



UK Health
Security
Agency

Integrated guidance on health clearance of healthcare workers and the management of healthcare workers living with bloodborne viruses (BBVs) (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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2a) Guidance for HCWs living with hepatitis B: initial health clearance

2b) Guidance for HCWs living with hepatitis B: occupational health monitoring for HCW performing EPP and/or clinical duties in renal units

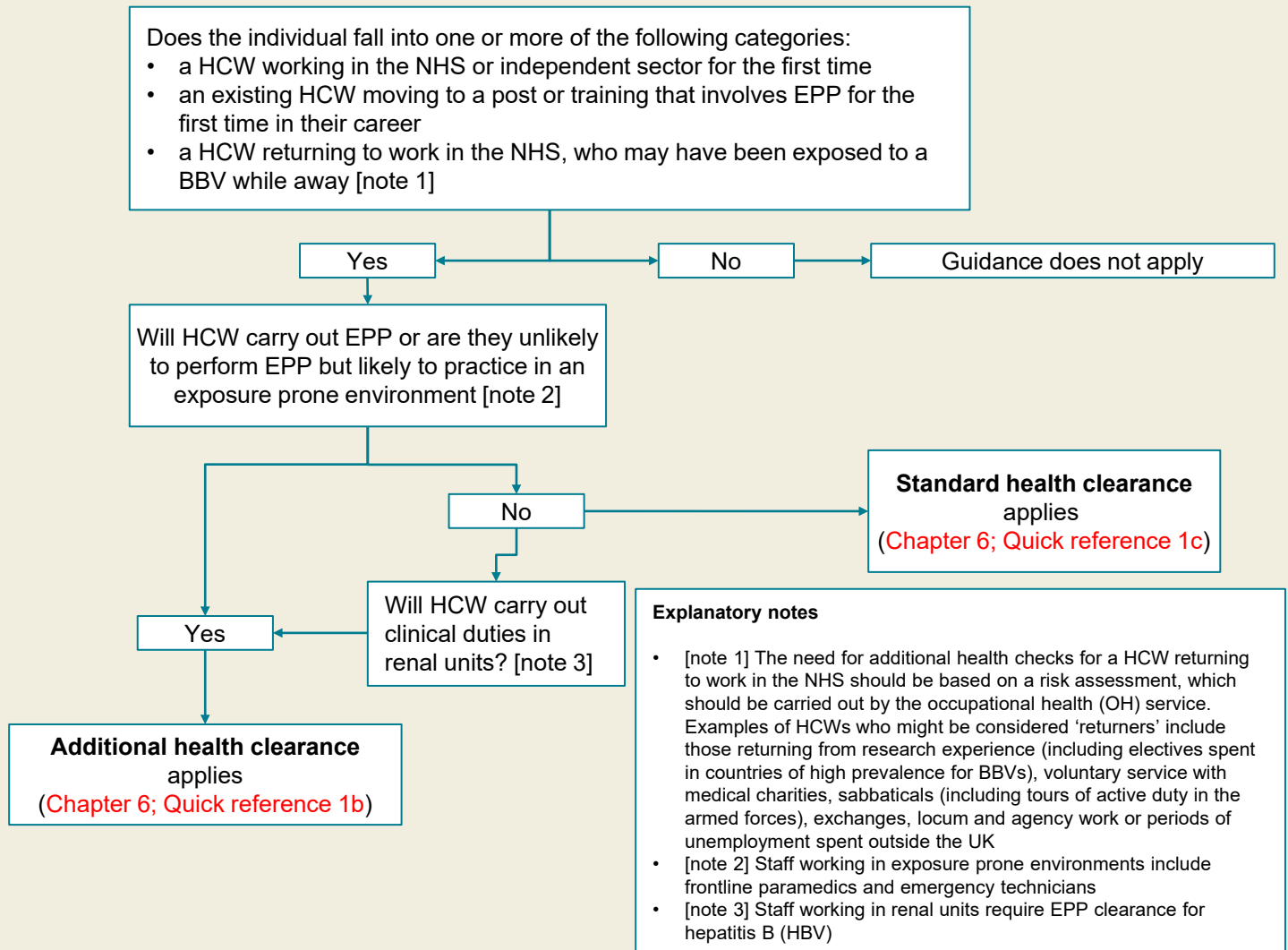
3) Guidance for HCWs living with hepatitis C

4a) Guidance for HCWs living with HIV: initial health clearance

4b) Guidance for HCWs living with HIV: occupational health monitoring for HCW performing EPP

1a) Health clearance for new HCWs: identification of 'new HCWs' (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. United Kingdom Advisory Panel (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](#).

