes to do so. However, current rules for certification of sickness absence will continue to apply.
- If any disclosure about an individual who has hepatitis B is necessary, it will only take place after authorisation has been sought from the person concerned.
- No employee will be redeployed solely because he/she has hepatitis B, unless it is in the interests of their own safety or that of others.

### Resources

[Health clearance for tuberculosis, hepatitis B, hepatitis C and HIV: New healthcare workers \(DH, 2007\)](#)

Health & Safety Executive Guidance on Blood Borne Viruses:

<https://www.hse.gov.uk/pubns/indg342.pdf>

## **STAFF NON-RESPONSIVE TO HEPATITIS B VACCINATION**

To:

Date:

### **Personal & Confidential – Addressee only**

#### **Re: *Your Immunity to hepatitis B***

The British Medical Association recommends that all health care staff likely to come into contact with any infected material should be encouraged to have their Hepatitis B immunity status reviewed and be offered vaccination where this proves necessary. Please note that for staff providing 'hands-on' patient care (which includes GPs, practice nurses, health care assistants and phlebotomists) immunity may be a requirement of the role.

The evidence you have submitted shows and/or you have reported to us that despite undergoing the recommended vaccination course for Hepatitis B, your levels of antibodies remains below that recognised as giving immunity from infection. We have discussed this and you are aware that this is the case, and that this means you accept that you are at risk of possible infection with Hepatitis B in undertaking your role with SHPCA that may involve exposure to the infection. You also have confirmed you are not infected as far as you are aware with Hepatitis B.

If you would like to discuss the question of immunity/immunisation further, please do contact your line manager who will be pleased to answer any questions you may have (in complete confidence) and provide full information on the associated risks. You may, of course, discuss this matter and arrange immunisation with your own GP/practice nurse. You should be aware that some practices may make a charge for this.

#### **Please read and sign the below to confirm you have read and understand the following:**

*In the course of my duties, I am aware of my legal duty to take care of my own health and safety and that of others affected by my actions. I will make full use of control measures put into place by SHPCA to ensure they are able to comply with the legal duties required of them as an organisation. This includes following all relevant Infection Prevention and Control procedures, COSHH and other relevant guidelines to minimise any risk of infection. I recognise I may be at risk of acquiring Hepatitis B in undertaking the duties associated with my role and accept this as part of my role.*

*In signing this form, I understand that I may need post-exposure treatment if I have a direct contact with blood, other body fluids, or other actually or potentially infected items, in order to address potential exposure concerns. agree that I understand the potential personal risks to myself in working in a clinical role which may include Exposure Prone Procedures for Southern Hampshire Primary Care Alliance, and that I work in such a role fully understanding my own risk.*

**Signature:** ..... (electronic is acceptable)

**PRINT NAME:** .....

**ROLE:** .....

**DATE:** .....

**Please inform SHPCA immediately of any change in your health status which might affect your immune status.**

**Please return completed forms in confidence to your line manager or to: Janet Naylor**