## Hepatitis B Policy

The Loughton Surgery is committed to protecting and promoting the health of its employees and the people to whom they provide healthcare.

The policy and procedure applies specifically to employment issues relating to the protection of staff against the Hepatitis B Virus (HBV).

### Hepatitis B - Definition and risks Associated with the Virus

The Hepatitis B Virus (HBV) is common and is carried by 0.1% of the general population in the UK. Infection with the virus usually causes mild disease and sometimes no symptoms at all. Rarely it can produce severe, even fatal hepatitis.

In 2% to 10% of cases, a chronic carrier state develops which may continue for many years. At least 10% of the 50,000 carriers in the UK are highly infectious and as little as 0.04 micro litres of their blood can transfer infection.

**Risk factors for HBV infection in developed countries include:**

* male homosexuality
* low socio-economic status
* intravenous drug abuse
* certain ethnic groups
* sexual promiscuity
* residence in special needs institutions
* employment as a health professional

The prevalence of chronic Hepatitis B carriers varies with locality. It is as high as 4% in homosexual men attending genitourinary medicine clinics in London, but is likely to be very low in most rural areas.

### Staff at Risk

All staff in regular contact with patients, blood, blood products and tissues contaminated with blood are at risk of infection.

All staff undertaking Exposure Prone Procedures, (EPPs), (mainly doctors, nurses, health-care assistants and phlebotomists), are also at risk of transmitting infection.

EPPs are those where there is a risk that injury to the worker may result in the exposure of the patient's open tissues to the worker's blood.

They include those where the worker's gloved hands may be in contact with sharp instruments, needle tips and sharp tissues (e.g. spicules of bone or teeth) inside a patient's open wound or confined anatomical space, where the finger tips may not be completely visible at all times.)

**The aims of the Surgery**

To ensure procedures are in place to:

* identify staff that are not immune to HBV and provide immunisation to protect them against infection, which could be acquired during their work
* identify any infected worker whose work involves EPPs who may pose a risk to patients and take appropriate action

## Pre-Employment Screening

Any offer of employment involving EPP will be made ‘Subject to medical clearance including Hepatitis B’.

Appropriate documentation from previous places of employment or training may be sufficient to demonstrate compliance and should be presented to insert name and role of Practice responsible person here.

## Pregnant and Breastfeeding Staff

Any employee who is breastfeeding or who is pregnant, or trying to become pregnant, naturally or by assisted conception, will not be immunised against Hepatitis B.

Such employees will be treated as non-responders and tested for anti-body to Hepatitis B core antigen (anti-HBc) at regular intervals, as determined by the Occupational Health Department.

## Locums, Agency Staff, Students and Visiting Staff

All of the above must comply with this policy and must not otherwise participate in EPPs.

Appropriate documentation from previous places of employment or training may be sufficient to demonstrate compliance and should be presented to insert name and role of Practice responsible person here.

## Immunisations

Hepatitis B vaccine, which is a recombinant yeast derived vaccine, will be offered to all staff who come into contact with patients, blood, blood products and tissues contaminated with blood.

The Practice will manage the immunisation programme and will maintain comprehensive records of all staff immunised.

All health care workers undertaking EPPs should be immunised against Hepatitis B. Priority must be given to doctors, nurses, health-care assistants and phlebotomists.

Other staff at risk include receptionists (e.g. when handling samples or cleaning up spillage of bodily fluids) and the Practice cleaning staff.

Where immunisation has not taken place or is not complete, tests of current infection (HBsAg) should be carried out as soon as practicable and before the health care worker performs EPPs.

Health care workers whose Hepatitis B carrier status is unknown should not perform EPPs.

## Refusal to Comply With Policy

Any health care worker whose work involves EPPs who refuses to be tested for Hepatitis B in compliance with this policy will be considered as if they are e-antigen positive and managed accordingly.

It is a pre-requisite of any offer of employment that applicants agree to undertake the Hepatitis B vaccination programme.

## Infected Employees

Those who prove positive for HBeAg will be advised that they must not carry out EPPs and will be advised on the duties that they may continue to perform.

If they fail to follow this advice, insert name and role of Practice responsible person here will advise the GP Partners that a change in duties will need to take place.