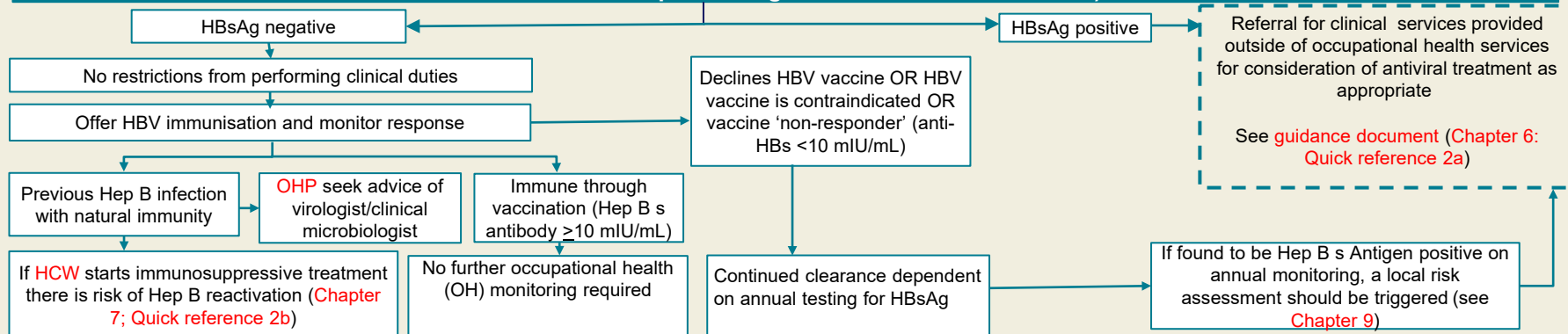


1b) Health clearance for HCWs performing EPP/working in exposure prone environments (Chapter 6)

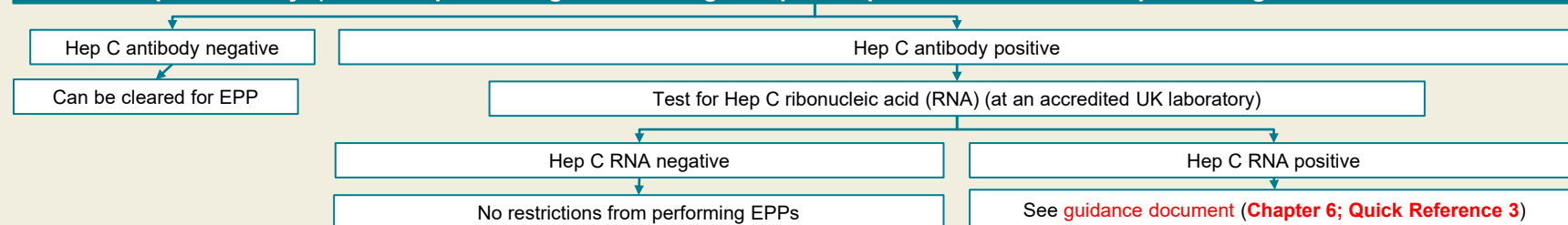
- The decision to clear individual HCWs to undertake EPPs is the responsibility of the accredited specialist in occupational medicine in consultation with the treating physician. UKAP may be consulted on the application of the policy, as needed.
- Those commissioning tests to assess the BBV status of 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

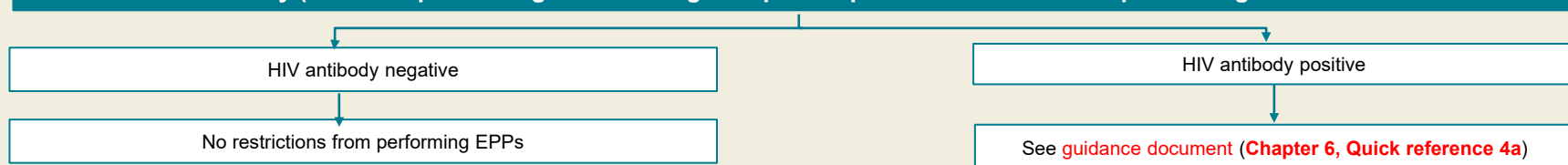
Test for hepatitis B surface antigen (HBsAg) by an accredited laboratory in the UK (for those performing EPP/working in exposure prone environments or performing clinical duties in renal units)



Test for hep C antibody (for those performing EPP/working in exposure prone environments or performing clinical duties in renal units)



Test for HIV antibody (for those performing EPP/working in exposure prone environments or performing clinical duties in renal units)



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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HCWs 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.

