

Foundation doctors with blood-borne virus infection

NORTH THAMES FOUNDATION SCHOOL POLICY

Introduction

The North Thames Foundation Schools are committed to supporting the training of foundation doctors (FDs) with blood borne virus (BBV) infection, while recognising that patient safety must not be compromised.

Most foundation training programmes include posts in which exposure prone procedures (EPPs) are common, and these posts are therefore unsuitable for doctors with BBVs. Suitable training programmes can be identified or developed, but need to be planned in advance.

This policy aims to facilitate the careful planning of foundation training for doctors who have blood-borne virus infection and are consequently unable to perform EPPs. The cornerstone of successful planning is early communication between the FD, the Foundation School Director and occupational health.

Background

The three common BBVs are hepatitis B, hepatitis C and HIV.

Medical students and doctors with BBV infection can train and work as doctors with appropriate adjustments to their training and work. Such adjustments must take account of professional standards set by the General Medical Council (GMC) and legal requirements relating to disability discrimination, as set out in the Disability Discrimination Act.

<http://www.direct.gov.uk/en/DisabledPeople/Employmentsupport/YourEmploymentRights/index.htm?CID=DWP&TYPE=Sponsoredsearch&CRE=YourEmploymentRights>

The GMC documents *Tomorrow's Doctors* 2003, paras 80 – 81 and *Tomorrow's Doctors* 2009 para 23 (weblinks below) set out the responsibilities of medical students. Students with BBVs should seek appropriate advice from Occupational Health or other suitably qualified professionals, and must not allow their own health or conditions to put patients and others at risk.

http://www.gmc-uk.org/education/undergraduate/tomorrows_doctors_2003.asp

http://www.gmcuk.org/education/undergraduate/undergraduate_policy/tomorrows_doctors/tomorrows_doctors_2009.asp

The same is emphasised in the GMC guidance *Medical Students: professional behaviour and fitness to practise*, paras 35 - 38. It states 'be aware that they

(students) are not required to perform exposure prone procedures (EPPs) in order to achieve the expectations set out in Tomorrow's Doctors; students with blood-borne viruses (BBVs) can study medicine but they should not perform EPPs; they may have restrictions on their clinical placements; they must complete the recommended health screening before undertaking EPPs; and they must limit their medical practice when they graduate'.

http://www.gmc-uk.org/education/undergraduate/undergraduate_policy/professional_behaviour.asp

The GMC's Gateways to the Professions guidance http://www.gmc-uk.org/education/undergraduate/undergraduate_policy/gateways_guidance/8_confidentiality_and_disclosure.asp

makes clear that during the application and induction process, trainees should be informed of the importance of disclosure and be assured of confidentiality and their safety in complying. It also says that providers of postgraduate training should develop policies to ensure that they share information about a disabled trainee's requirements and the reasonable adjustments that might be made, but that they must protect the confidentiality at all stages and limit information to those who need it.

Definition of Exposure Prone Procedures

Certain invasive procedures can lead to BBV transmission; these are termed exposure prone procedures (EPPs) and must be avoided by health care workers with BBVs. Guidance on EPPs and on BBVs and healthcare workers are provided by the UK Advisory Committee for Healthcare Workers infected with blood-borne viruses (UKAP) which is part of the Health Protection Agency (HPA).

[\(http://www.hpa.org.uk/HPA/Topics/InfectiousDiseases/InfectionsAZ/1203496960618/\)](http://www.hpa.org.uk/HPA/Topics/InfectiousDiseases/InfectionsAZ/1203496960618/)

Exposure prone procedures (EPPs) are those 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 procedures include those where the worker's gloved hands may be in contact with sharp instruments, needle tips or sharp tissues (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 completely visible at all times.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/Browsable/DH_5368137

Exposure prone procedures in foundation training

In practice, the only exposure prone procedures that are likely to be part of a foundation doctor's duties are:

1 Surgery / obstetrics / gynaecology

An EPP-restricted foundation doctor will be unable to carry out surgery or scrub to assist in theatre. An EPP-restricted person can observe in theatre.

- 2 Some **specialised access procedures** which may be performed outside of theatre eg skin tunnelling or arterial cut downs, may be exposure prone dependant on the technique used

- 3 Some initial assessments or treatments of **major trauma**, eg
 - a) Open limb fracture where, in exploring the wound, a finger could be injured on a spicule of broken bone
 - b) Rectal or vaginal examination of a casualty with a possible pelvic fracture

Procedures which can be safely undertaken by EPP-restricted doctors or students (includes all the core clinical and procedural skills required by the GMC as outcomes for provisionally registered doctors before they are eligible to apply for full registration)

