Policy on the prevention of HIV and other blood-borne infection

1. General

It is the policy of the College to do all in its power to prevent the acquisition or transmission of blood-borne infection to or by its employees, students, or visitors either in health care situations or in the course of laboratory work or general duties.

In the case of health-care workers, the College will follow and require its employees, students and recognised visitors to follow the guidance provided by the UK Health Departments on the transmission of blood-borne viruses. This guidance lays an obligation on such workers to follow the ethical guidance issued by the relevant professional body e.g. General Medical Council and General Dental Council.

The College recognises the definitions of exposure-prone procedures (EPP) published by the Department of Health and will use these as a criterion to assess the suitability of an infected person to work in a health-care situation.

1.1 Human Immunodeficiency Virus (HIV)

HIV is transmitted principally by sexual activity and contact with infected blood. Infected individuals are usually asymptomatic for many years. In the later stages, the Acquired Immune Deficiency Syndrome (AIDS) develops. Although no vaccine is presently available to protect against HIV infection, there is now firm evidence that the risk of infection following exposure to blood by accidental inoculation can be greatly reduced by appropriate treatment given immediately.

1.2 Hepatitis B

Hepatitis B is a viral disease with a worldwide distribution. Its severity varies from asymptomatic infection detected by blood markers (at least 50% of all infections) to severe liver failure and death (less than 1%). One percent of sufferers become so-called e antigen carriers and are extremely infectious. These persons are not permitted to participate in exposure prone procedures (para 1.) In July 2000 the UK Health Departments issued new guidance on so called surface antigen carriers. Careful epidemiological studies have shown that some of these persons can transmit. Employers are required to arrange specialised testing and to exclude some of this group from work involving EPP.

A vaccine is available to protect those at risk and, for unvaccinated individuals who are accidentally exposed, effective management is available if they report exposures
1.3 **Hepatitis C**

This viral disease is spread principally by blood contact. It runs a chronic course over many years and may cause serious liver disease. At present there is no vaccine to prevent transmission and no means of reducing the risk of transmission following accidental exposure. There is, however, some evidence that treatment at a very early stage of infection may be more successful than later treatment. For this reason, individuals who have significant exposure to known hepatitis C positive blood should be carefully monitored by a physician specialising in the management of hepatitis C.

1.4 **Other blood-borne diseases**

There are at least 20 infectious diseases which are known to have been transmitted by needlestick injury but these are usually very rare. In recent years there has been great concern that prion diseases might be transmitted through blood but there is presently no evidence that this is the case. Although case reports of transmission of blood-borne disease are rare, every effort must be made to reduce the risk of transmission wherever possible.

1.5 **Background health and safety legislation**

The Health and Safety at Work Etc Act 1974 sections 2(1) and 3(1) impose a duty on employers to ensure, as far as is reasonably practicable, the health, safety and welfare of all employees and others who may be affected by its undertaking.

There is also a duty placed upon employees to work in a way which will promote their own safety and that of others.

The Management of Health and Safety at Work Regulations 1992 require employers to carry out an assessment of risk to the health of employees which are from its undertaking and to introduce appropriate controls.

The Control of Substances Hazardous to Health Regulations 1994 (COSHH) direct employers to conduct risk assessments for all substances and biological agents used in its undertaking and to introduce appropriate controls. In the case of biological hazards, immunisation should be provided, if appropriate.
1.6 Harassment

The College classifies all information regarding the infection of an employee or student as highly sensitive and will treat any breach of confidentiality as a serious disciplinary offence. The College has adopted policies on harassment for students (available from the Registry) and staff (available from the Personnel Office). Any harassment of, or discrimination against, an employee or potential employee or student on the grounds of their known or supposed infected status will be dealt with in accordance with these policies.

1.7 Recruitment

Staff with responsibility for recruitment should ensure that individuals are not unlawfully excluded from employment on the grounds that they are known or suspected to be infected with a blood-borne disease or are considered to be "high risk" because of their sexual orientation. To this end, recruiters will not question candidates about their sexual orientation or the possibility of infection.

Students applying for medicine and dentistry will be required to provide evidence of immunity to hepatitis B or, if unimmunised, evidence of non-infectivity before they can be registered for the MB, BS or BDS courses.

