



UK Health
Security
Agency

Integrated guidance on health clearance of healthcare workers and the management of healthcare workers living with bloodborne viruses (hepatitis B, hepatitis C and HIV)

Quick reference guide

This document is intended as an aide-mémoire only and should be read in conjunction with the [guidance document](#).

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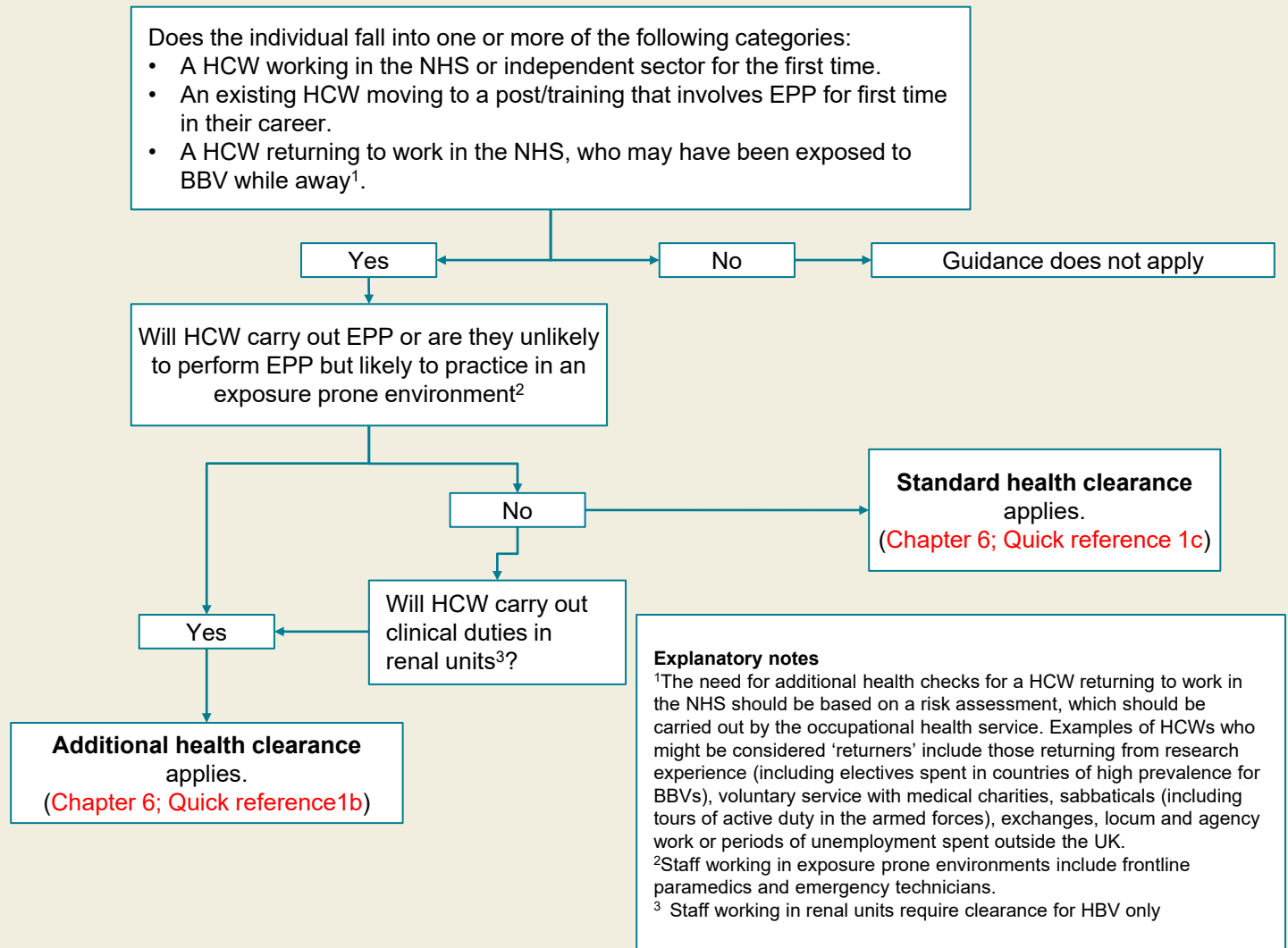
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1a) Health clearance for new healthcare workers: Identification of 'new healthcare workers' (Chapter 6)