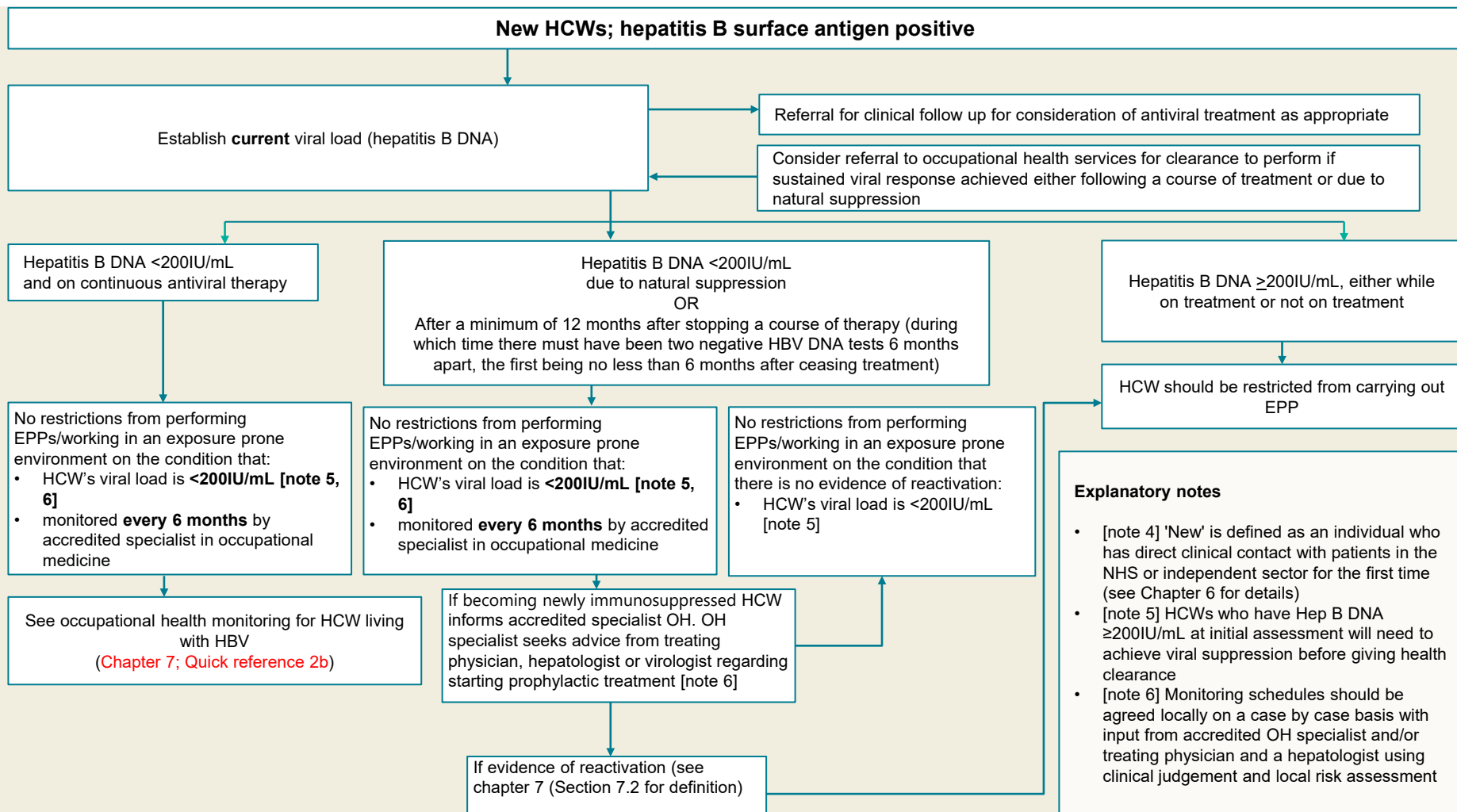
Declining a test for HIV, or having HIV, will not affect the employment or training of HCWs who will not perform EPPs. Occupational health physicians should, however, consider the impact of HIV positivity on the individual's susceptibility to other infections when advising on suitability for particular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

