



SCOTTISH EXECUTIVE

Health Department

Dear Colleague

HEPATITIS C INFECTED HEALTH CARE WORKERS

Summary

1. This Health Department Letter (HDL) summarises and draws attention to the [attached revised guidance](#) on the management of hepatitis C infected health care workers. It builds upon previous advice from the Advisory Group on Hepatitis and aims to reduce the risk of transmission of infection to patients. The guidance recommends that health care workers who know that they are carrying the hepatitis C virus, or who are found to do so following the testing recommended below, should not perform exposure prone procedures¹. Hepatitis C infected health care workers who have a sustained virological response to antiviral therapy will be allowed to perform exposure prone procedures six months after cessation of treatment.

Action

2. NHS Trusts and Island NHS Boards, the Common Services Agency, principals in the General Medical and Dental Services and principals in the Personal Medical Services should ensure, as appropriate, that there are arrangements in place as soon as possible:

- to bring this HDL and guidance to the attention of all health care workers who perform or who may perform exposure prone procedures;

¹ Exposure prone procedures are those where there is a risk that injury to the health care worker could result in exposure of the patient's open tissues to the blood of the health care worker. Such procedures occur mainly in surgery (including some procedures in minor surgery carried out by GPs), obstetrics and gynaecology, dentistry and midwifery. An illustrative list of exposure prone procedures is contained in *Guidance on the management of HIV/AIDS infected health care workers and patient notification* (issued in Scotland under [NHS MEL \(1999\) 29](#)). Revised guidance to replace this version is currently out for consultation see <http://www.scotland.gov.uk/library5/health/ahhc-00.asp>

22 November 2002

Addresses

For action

Chief Executives, NHS Trusts
 Chief Executives, NHS Boards, NHS Special Health Boards
 Medical Directors, NHS Trusts
 Directors of Nursing, NHS Trusts and Island NHS Boards
 Directors of Public Health/CAMOs
 Directors of Occupational Health
 Chief Executive, CSA

For information

Directors of HR of NHS Trusts
 Academic Heads of Departments of
 Nursing and Midwifery
 Consultants in Public Health Medicine (CD & EH)
 CADOs
 General Practitioners
 General Dental Practitioners
 Deans of Medical/Dental Schools
 Chief Executive, Health Education
 Board for Scotland
 General Manager, State Hospitals Board for Scotland
 General Manager, Common Services Agency
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- to test health care workers who already know themselves to have been infected with hepatitis C (i.e. who have antibodies to hepatitis C virus) and who carry out exposure prone procedures, for hepatitis C virus RNA. This testing is not necessary for health care workers who are already known to be hepatitis C virus RNA positive. Those found to be carrying the virus (i.e. who are hepatitis C RNA positive) should not be allowed to perform exposure prone procedures in future;
- to test health care workers who are intending to undertake professional training for a career that relies upon the performance of exposure prone procedures, for antibodies to hepatitis C virus and, if positive, for hepatitis C virus RNA. Those found to be hepatitis C virus RNA positive should be restricted from starting such training whilst they are carrying the virus;
- to inform health care workers who perform exposure prone procedures and who believe that they may have been exposed to hepatitis C infection to seek and follow confidential professional advice on whether they should be tested for hepatitis C. Those found to be carrying the virus (i.e. who are hepatitis C virus RNA positive) should be restricted from performing exposure prone procedures in future;
- to allow hepatitis C infected health care workers who have been treated successfully with antiviral therapy to resume exposure prone procedures, or to start professional training for a career that relies upon the performance of exposure prone procedures. Health care workers who remain hepatitis C virus RNA negative 6 months after cessation of treatment will be allowed to return to performing exposure prone procedures at that time. As a further check, they should be shown still to be hepatitis C virus RNA negative 6 months later;
- To provide staff with information and training about measures to reduce the risk of occupational exposure to hepatitis C infection (e.g. safe handling and disposal of sharps and measures to reduce risks during surgical procedures).