- The decision to clear individual HCWs to undertake EPPs is the responsibility of the accredited specialist in occupational medicine in consultation with the treating physicians. UKAP may be consulted on the application of the policy, as needed.
- This flowchart is intended as an aide-mémoire only and should be read in conjunction with the [guidance document](#).

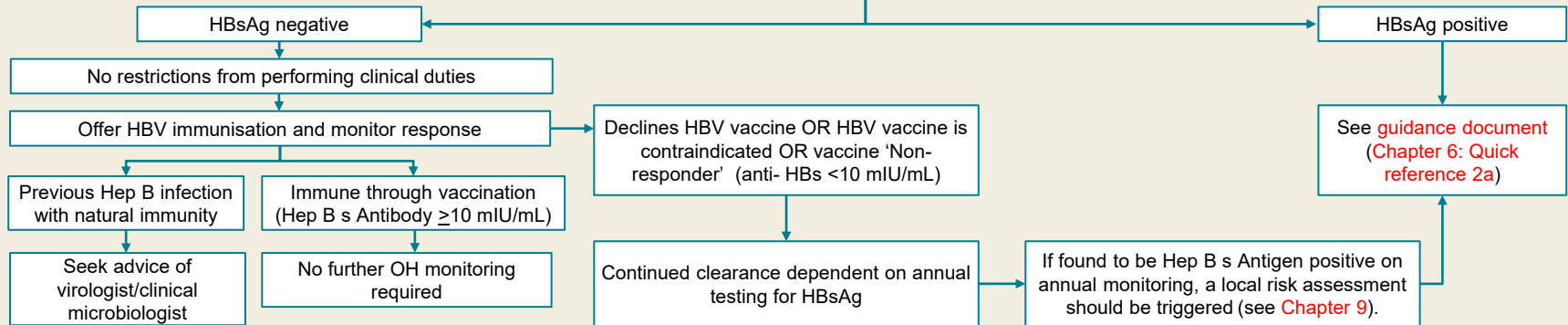


1b) Health clearance for HCWs performing EPP/working in exposure prone environments (Chapter 6)

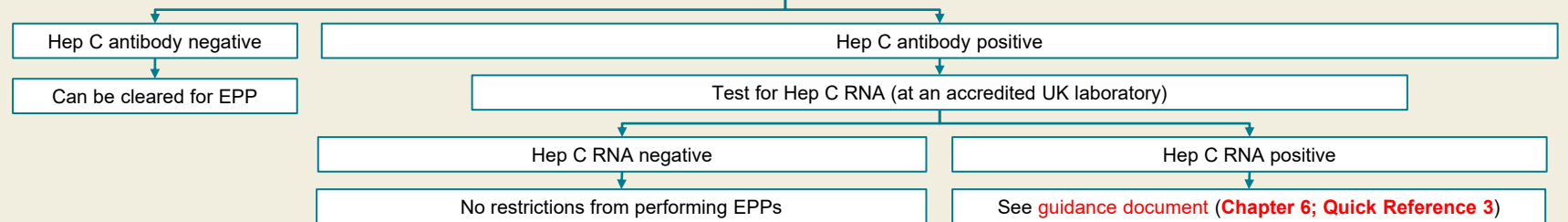
- The decision to clear individual HCWs to undertake **EPPs** is the responsibility of the accredited specialist in occupational medicine in consultation with the treating physician. UKAP may be consulted on the application of the policy, as needed.
- Those commissioning tests to assess the BBV status of HCWs/monitor effectiveness of treatment should ensure that identified and validated samples (IVS) are used. Testing should be carried out by an accredited laboratory that is experienced in performing such tests.
- This flowchart is intended as an aide-mémoire only and should be read in conjunction with the [guidance document](#).
- In the case of any HCW diagnosed with hepatitis B, hepatitis C or HIV, a local risk assessment may be required. A patient notification exercise (PNE) will only be recommended if the risk assessment identifies factors that increase the risk of BBV transmission from the HCW (see **Chapter 9**).