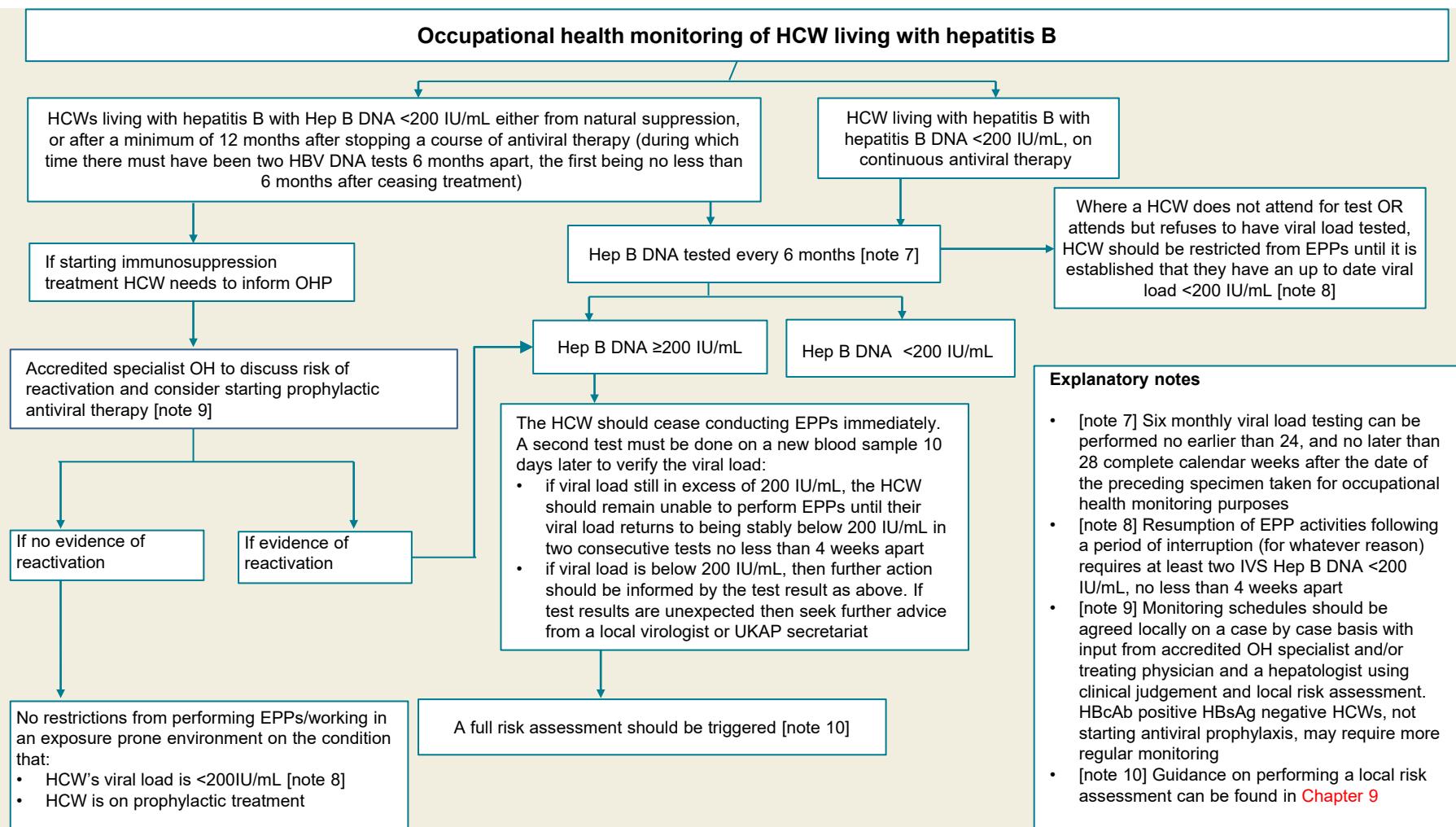
2a) Guidance for HCWs living with hepatitis B: initial health clearance of new HCWs [note 1] (Chapter 6)

- 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 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 PNE will only be recommended if the risk assessment identifies factors that increase the risk of BBV transmission from the HCW (see [Chapter 9](#)).



