

Osteopathic Practice Committee 18 June 2015 Advice for Registrants about Blood-Borne Conditions

Classification Public

Purpose For decision

Issue The paper asks the Committee to consult on draft

advice for osteopaths about blood-borne conditions

such as HIV and hepatitis.

Recommendation To agree to consult on the advice at the Annex.

Financial and resourcing None **implications**

Equality and diversity implications

The equality and diversity implications are considered

within the body of the report

Communications implications

The draft advice would be the subject to a limited consultation before publication on the **o** zone.

Annex Draft advice

Author Tim Walker

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Background

- 1. At its meeting on 12 March the Committee considered a paper from the then Head of Regulation which asked the Committee to consider whether the GOsC should introduce new guidance to assist osteopaths with blood-borne conditions such as HIV and hepatitis.
- 2. The Committee agreed there should be further scoping activity to inform the development of draft guidance, including discussion with other relevant groups and organisations and that the guidance be linked to the *Osteopathic Practice Standards* and PCC Guidance. The Committee agreed that following this scoping work, draft guidance should be tabled for consideration by the Committee at a future meeting.
- 3. The Committee also noted that a small number of registrants had requested advice in this area recently, suggesting a need for the Council to issue some sort of guidance.
- 4. The Committee noted the recent developments within the NHS context, and the practice of other bodies including the British Acupuncture Council.
- 5. The Committee made the following comments in discussion:
 - a. It was pointed out there was no onus on osteopaths to be tested. It was understood from informal discussion that at some clinics students have no set guidance on precautions that should be taken. The potential for transmission of blood-borne diseases from the patient to the practitioner was also highlighted.
 - b. It was agreed that there was a need for guidance and that the GOsC should issue some guidance. This might possibly be supplemented by additional guidance from the Institute of Osteopathy (iO).
 - c. However, it was agreed that any guidance must be relevant to, and workable within, the context and formal structures of the osteopathy profession, including the fact that many in the profession were sole practitioners.
 - d. It was suggested that the guidance would be very helpful for those practitioners who might carry blood-borne conditions as well as being useful for the osteopathic education institutions (OEIs) and to students before embarking on their careers.
 - e. It was agreed that any language and terminology in the guidance should be simply expressed and jargon or potentially discriminatory language should be avoided.
 - f. It was agreed the Executive should undertake further discussion with relevant groups such as the Terence Higgins Trust and the Legal Assessors as well as the OEIs.

- g. Members also considered that the guidance should be based on a greater understanding of what osteopaths do in daily practice in terms of the risk relating to blood-borne conditions (types of examination and procedures).
- h. It was noted that the *Osteopathic Practice Standards* covered areas of public health advising what practitioners should be doing in relation to public health but did not cover blood-borne conditions. It was agreed that the guidance should be linked to the *Osteopathic Practice Standards*.

Discussion

The GOsC's guidance

- 6. As noted at the last meeting, Standard D10 of the *Osteopathic Practice Standards* provides that osteopaths should ensure that any problems with their own health does not affect their patients. 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.'
- 7. 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. 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.'

8. 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.

Other regulators' guidance

9. The General Medical Council (GMC) withdrew its guidance on serious communicable diseases in 2006. The principal guidance in this area is contained within Good Medical Practice which states:

'Protect patients and colleagues from any risk posed by your health

- 28. If you know or suspect that you have a serious condition that you could pass on to patients, or if your judgement or performance could be affected by a condition or its treatment, you must consult a suitably qualified colleague. You must follow their advice about any changes to your practice they consider necessary. You must not rely on your own assessment of the risk to patients.
- 29. You should be immunised against common serious communicable diseases (unless otherwise contraindicated).'
- 10. The General Dental Council (GDC) has similar guidance to that of the GMC, which states:
 - 'Standard 9.2: You must protect patients and colleagues from risks posed by your health, conduct or performance
 - 9.2.1 If you know, or suspect, that patients may be at risk because of your health, behaviour or professional performance, you must consult a suitably qualified colleague immediately and follow advice on how to put the interests of patients first.
 - 9.2.2 You must not rely on your own assessment of the risk you pose to patients. You should seek occupational health advice or other appropriate advice as soon as possible.'
- 11. Like the GMC, the GDC previously had quite detailed guidance on cross infection and dealing with transmissible disease (issued in 1997) which has been superseded by this more high-level guidance.
- 12. The Nursing and Midwifery Council issued detailed guidance on HIV in a 'Registrar's Letter' in 1994. This document is no longer available on the NMC's website. The NMC's current Code states:
 - '19 Be aware of, and reduce as far as possible, any potential for harm associated with your practice. To achieve this, you must:

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- 19.3 keep to and promote recommended practice in relation to controlling and preventing infection, and
- 19.4 take all reasonable personal precautions necessary to avoid any potential health risks to colleagues, people receiving care and the public.'
- 13. The British Acupuncture Council does not have specific guidance in this area.

A suggested approach

- 14. Looking at the approach taken by other statutory regulators, there is no prima facie reason why the GOsC should develop additional guidance in this area. The requirements of the *Osteopathic Practice Standards* seem at least as comprehensive as those of other regulators.
- 15. However, given that the majority of osteopaths work outside managed environments and there is no additional guidance available from their professional association, there may be a case for some limited 'soft' guidance in this area. The Executive would prefer this to be considered advice rather than explicit 'guidance' which might suggest an extension to the OPS. This advice should be about blood-borne conditions in general and not just for individuals who may have blood-borne conditions.
- 16. Looking at the detailed guidance that is available from Public Health England, the Department of Health and the Health and Safety Executive, there appear to be four areas that could be addressed:
 - a. The types of condition that are of particular concern
 - b. The types of procedures that are of higher risk
 - c. The precautions required to protect patients
 - d. The precautions required to protect registrants.