HCW who requires additional health clearance

Test for Hepatitis B surface antigen (HBsAg) (for those performing EPP / working in exposure prone environments or performing clinical duties in renal units)



Test for Hep C antibody (for those performing EPP/working in exposure prone environments)



Test for HIV antibody (for those performing EPP/working in exposure prone environments)



1c) Standard health clearance for all HCWs (including students) who have direct contact with blood, blood-stained body fluids or patient's tissues (Chapter 8)

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HCW who requires standard health clearance

HBV vaccination

Offer immunisation against hepatitis B and tests to check their response to immunisation, including investigation of non-response.

Guidance on immunisation against hepatitis B, which includes information about dosage, protocols and supplies, is contained in the relevant Chapter of the Green Book.

Declining a vaccination for HBV, or non-response to vaccine will not affect the employment or training of HCWs who will not perform EPPs/perform clinical duties in renal units.

Testing for HCV antibody

Offer a pre-test discussion and an HCV antibody test (and if positive, an HCV RNA test), in the context of their professional responsibilities.

Declining a test for hepatitis C, or having hepatitis C will not affect the employment or training of HCWs who will not perform EPPs.

Testing for HIV

Offer an HIV antibody test with appropriate pre-test discussion, including reference to their professional responsibilities.

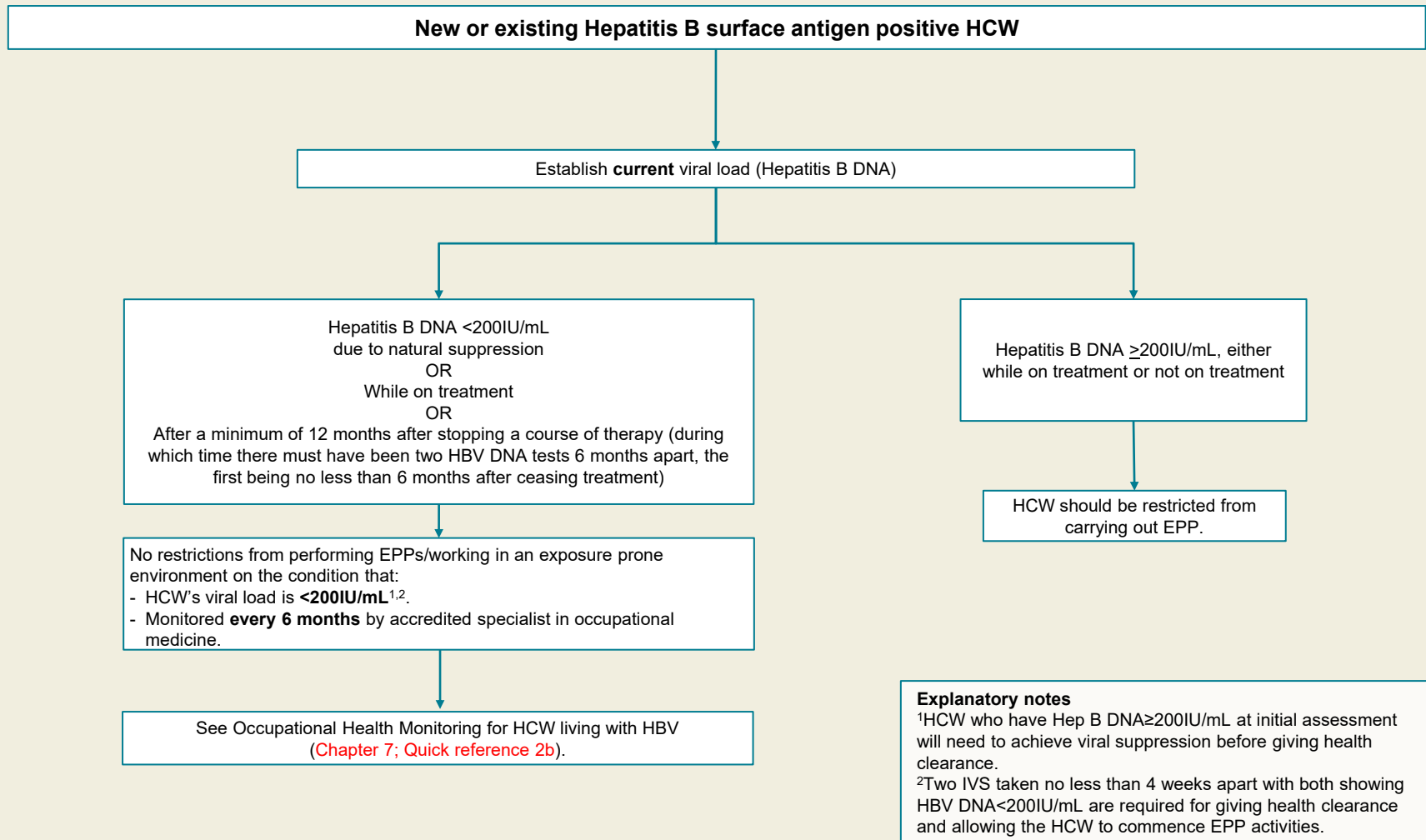
Declining a test for HIV, or having HIV will not affect the employment or training of HCWs who will not perform EPPs. Occupational health physicians should, however, consider the impact of HIV positivity on the individual's susceptibility to other infections when advising on suitability for particular posts.

