General Osteopathic Council

Osteopathic Practice Committee
12 March 2015
Registrants with Blood Borne Conditions

Classification	Public
Purpose	For decision
Issue	The paper asks the Committee to consider whether the GOsC should introduce new guidance directed at osteopaths with blood borne conditions such as HIV and hepatitis.
Recommendation	To determine whether the GOsC should produce new guidance for registrants with blood borne conditions and the form that any new guidance should take.
Financial and resourcing implications	Met within budget
Equality and diversity implications	An equality impact assessment will need to be prepared in respect of any draft guidance.
Communications implications	In line with our usual practice, the draft guidance would be the subject of a full public consultation before approval by Council.
Annex	The Management of HIV Infected Healthcare Workers Who Perform Exposure Prone Procedures; January 2014
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Background

1. Standard D10 of the *Osteopathic Practice Standards* provides that osteopaths should ensure that any problems with their own health does not affect their patients.

2. The accompanying guidance to this standard states:

   '1. If you know or suspect your physical or mental health to be impaired in such a way that it affects the care you give your patients, consider whether you should:

      1.1 Seek and follow appropriate medical advice on whether, and if so how, you should modify your practice;

      1.2 If necessary, stop practising altogether until your medical adviser judges you fit to practise again.

      1.3 Inform the GOsC so that your registration details can be amended.

      1.4 If you are exposed to a serious communicable disease and you have reason to suspect you are a carrier, you should immediately stop practising until you have obtained advice from an appropriate medical adviser. You should follow any advice you are given about suspending or modifying your practice. You should take all necessary precautions to prevent transmission of the condition to patients.'

3. Standard D11 of the *Osteopathic Practice Standards* provides that an osteopath should be aware of his or her role as a healthcare provider to promote public health.

4. The accompanying guidance to this standard states:

   '1. Promoting public health includes being aware of the following:

      1.1 Your practice premises should be clean, safe, hygienic, comfortable and appropriately equipped. You should ensure that you have appropriate procedures in place in the event of a medical emergency.

      1.2 There are detailed requirements in law for health and safety in the workplace. Further details can be found on the website of the UK Health and Safety Executive.

      1.3 You should have adequate public liability insurance.'

5. The *Osteopathic Practice Standards* do not provide any specific guidance for registrants with blood borne conditions such as Human Immunodeficiency Virus (HIV) or hepatitis, nor do they prescribe the types of treatment that registrants who have such conditions can provide to patients.

6. The GOsC has recently been notified of two osteopaths with HIV. Both cases have illustrated a potential need for the GOsC to produce more detailed or specific guidance for registrants who may have blood borne conditions.

Discussion

7. Where a registrant has a blood borne condition, the greatest potential risk of transmission to patients relates to Exposure Prone Procedures (EPP).

8. EPPs have been defined as 'invasive procedures where there is a risk that injury to the worker may result in exposure of the patient's open tissues to the blood of the worker. These include procedures where the worker's gloved hands may be in contact with sharp instruments, needle tips, or sharp tissues (e.g. spicules of bone or teeth) inside a patient's open body cavity, wound or confined anatomical space where the hands or fingertips may not be complete visible at all times. Such procedures occur mainly in surgery, obstetrics and gynaecology, dentistry and some aspects of midwifery. Most nursing duties do not involve EPPs; exceptions include accident and emergency and theatre nursing.'[1]

9. There is limited data available about the extent of EPPs in osteopathic practice. The 2011 report from KPMG on how osteopaths practice identified within the sample that some 22% of osteopaths undertake what were described as intimate area examinations, which could include EPPs. In addition, in the same survey, 12% of osteopaths said that they used acupuncture as an adjunctive therapy.

10. The Health and Safety Executive provides the following information on its website about the risks of transmission (albeit it from patient to healthcare worker) in health care settings[2]:

    'Contaminated sharps exposure in UK healthcare work is confirmed by Health Protection Agency (HPA) as the most common mode of occupational exposure to blood-borne viruses, though transmission rates remain low, as a proportion of reported incidents.

    The overall risks of the three most common blood-borne viruses being transmitted by an infected patient to a healthcare worker (HCW) have been estimated, as shown in the table below. Hepatitis B is the most readily transmitted virus and human immunodeficiency virus (HIV) the least. Healthcare workers are at greater risk of infection from patients than vice-versa. The UK rates of transmission may appear to be higher than in other countries. This is probably as a result of the more active approach to surveillance and the identification of such cases taken in the UK.

[1] The Management of HIV Infected Healthcare Workers Who Perform Exposure Prone Procedures: Updated Guidance, January 2014. Public Health England. Available at www.gov.uk/phe
[2] http://www.hse.gov.uk/biosafety/blood-borne-viruses/risk-healthcare-workers.htm accessed 3 March 2015

Risk of transmission of blood-borne viruses from patient to healthcare worker

Infection	***Patient to healthcare worker***
Hepatitis B (HBV)	*Up to 30%**
Hepatitis C (HCV)	*1-3%*
HIV	*0.3%*

Note: Risk of transmission above relates to percutaneous injury; data for HBV are based on exposure in unvaccinated individuals. The sharps causing these injuries are variable.