These are addressed in more detail below.

- 17. The UK Advisory Panel for Healthcare Workers Infected with Blood-Borne Viruses (UKAP) guidance on *Management of HIV infected healthcare workers performing exposure prone procedures*¹ was published in January 2014. The document makes reference to forthcoming consolidated guidance on HIV, HBV and HCV healthcare workers who conduct exposure prone procedures.
- 18. As this guidance is not available yet available, we have been advised by UKAP that the most up to date guidance is that published by the Department of Health

¹https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/333018/Management of HIV infected Healthcare Workers guidance January 2014.pdf

- in 2007 on *Health clearance for tuberculosis, hepatitis B, hepatitis C and HIV: New healthcare workers.*²
- 19. While this document refers to tuberculosis, it is suggested that the GOsC's advice is limited to hepatitis B, hepatitis C and HIV.
- 20. Any advice in this area needs to reflect the potential risks around osteopathic (and adjunctive) practices and the extent to which it involves Exposure Prone Procedures (EPP).
- 21. EPPs are defined by UKAP 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.'
- 22. In osteopathic practice this is likely to be limited to the following:
 - a. Intraoral examination or technique
 - b. Vaginal or rectal examination or technique
 - c. Acupuncture or dry needling
 - d. Any other therapy requiring the use of needles or other sharps.
- 23. We should be mindful that the UKAP 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'.
- 24. We should also be mindful that the 2007 Department of Health guidance says that the types of procedure outlined at paragraph 22 'are considered *not* to be exposure prone, **provided that routine infection-control procedures are adhered to at all times**'.
- 25. As well as protecting patients, it is also important that registrants' understand how to protect themselves from blood-borne infections. There is existing comprehensive guidance on such matters published by the Health and Safety Executive *Blood-borne viruses in the workplace Guidance for employers and employees.*³

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²http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh_/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_074981.pdf

³http://www.hse.gov.uk/pubns/indg342.pdf

- 26. Taking all these matters into account suggests that any advice produced for osteopaths should be limited, simple and refer to other sources of expert guidance rather than seek to suggest that the GOsC has expertise in this area.
- 27. Draft advice can be found at the Annex.
- 28. This advice is more limited in scope than originally envisaged and therefore it is suggested that only a limited consultation on it is required. This should include the Institute of Osteopathy and the osteopathic educational institutions, as well as HIV and hepatitis patient groups particularly to identify whether any aspects of the guidance have equality and diversity implications.

Recommendation: to agree to consult on the advice at the Annex.

Advice for osteopaths about blood borne infections

- 1. The *Osteopathic Practice Standards* require osteopaths to consider how best to safeguard their own health and the health of others. The relevant standards state:
 - D10 Ensure that any problems with your own health do not affect your patients.
 - 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.'
 - D11 Be aware of your role as a healthcare provider to promote public health.
 - 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.
- 2. We have produced this advice note in response to enquiries from osteopaths who are aware that they have a blood-borne infection, but it provides information that may be of relevance to all osteopaths.
- 3. For the purposes of this document a blood-borne infection is one of the following:
 - a. Hepatitis B virus (HBV)

- b. Hepatitis C virus (HCV)
- c. Human immunodeficiency virus (HIV).
- 4. Guidance from Public Health England in this area refers extensively to Exposure Prone Procedures (EPP). EPPs are 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.'
- 5. The majority of osteopathic practice is unlikely to involve EPPs. However, the following do fall within this definition:
 - a. Intraoral examination or technique
 - b. Vaginal or rectal examination or technique
 - c. Acupuncture or dry needling
 - d. Any other therapy requiring the use of needles or other sharps.
- 6. However, the guidance from the Department of Health is that these procedures are considered <u>not</u> to be exposure prone *provided that routine infection-control procedures are adhered to at all times.*
- 7. Any osteopath who is undertaking any of the procedures identified at paragraph 6 should ensure that they have received appropriate training in infection control, adhere to routine infection control procedures, and keep their knowledge and skills in this area up to date through appropriate CPD.
- 8. The risk of infection of a patient is extremely low, as is the risk of infection of an osteopath by a patient.
- 9. Osteopaths who are concerned about the risks of infection from a patient should consult the relevant occupational guidance from the Health and Safety Executive.

Sources of additional guidance

Public Health England: Management of HIV infected healthcare workers performing exposure prone procedures (2014)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/333 018/Management_of_HIV_infected_Healthcare_Workers_guidance_January_2014.pd f (accessed 28 May 2015)

Annex to 6

Department of Health: Health clearance for tuberculosis, hepatitis B, hepatitis C and HIV: New healthcare workers (2007)

http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_074 981.pdf (accessed 28 May 2015) n.b. this guidance is due to be superseded by new guidance from Public health England in 2015 or 2016

Health and Safety Executive: Blood-borne viruses in the workplace – Guidance for employers and employees (2001)

http://www.hse.gov.uk/pubns/indg342.pdf (accessed 28 May 2015)