Restrictions on practice for HCW who do not perform EPP or work in exposure prone environments

HCW living with either hepatitis B, hepatitis C or HIV who do not perform EPP do not require ongoing occupational health supervision.

2a) Guidance for healthcare workers living with Hepatitis B: Initial health clearance (Chapter 6)

- For HCWs who will perform EPPs/work in an exposure prone environment or perform clinical duties in renal units
- The decision to clear individual HCWs to undertake EPPs is the responsibility of the accredited specialist in occupational medicine in consultation with the treating physician. UKAP may be consulted on the application of the policy, as needed.
- Those commissioning tests to assess the BBV status of HCWs/monitor effectiveness of treatment should ensure that identified and validated samples (IVS) are used. Testing should be undertaken by an accredited laboratory.
- This flowchart is intended as an aide-mémoire only and should be read in conjunction with the [guidance document](#).
- In the case of any HCW diagnosed with hepatitis B, hepatitis C or HIV, a local risk assessment may be required. A patient notification exercise (PNE) will only be recommended if the risk assessment identifies factors that increase the risk of BBV transmission from the HCW (see [Chapter 9](#)).



2b) Guidance for healthcare workers living with Hepatitis B: Occupational health monitoring (Chapter 7)

- For HCWs who will perform EPPs/work in an exposure prone environment or perform clinical duties in renal units
- The decision to clear individual HCWs to undertake EPPs is the responsibility of the accredited specialist in occupational medicine in consultation with the treating physician. UKAP may be consulted on the application of the policy, as needed.
- Those commissioning tests to assess the BBV status of HCWs/monitor effectiveness of treatment should ensure that identified and validated samples (IVS) are used. Testing should be undertaken by an accredited laboratory.
- This flowchart is intended as an aide-mémoire only and should be read in conjunction with the [guidance document](#).
- In the case of any HCW diagnosed with hepatitis B, hepatitis C or HIV, a local risk assessment may be required. A patient notification exercise (PNE) will only be recommended if the risk assessment identifies factors that increase the risk of BBV transmission from the HCW (see [Chapter 9](#)).