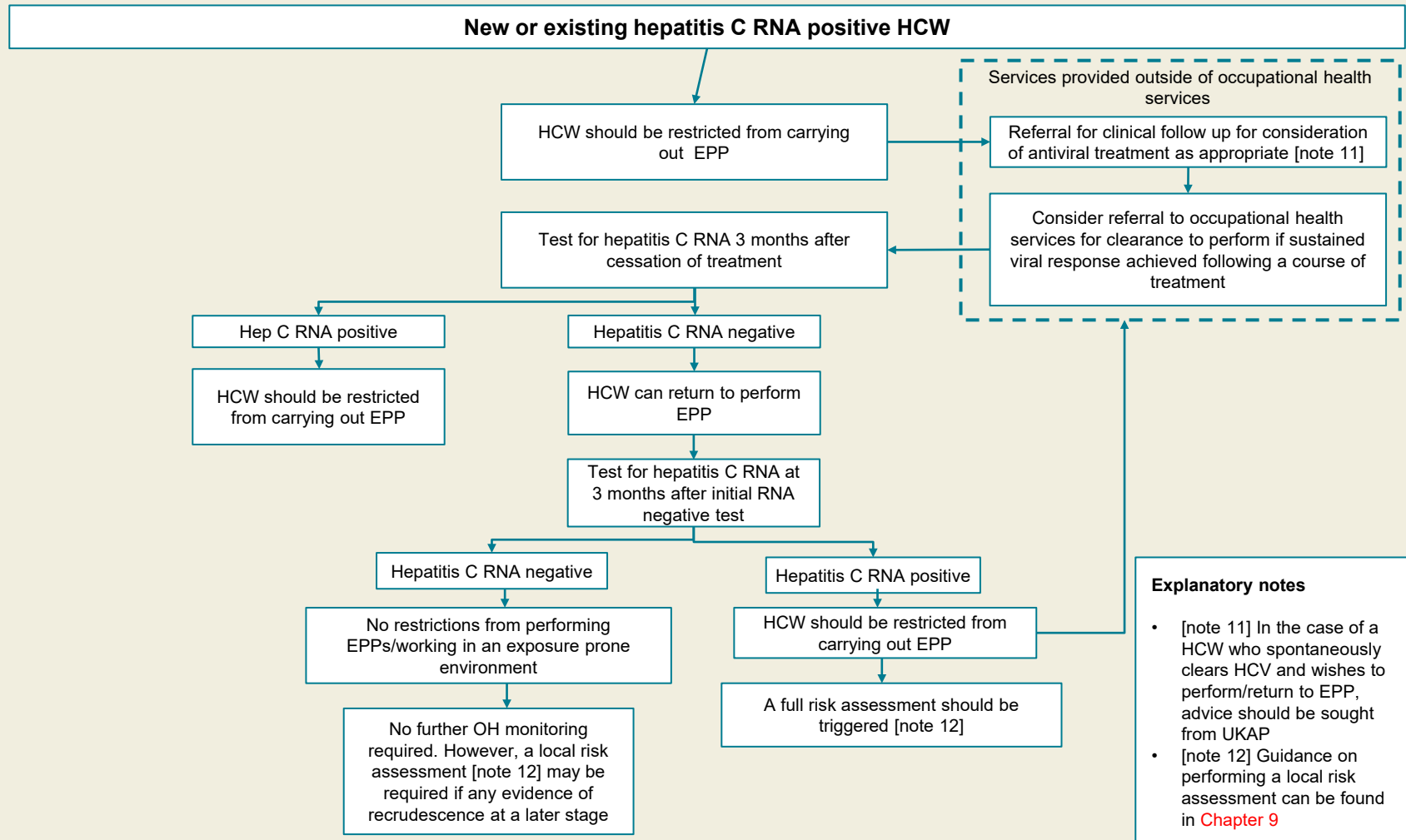
2b) Guidance for HCWs living with hepatitis B: occupational health monitoring (Chapter 7)

