Changes to employment restrictions for healthcare workers with HIV

April 2014

Since January 2014 people living with HIV who are on effective treatment will be allowed to become surgeons, dentists and midwives, or work in any other healthcare profession involving 'exposure-prone procedures.'

The change in guidance is the result of an evidence based review conducted by the Expert Advisory Group on AIDS (EAGA), the Advisory Group on Hepatitis (AGH) and the UK Advisory Panel for Healthcare workers Infected with Blood borne viruses (UKAP). NAT was represented as the lay representative on the Expert Advisory Group. The review showed the risk of transmission to a patient from an HIV-infected healthcare worker on effective treatment was extremely low, if non-existent. The findings and recommendations of the report 'Management of HIV-infected Healthcare Workers: The Report of the Tripartite Working Group April 2011' can be downloaded here:


The evidence

The review of evidence was conducted by a number of scientific and expert advisory groups on the current ban on HIV positive people practising ‘exposure prone procedures.’ Exposure prone procedures (EPPs) are defined by the Department of Health as:

‘…those invasive procedures where there is a risk that injury to the worker could result in the exposure of a patient's open tissue to the blood of the worker (bleed-back). These include procedures where the worker’s gloved hands may be in contact with sharp instruments, needle tips, or sharp tissues inside the patient’s open body cavity, wound or confined anatomical space where the fingertips may not be completely visible at all times.’

Dentists, surgeons and midwives all perform exposure prone procedures.
Evidence reviewed by the expert advisory group showed there had never been a reported HIV transmission from a healthcare worker to a patient in the UK, even though there had been over 30 patient notification exercises connected with HIV-infected healthcare workers since 1988 and nearly 10,000 patients tested for HIV. Worldwide there have only ever been four reports of HIV transmission to patients. All of these were before 2001 and in none of these cases were the healthcare workers on HIV treatment.

As a result of the evidence, the advisory group concluded that the risk of HIV transmission from an infected and untreated healthcare worker to a patient during exposure prone procedures is extremely low for the most invasive procedures and negligible for less invasive procedures. The potential risk is reduced much further by effectively monitored antiretroviral drug therapy which reduces an infected individual’s HIV viral load to a very low or undetectable level.

For more information, please see the recommendations of the report available online here:


What this means for healthcare workers

All healthcare workers have an on-going professional duty of care to patients to seek medical advice on the need to be tested for HIV if they think they may have been exposed to risk of infection.

If a healthcare worker is found to be HIV positive, they should seek medical and occupational health advice on the need to modify working practices in line with the guidance.

What this means for people living with HIV

As with the current policy (Department of Health 2007), if new healthcare workers (including trainees and students) want to go into a profession involving EPPs, they will be tested for HIV infection early in the recruitment and admissions process in addition to being tested for other blood borne viruses (BBVs) such as hepatitis B and hepatitis C.

However, people living with HIV will no longer be restricted from a career which involves EPPs such as dentistry, surgery and midwifery.

The proposed implementation framework from the Department of Health and the Expert Advisory Group is that before healthcare workers with HIV are able start or resume EPP work, they will be expected to prove that they:

- Are on combination antiretroviral drug therapy (cART);
- Have an undetectable viral load (< 200 copies/ml on two consecutive plasma samples)
- Are regularly monitored every three months by their treating HIV physician and an occupational health physician to confirm that the viral load remains undetectable.

If the healthcare worker’s viral load rises significantly above 200 copies/ml, they would be restricted from EPP work until the viral load returns to being stable at that level. Clearance by a consultant in occupational

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2 Such as open cardiac surgery, hysterectomy or caesarean section

3 Such as local anaesthetic injection in dentistry, routine tooth extraction or appendicectomy

medicine to resume EPP work will be determined on a case-by-case basis, depending on the reasons for the viral load breaching the threshold and the viral load level reached.

Next steps

In January 2014, PHE released new guidance covering the management of healthcare workers living with HIV:


The full guidance on the management of healthcare workers with HIV and other blood borne viruses, including hepatitis B and C, is expected to be finalised by April 2014. Occupational Health Departments will use this guidance to implement the new process.

The Department of Health has also committed to establishing a confidential database in order to record viral load levels of healthcare workers with HIV and to ensure they are able to practise. This is expected to be in place by the end of April 2014. An interim paper based registration system is currently in place and you can download the form here: http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317140692194

The national monitoring database will be implemented by Public Health England in their HIV/STI Department. The responsible officer will be the Medical Secretary for UKAP.

Public Health England will ensure any information uploaded to the database is given with the consent of the healthcare worker and that personal information is kept confidential and secure in line with Caldicott and Data Protection principles. Access to the register will be restricted to those administering it and to occupational health physicians, who will have to apply for secure access. Occupational health will only be able to access the records of healthcare workers in their care and, similarly, only with their consent.

Where to go for more information

For more information on the implementation of the new guidance on healthcare workers with HIV please visit:


Your rights as a HIV Positive Healthcare Worker

If you disclose your HIV status, or you have tested positive during healthcare clearance, you have important rights:

- You have a right to confidentiality. Information about your health should only be disclosed to others with your consent. For example, if you test positive for HIV and your daily duties have to be changed temporarily, occupational health cannot tell your manager why this is without your consent.
- You have a right to reasonable adjustments; your employer should do what it can to ensure that you are able to work well in the job. For example, you might need time off every three months in order for your viral load to be monitored and tested.