Occupational health monitoring of HCW living with Hepatitis B

HCW living with Hepatitis B with Hep B DNA <200 IU/mL either from natural suppression, on continuous antiviral therapy or after a minimum of 12 months after stopping a course of antiviral therapy (during which time there must have been two HBV DNA tests 6 months apart, the first being no less than 6 months after ceasing treatment)

Hep B DNA tested every 6 months¹

Where a HCW does not attend for test OR attends but refuses to have viral load tested, HCW should be restricted from EPPs until it is established that they have an up to date viral load <200 IU/mL².

Hep B DNA <200 IU/mL

Hep B DNA ≥200 IU/mL

The HCW should cease conducting EPPs immediately. A second test must be done on a new blood sample 10 days later to verify the viral load:

- If viral load still in excess of 200 IU/mL, the HCW should remain unable to perform EPPs until their viral load returns to being stably below 200 IU/mL in two consecutive tests no less than 4 weeks apart
- If viral load is below 200 IU/mL, then further action should be informed by the test result as above. If test results are unexpected then seek further advice from a local virologist or UKAP secretariat.

A full risk assessment should be triggered³.

Report action taken as a result of increased viral load to UKAP-OHR register.

Explanatory notes

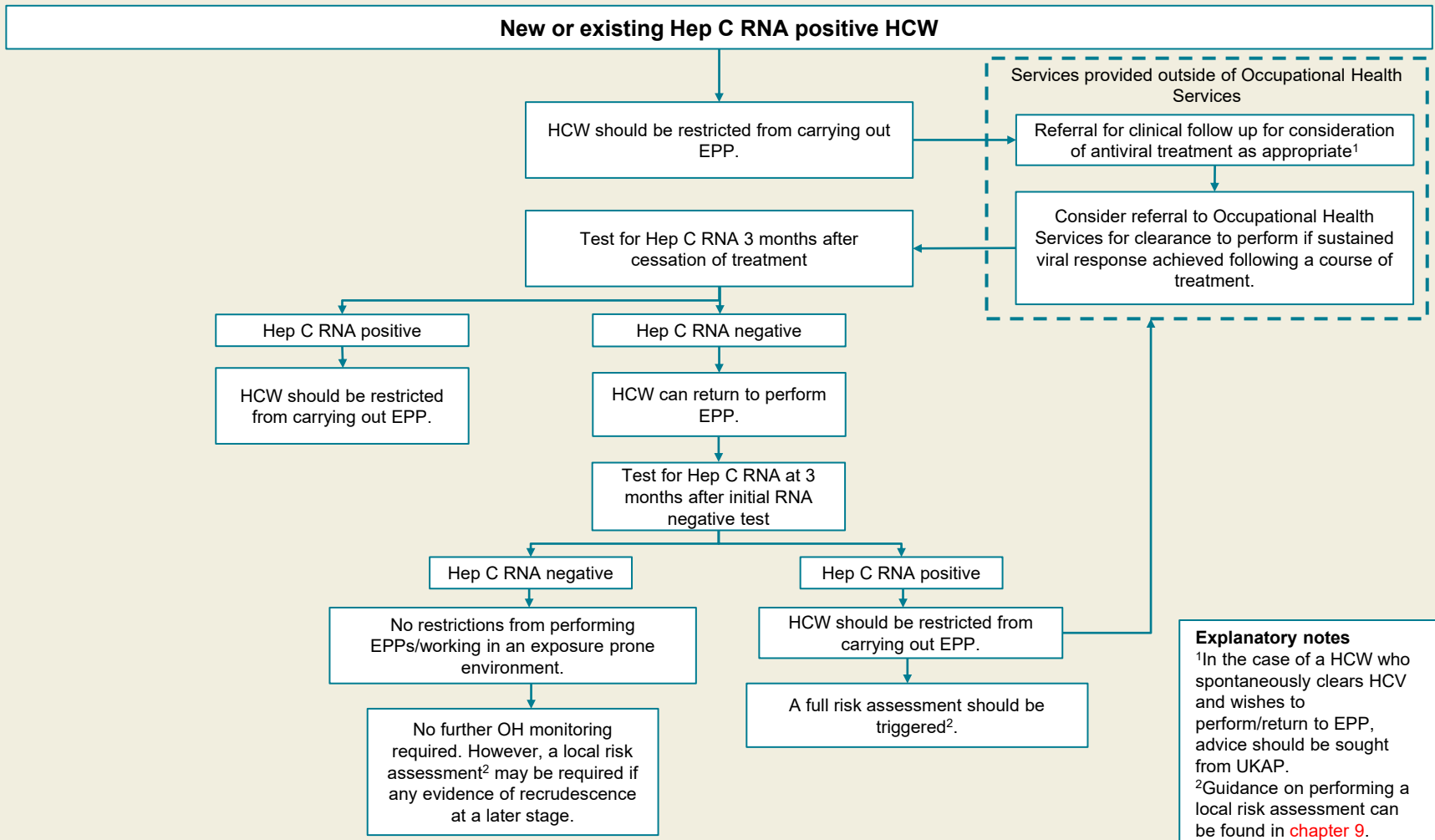
¹6 monthly viral load testing can be performed no earlier than 24, and no later than 28 complete calendar weeks after the date of the preceding specimen taken for occupational health monitoring purposes.