- 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.
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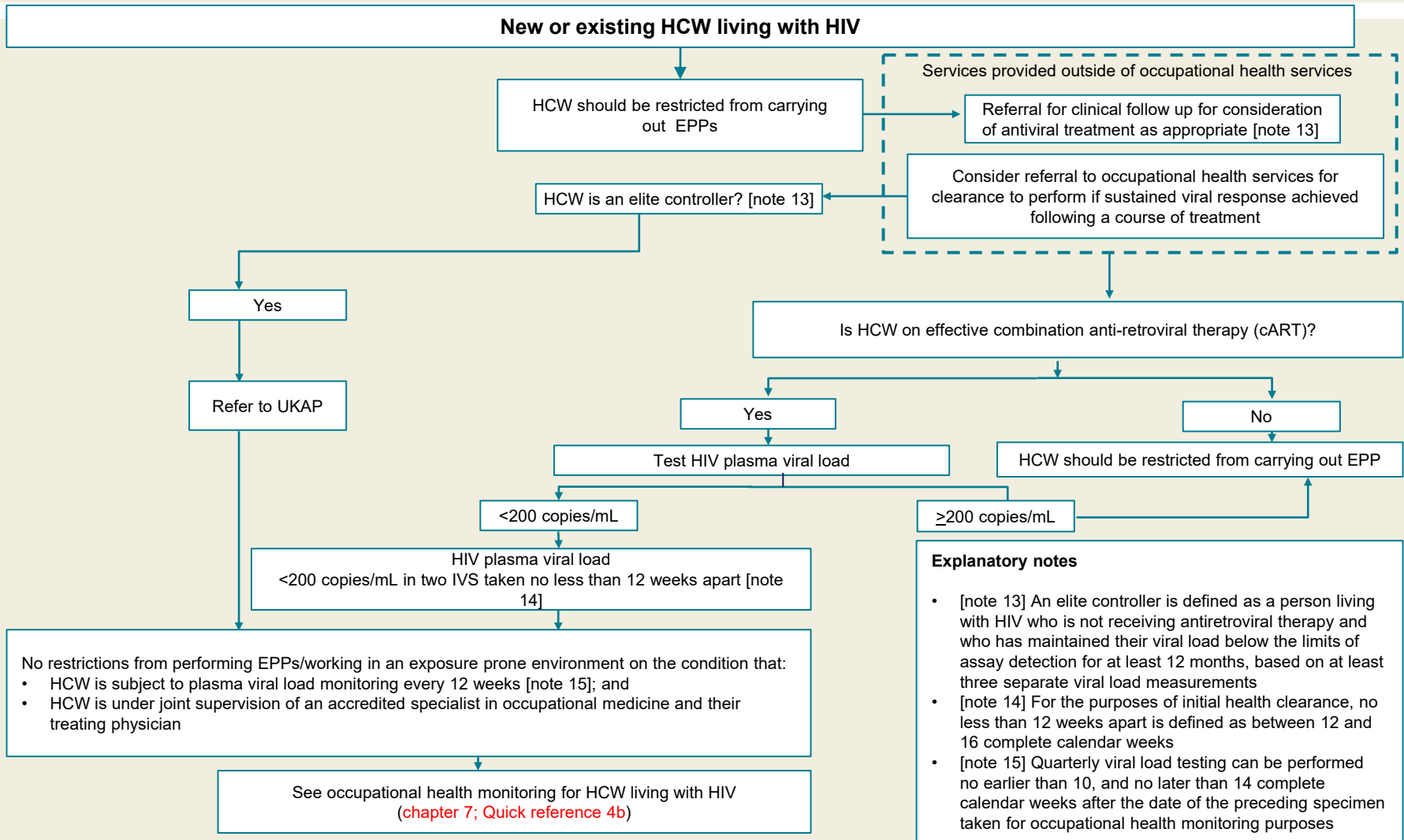
3) Guidance for HCWs living with hepatitis C (Chapters 6 and 7)