**There is a wide variability in infectiousness of hepatitis B carriers and this rate reflects transmission from Hepatitis B surface antigen positive source.*

The risk of infection after mucocutaneous exposure is much lower. For HIV, the transmission risk after a single mucocutaneous exposure is probably less than one in thousand (0.1%).

There have been recorded cases where infected healthcare workers have transmitted BBVs to patients. Policies exist in the UK to prevent healthcare workers from performing procedures that put patients at risk of infection, and these policies have substantially reduced transmission in this setting. Guidance is available for both existing healthcare workers, and those new to the NHS.

HIV

The number of healthcare workers that have become infected with HIV as a result of workplace exposure is small, considering the frequency of exposure to blood and body fluids in clinical and laboratory work.

The greatest risk to healthcare workers of acquiring HIV is following a percutaneous injury involving a hollow needle that has been in the vein or artery of an HIV positive source patient, especially if that patient has late-stage disease and a high viral load.

Hepatitis B

The number of cases of acute hepatitis B reported in healthcare workers has declined in recent years, due to increased awareness of risk, adoption of safer working practices, and widespread immunisation. The Department of Health and Scottish Government recommends that all employers ensure that healthcare workers, including students, who have direct contact with blood, blood-stained body fluids, or patients' tissues, are offered hepatitis B immunisation, with post-immunisation testing of response. Those who receive a primary course of the

vaccine should be tested for their immune status 1-4 months post-immunisation, to determine if they require further management (if they have not produced an adequately protective response.

Hepatitis C

Transmission of HCV through workplace exposure does occur, with the greatest risk of transmission from patients to healthcare workers being via needle stick injuries and other sharps exposures.

Serological surveys conducted to date show that HCV infection is detectable in healthcare workers but present evidence suggests that the prevalence is low and, in some countries, no higher than that found in the general populations.

Newly employed healthcare workers

New healthcare workers who will perform exposure-prone procedures are required to demonstrate that they are non-infectious for HIV and hepatitis C, and at low risk of transmitting hepatitis B. These clearance checks must be completed before confirmation of an appointment to a post that will require performance of exposure prone procedures.

11. In August 2013, the Chief Medical Officer for England announced a change in policy to remove restrictions on Healthcare Workers (HCW) with HIV practising Exposure-Prone Procedures (EPPs). Public Health England (PHE) has now published interim guidance on the implementation of this policy. A full copy of the new guidance can be found at the Annex.

12. The guidance states that the data available from patient notification exercises 'support the conclusion that the overall risk of transmission of HIV from infected healthcare workers to patients is very low'[3]

13. The guidance goes on to state that all new Healthcare workers employed or starting training (including students) in a clinical care setting, either for the first time or returning to work in the National Health Service 'should undergo standard health checks which will include being offered an HIV antibody test' and that healthcare workers who will perform EPPs 'must be tested for HIV antibody'. According to the guidance, healthcare workers who apply for a post or training which requires the performance of EPPS and who decline to be tested for HIV, hepatitis B and Hepatitis C 'should not be cleared for EPP work.'

14. In relation to healthcare workers who are HIV positive, the guidance sets out the following criteria which healthcare workers must meet before being allowed to perform EPP:

    The Healthcare worker should either

[3] Page 4 of the January 2014 Guidance

a) be on effective combination antiretroviral therapy and have a plasma viral load of less than 200 copies/ml; OR

b) be an elite controller and,

   i. subject to plasma viral load monitoring every three months,

   ii. be under joint supervision of a consultant occupational physician and their treating physician,

   iii. be registered with the UKAP Occupational Health Monitoring Register.

The role of the UK Advisory Panel for Healthcare Workers Infected with Bloodborne Viruses (UKAP)

15. UKAP was set up originally under the aegis of the UK Health Departments' Expert Advisory Group in 1991, and in 1993 its remit was extended to cover health care workers infected with all blood-borne viruses. It's terms of reference are:

    - to establish, and update as necessary, criteria on which local advice on modifying working practices may be based
    - to provide supplementary specialist occupational advice to physicians of healthcare workers infected with bloodborne viruses, occupational physicians and professional bodies
    - to advise individual healthcare workers or their advocates how to obtain guidance on working practices
    - to advise directors of public health on patient notification exercises, where these are indicated, of patients treated by healthcare workers infected with bloodborne viruses
    - to keep under review the literature on occupational transmission of blood borne viruses and revise guidelines as necessary.

16. UKAP gives advice and guidance on healthcare workers infected with HIV, hepatitis B and hepatitis C. The panel also provides support for local incident management teams and maintains a register of infected healthcare workers. This register became operative from April 2014.

17. The Executive would appreciate the views of the Committee as to whether the GOsC should introduce new guidance specifically aimed at registrants with blood borne conditions, and if so, what form and content that guidance should contain.

Recommendation: To determine whether the GOsC should produce new guidance for registrants with blood borne conditions and the form that any new guidance should take.