²Resumption of EPP activities following a period of interruption (for whatever reason) requires at least two IVS Hep B DNA <200 IU/mL, no less than 4 weeks apart.

³Guidance on performing a local risk assessment can be found in [chapter 9](#)

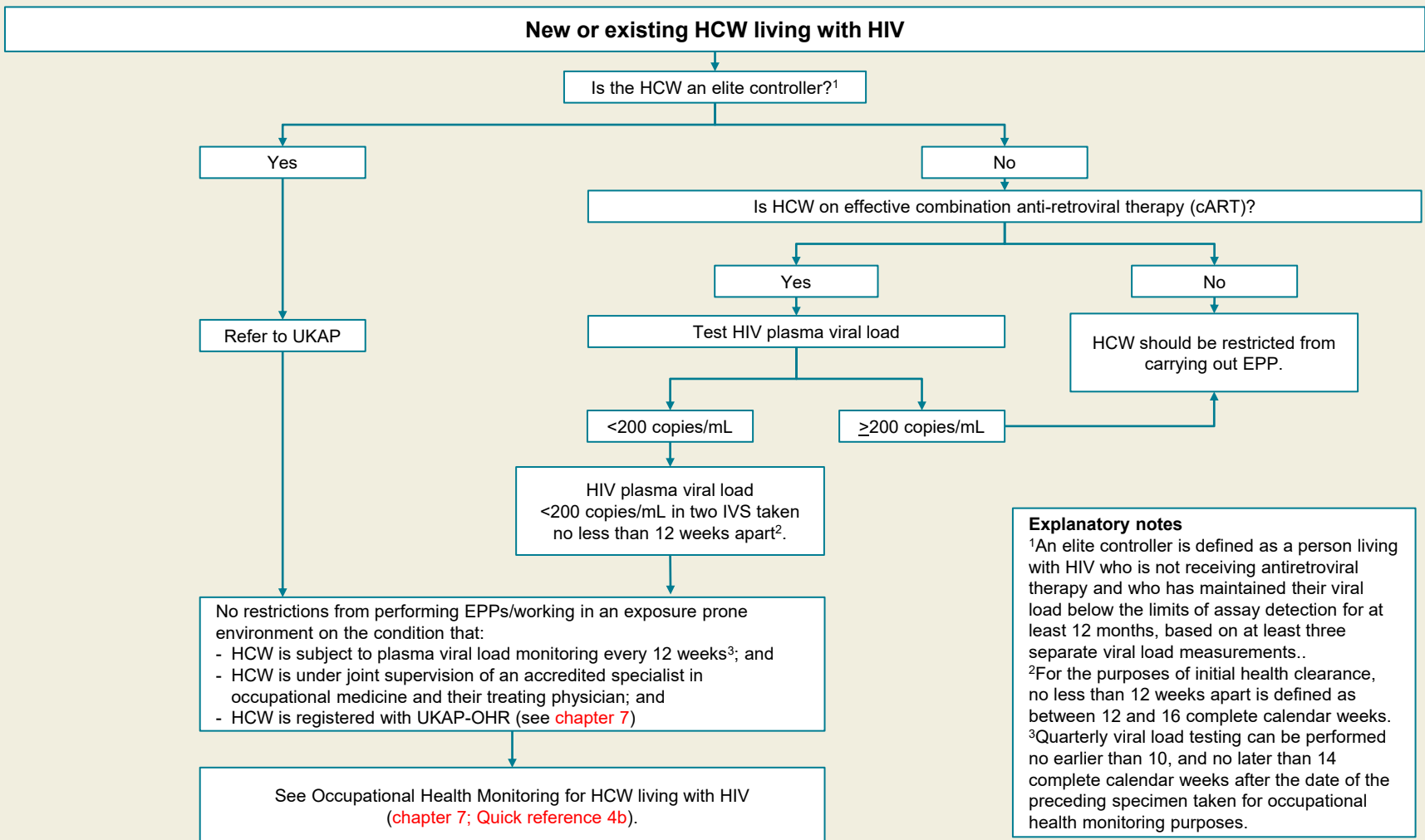
3) Guidance for healthcare workers living with Hepatitis C (Chapters 6 and 7)