1.8 Pre-employment procedures

All contracts of employment in the College are offered subject to satisfactory health clearance. It is the responsibility of all candidates offered employment to return the pre-employment health questionnaire to the Occupational Health Service.

No potential employee will be required by the College to submit to a test for HIV infection. Candidates for posts involving exposure prone procedures will be required to provide evidence of immunity to hepatitis B or evidence of non-infectivity.

Where infection with a blood-borne disease is declared in the course of pre-employment procedures, the Occupational Health Service's report to the Personnel Adviser involved in recruitment will deal only with the individual's ability to carry out the duties set out in the job description.
1.9 **Confidentiality**

Any employee or student who becomes aware that a colleague or applicant is infected with a blood-borne virus will treat that information as confidential and will not disclose it to any one else within or outside the College without the individual's consent. Any breach of this rule will be regarded as a serious disciplinary offence and may result in dismissal. If, however, the College employee or student is concerned about the health and safety implications of non-disclosure, (s)he is strongly advised to discuss these concerns with the College's Occupational Health Physician who will then deal with the matter in accordance with GMC guidelines. If the College's Occupational Health Physician is not available, the Head of Service for Clinical Virology (or his/her deputy) should be consulted.

In situations where staff performing exposure-prone procedures become infected, it may be necessary to inform former patients. Such activities are co-ordinated by the local and/or Regional Public Health Departments. In these circumstances, every effort will be made to protect the confidentiality of the staff member or student.

If the College's Occupational Health Physician becomes aware that an individual is infected, (s)he will be expected not to reveal that information without the individual's prior consent unless (s)he has good reason to believe that the infected health care worker performing exposure-prone procedures has not followed advice to modify his/her practice.

1.10 **Infection occurring in existing employees and students who are not involved in health care**

No employee will be dismissed solely on the basis of being HIV infected or having AIDS provided (s)he remains capable of performing the duties set out in the job description. Continued employment of a person who has developed AIDS will depend on the extent to which performance is affected and whether their health and safety, or that of others, is placed at risk. Where an individual's health deteriorates, (s)he will become subject to the College's ill-health procedures.

No student will be expelled/required to withdraw solely on the basis of being HIV infected or having AIDS. (See paragraph 1.11 on medical and dental students.)
1.11 **Infection occurring in existing employees involved in health care and medical and dental students**

Any employee involved in patient care who has reason to suppose that (s)he may have become infected is reminded of the obligation, as expressed in the ethical statements of their professional body, to seek medical advice and, if appropriate, testing. Those who are found to be infected with HIV or to be infectious carriers of other blood-borne diseases will be guided towards specialist advice on their work practices which may need to be modified or restricted to protect their patients. All such employees must remain under regular specialist medical and occupational health supervision and must not rely on their own assessment of the risk their health poses to patient care. Such persons must discuss the situation with the College's Occupational Health Physician in the context of confidentiality set out in paragraph 1.9. [For the purposes of this policy, the term “patient care” also includes contact with research subjects].

No employee or student will be required to submit to testing for HIV infection unless there is evidence that transmission has taken place to a patient during an exposure-prone procedure in which the staff member/student participated. In these circumstances, testing will be undertaken under the guidance of the local Infection Control Officer. (See paragraph 1.9 on confidentiality.)

The General Medical Council has stated that it cannot offer a restricted form of provisional or full registration to those who cannot carry out exposure-prone procedures. Therefore, under the present GMC rules, a medical student who is found to be infected with HIV or who becomes a persistently infectious carrier of hepatitis B will be required to leave the course. The School and College will make every effort to facilitate transfer to alternative courses, if appropriate.

Almost all clinical dental treatment is classed as exposure-prone and for this reason dental students who are found to be infected with HIV or who become persistently infectious carriers of hepatitis B will not be able to complete the BDS course. The School and College will make every effort to facilitate transfer to alternative courses, if appropriate.

1.12 **Academic and other visitors**

Heads of departments receiving visitors to work in situations where the transmission of blood-borne diseases is a possibility should make a risk assessment for each visitor before arrival. All visitors must comply with the College policy on the prevention of blood borne infection. In addition, Visitors whose work involves exposure prone procedures must comply with the policies and procedures of the host Trust. The College will not allow participation in work involving the risk of transmission of blood-borne viruses unless the visiting worker has signed the Visiting Workers’ Statement.
1.13 Procedures for prevention of transmission


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