HBeAg-positive health care workers will be referred for treatment and their HBeAg status will be monitored. They may return to work involving EPPs if they become negative for HBeAg.

Where health care workers are unable to continue in their current appointment, the Practice will offer, where reasonably practicable, suitable opportunities for redeployment and retraining.

Health care workers who contract Hepatitis B can claim industrial Injuries Disablement Benefit from the Department of Social Security. Temporary or permanent benefits may also be available under the NHS Injuries Benefits Scheme to NHS employees who lose remuneration because of a disease attributable to their NHS employment.

Low and non-responders that are not HBe-Ag-positive carriers of the virus may continue to perform EPPs.

They should observe appropriate infection control measures and should report all sharps injuries immediately to insert name and role of Practice responsible person here and the Occupational Health Department and enter the details in the Accident Book located in insert Practice specific information here.

They should be counselled about follow-up of sharps injuries and post-exposure prophylaxis against Hepatitis B.

## Post Exposure Prophylaxis

All staff that are exposed to a potential source of HBV infection are expected to contact Occupational Health for advice on post-exposure prophylaxis.

They will be advised on immediate actions and offered vaccine and/or Hepatitis B specific immunoglobulin as appropriate.

## Personal Protective Equipment (PPE)

The Practice will provide PPE to prevent contamination of clothing and prevent splashes into eyes, mouth and nose where appropriate.

It is the responsibility of staff to use this equipment whenever there is a risk of contamination with blood or body fluids.

All used sharps should be immediately placed into sharp bins conforming to British Standard 7320:1990.

Disposable gloves should be worn when taking blood from all patients.

A waterproof dressing should cover cuts.

## 12Confidentiality

As with any medical condition, strict confidentiality will be maintained regarding an individual's Hepatitis B status.

## Sickness Absence

An employee who is absent from work due to Hepatitis B related symptoms is subject to the normal Surgery procedures for long/short term sickness.

## Procedures for Preventing Hepatitis B

**Basic Hygiene** - Good basic hygiene relating to the general control of infection is essential.

**Immunisation** - The vaccine, its effects in relation to the individual’s response and consequent procedures is described on the following page.

# The Loughton Surgery Hepatitis B

# Immunisation Vaccine and Response Indicators

## Vaccine

A recombinant yeast derived vaccine is the only vaccine licensed for use in the United Kingdom.

It is given by intramuscular injection into the deltoid muscle in three doses for the standard schedule at 0, 1 and 6 months, or in four doses for the accelerated schedule at 0, 1 and 2 months with a booster injection at 12 months.

Low dose intradermal injections and injections into the buttock have both been shown to be much less effective and should be avoided.

Response to the vaccine is not universal and the level of antibodies to Hepatitis B surface antigen (anti-HBs) must be measured 2-4 months after completing the course.

Results are grouped into three categories according to post-vaccination anti-HBs levels:

1 Greater than 99miu/ml (good responders)

2 Between 10 and 99miu/ml (low responders)

3 Less than 10miu/ml (non-responders)

### Good Responders

Around 80% will be good responders. They will be recalled for a booster every 5 years.

### Low Responders

Low responders will be offered an immediate booster injection and a further anti-HBs level 2 months later, which should produce a good response (>>99miu/ml) in 75%.

Those few who prove to be persistent low responders may continue to perform EPPs and will be counselled about follow-up of sharps injuries and post-exposure prophylaxis against Hepatitis B.

### Non-Responders

Non-responders should be tested for antibody to Hepatitis B core antigen (anti-HBc), which is a marker of past or current infection.

If this is negative it is most unlikely that the subject is infectious. All non-responders should be offered an immediate booster injection and a further anti-HBs level 2-4 months later.

A small number of individuals will fail to respond to this. No further vaccine should be offered.

Any non-responders who prove positive for anti-HBc should cease to perform EPPs until their e-antigen status is known.

They should be seen by the Occupational Health Physician who will seek consent for testing for markers of infectivity, Hepatitis B surface antigen (HBsAg), Hepatitis B e antigen (HBeAg) and anti-HBeAg.

In the event that the employee tests positive, the employee will immediately cease undertaking EPPs and will be referred to the Occupational Health Physician for treatment and occupational advice.