- For HCWs who will perform EPPs/work in an exposure prone environment
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- Those commissioning tests to assess the BBV status of HCWs/monitor effectiveness of treatment should ensure that identified and validated samples (IVS) are used. Testing should be undertaken by an accredited laboratory.
- This flowchart is intended as an aide-mémoire only and should be read in conjunction with the [guidance document](#).
- In the case of any HCW diagnosed with hepatitis B, hepatitis C or HIV, a local risk assessment may be required. A patient notification exercise (PNE) will only be recommended if the risk assessment identifies factors that increase the risk of BBV transmission from the HCW (see [Chapter 9](#)).



4a) Guidance for healthcare workers living with HIV: Initial health clearance (Chapter 6)

- For HCWs who will perform EPPs/work in an exposure prone environment
- The decision to clear individual HCWs to undertake EPPs is the responsibility of the accredited specialist in occupational medicine in consultation with the treating physician. UKAP may be consulted on the application of the policy, as needed.
- Those commissioning tests to assess the BBV status of HCWs/monitor effectiveness of treatment should ensure that identified and validated samples (IVS) are used. Testing should be undertaken by an accredited laboratory.
- This flowchart is intended as an aide-mémoire only and should be read in conjunction with the [guidance document](#).
- In the case of any HCW diagnosed with hepatitis B, hepatitis C or HIV, a local risk assessment may be required. A patient notification exercise (PNE) will only be recommended if the risk assessment identifies factors that increase the risk of BBV transmission from the HCW (see [Chapter 9](#)).



Flowchart 4b) Guidance for healthcare workers living with HIV: Occupational health monitoring (Chapter 7)

- For HCWs who will perform EPPs/work in an exposure prone environment
- The decision to clear individual HCWs to undertake EPPs is the responsibility of the accredited specialist in occupational medicine in consultation with the treating physician. UKAP may be consulted on the application of the policy, as needed.
- Those commissioning tests to assess the BBV status of HCWs/monitor effectiveness of treatment should ensure that identified and validated samples (IVS) are used. Testing should be undertaken by an accredited laboratory.
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