- For HCWs who will perform EPPs/work in an exposure prone environment.
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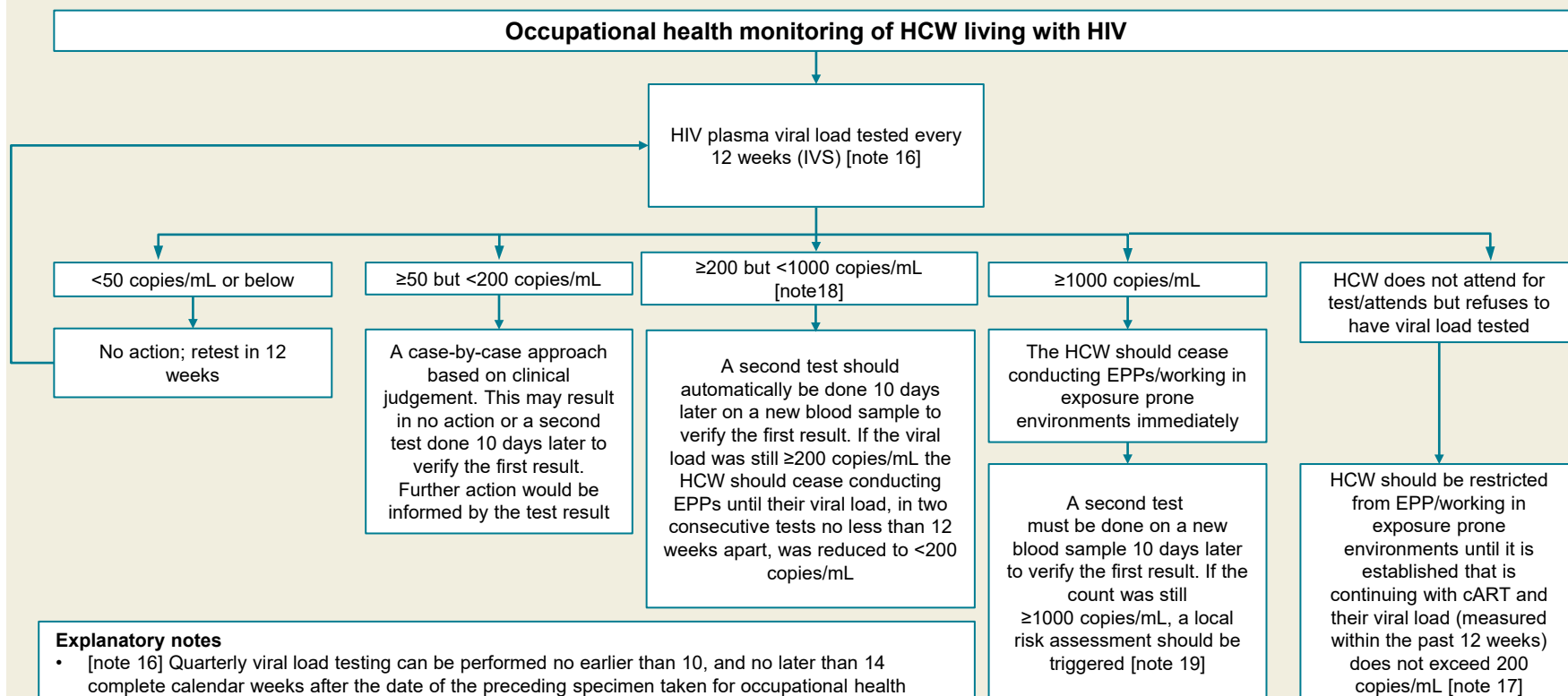
4a) Guidance for HCWs living with HIV: initial health clearance (Chapter 6)

- 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 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 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 HCWs 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 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 PNE will only be recommended if the risk assessment identifies factors that increase the risk of BBV transmission from the HCW (see [Chapter 9](#)).



Explanatory notes

- [note 16] Quarterly viral load testing can be performed no earlier than 10, and no later than 14 complete calendar weeks after the date of the preceding specimen taken for occupational health monitoring purposes
- [note 17] If missed test is not undertaken by 14 weeks from the date the previous IVS was drawn (for whatever reason) then resumption of EPP activities requires at least two viral loads <200 copies/ml, no less than 12 weeks apart
- [note 18] The significance of any increase in plasma viral load above 200 copies/mL and below 1000 copies/mL, should be assessed jointly by the OH and treating physicians with input from appropriate local experts
- [note 19] Guidance on performing a local risk assessment can be found in [Chapter 9](#)