Background

Previous advice

3. Previous advice from the Advisory Group on Hepatitis was that hepatitis C infected health care workers associated with the transmission of infection to patients should be restricted from carrying out exposure prone procedures². This advice still applies, but the Advisory Group on Hepatitis has made further recommendations.

Transmissions to patients from hepatitis C infected health care workers

4. There have been five reported incidents in the UK in which hepatitis C infected health care workers have transmitted infection to 15 patients during exposure prone procedures. In the light of these incidents, the Advisory Group on Hepatitis has reviewed its previous advice and has made additional recommendations on which the action required by this HDL and guidance is based.

² Communicable Disease Surveillance Centre. Hepatitis C virus transmission from health care worker to patient. [Commun Dis Rep CDR Wkly 1995; 5: 121](#)

Other Information

Redeployment and retraining and benefits

5. It is expected that relatively small numbers of health care workers will be affected by the new restrictions and their retraining/redeployment needs will vary. Employers should make every effort to arrange suitable alternative work and retraining opportunities in accordance with good general principles of occupational health and management practice. The NHS Injury Benefits Scheme may be relevant in some cases.

Patient notification exercises

6. Whenever a transmission of hepatitis C from an infected health care worker to a patient is detected, notification of other patients of that health care worker who have undergone exposure prone procedures, with the offer of serological testing, should normally follow. Most new infections with hepatitis C are asymptomatic. It has yet to be determined whether there is a need for patient notification exercises when a hepatitis C virus RNA positive health care worker is identified in the absence of evidence of transmission. Until more precise indications for patient notification in this situation can be defined, the UK Advisory Panel for Healthcare Workers Infected with Blood-borne Viruses (UKAP) should be approached for advice whenever patient notification is being considered, and before preparations for such an exercise are put in train.

Application

7. The guidance applies to all health care workers in NHSScotland who carry out exposure prone procedures, including independent contractors such as general dental and medical practitioners (and relevant staff); independent midwives; students; locums and agency staff and visiting health care workers. NHS Trusts/Island NHS Boards that arrange for NHS patients to be treated by private sector hospitals should ensure that this guidance is observed by health care workers who perform exposure prone procedures on NHS patients. The independent healthcare sector is required to have appropriate infection control procedures. Under the national care standards for this sector these should reflect relevant professional guidance. The guidance applies to the independent healthcare sector.³

Distribution

8. **Medical Directors of NHS Trusts** are asked to ensure this HDL and guidance are brought to the attention of Clinical Directors of Surgical Specialties, Chairs of Infection Control Committees, occupational health physicians, consultant microbiologists and virologists, hospital dentists, and clinical directors of community dental services. **Executive Directors of Nursing NHS Trusts** are requested to bring the HDL and guidance to the attention of Heads of Midwifery Services/senior midwives of NHS Trusts and occupational health nurses. The **Common Services Agency** is asked to bring the HDL and guidance to the attention of their staff in the Scottish National Blood Transfusion Service.

³ [The Regulation of Care \(Requirements as to Care Services\) \(Scotland\) Regulations 2002](#)

National Care Standards Scottish Executive Health Department 2002. www.scotland.gov.uk/publications. The standards published to date apply to independent hospitals and non-NHS hospices. Standards for specialist clinics (providing cosmetic surgery, diet and laser treatment), wholly private medical practices and wholly private dental practices are currently being developed and will be published next year.

9. **NHS Board Chief Executives and Trust Chief Executives** are asked to ensure that the HDL and guidance are made available to all appropriate managers and staff, including General Medical and Dental Practitioners and their staff, Salaried Dental Practitioners and all community dentists in their area.

Associated Guidance

10. This HDL and [attached guidance](#) entitled “Hepatitis C Infected Health Care Workers” are both available through the SHOW website at - <http://www.show.scot.nhs.uk/sehd/hdl.asp>

Yours sincerely

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