- Venepuncture and intravenous cannulation
- Use of local anaesthetics
- Arterial puncture
- Blood cultures
- Giving injections
- Preparing and administering intravenous medications and infusions
- Performing ECG
- Rectal or vaginal examination
- Examination of the oral cavity (unless risk of biting)
- Aspirations
- Lumbar puncture
- Needle biopsies (excluding trans-rectal biopsy of the prostate)
- Endotracheal intubation and airway care
- Urethral catheterisation
- Minor surgical procedures such as excision of sebaceous cysts and skin lesions and cauterisation of skin warts do not usually constitute EPPs

Additional consideration should be given to the following procedures

- Cardio-pulmonary resuscitation: an EPP-restricted doctor is able to undertake mouth-to-mouth resuscitation, but in circumstances where another competent doctor can give mouth-to-mouth ventilation, then the EPP-restricted doctor should manage another aspect of the resuscitation
- Insertion of a chest drain may or not be an EPP, depending on how it is performed

Scope of Restrictions

The DH guidance '**Health clearance for tuberculosis, hepatitis B, hepatitis C and HIV: New healthcare workers**' summarises the duties considered to be EPPs in each speciality.

Posts vary, however, and so there should be an individualised appraisal of the duties, and restrictions agreed if necessary between the EPP restricted worker, consultant OH physician, director of medical education / foundation training programme director and the senior clinician of the team.

There should also be clear agreement on restriction in related areas, such as where the doctor has to provide cross cover to other firms or to a colleague in their firm or another firm, on-call duties, or take part in a trauma team,

Disability Discrimination Act

Under the DDA, it is unlawful for employers to discriminate against disabled people for a reason related to their disability, in all aspects of employment, unless this can be justified. Examples of adjustments that might need to be considered in the case of a doctor infected with BBVs are:

- allocating some work to someone else
- transferring to another post or another place of work
- being flexible about hours - allowing different core working hours and to be away from the office for assessment, treatment or rehabilitation
- providing training or retraining if it is no longer possible to do the current job any longer

Training for foundation doctors with BBVs

The diagnosis of a BBV may be made before or during medical school, or by occupational health screening at entry to employment. The guidance for medical schools is available from:

<http://www.medschools.ac.uk/AboutUs/Projects/Documents/BBVsGuidanceFeb2008.pdf>

It states that it is important to ensure that protocols for testing of medical students for BBVs, and the management of those testing positive, align with the DH requirements. In this way vaccination and clearance status for EPPs may, with consent, be transferred on a strictly confidential basis to the NHS Occupational Health Service after graduation.

Foundation programmes for doctors with BBVs will often need to be adjusted to enable the FD to avoid doing EPPs, with some programmes or posts being more suitable than others. It is therefore preferable that foundation schools are aware of incoming doctors **in advance** of allocation to posts to enable such adjustment, rather than trusts only becoming aware of such information at the time that the doctor starts a potentially unsuitable post.

Doctors with a BBV infection may be cautious about divulging such information. The sharing of information with foundation schools will be voluntary but should be encouraged by a memorandum of understanding that there is intent to support doctors and that information sharing will be on a need to know basis.

Thus, doctors who are aware that they have a BBV should therefore inform the relevant North Thames Foundation School Director **at the time of entry**, so that an appropriate programme can be provided, or necessary changes made to an existing programme. The NTFs Directors are happy to arrange a confidential meeting to discuss this in more detail. Once a programme has been identified, contact should also be made with the relevant trust occupational health service to conclude any pre-employment health assessment requirements in advance of taking up the post.

Very rarely, infection could also potentially be acquired through a 'sharps' or needlestick injury. It is therefore important that all medical students and doctors report needlestick or sharps incidents and seek advice as prompt prophylaxis can

reduce the risk of infection to them as well as enable informed choice for patient protection, should sero-conversion take place.

Good Medical Practice outlines the responsibilities of a doctor registered with the GMC to protect the health of patients http://www.gmc-uk.org/guidance/good_medical_practice/health.asp

Pre-employment screening and communications

Systems should be in place for ensuring patient safety while recognising the medical confidentiality of the foundation doctor.

Trust occupational health (OH) departments are familiar with the standards for pre-employment screening for EPP work, as well as the need for identity validated sampling of blood when testing for markers of infection. .

It is also an OH responsibility to ensure that information about doctors not cleared for EPPs is communicated appropriately. In some trusts the system to communicate restrictions on EPPs between OH, human resources (HR), and those with responsibility for clinical supervision and management is not clear. Poor communications may be exacerbated by high staff turnover in the relevant departments.

Recommendations for communication:

- There should be a multi-layered system to ensure the appropriate allocation of doctors with a BBV to an agreed training post.
- Best practice comprises:
 - 1 The FD arranges a confidential meeting with the relevant NTFS Director at the time of entry into the FS and before programmes are allocated. At the meeting the FD's training, together with disclosure and confidentiality, will be discussed. The FD's consent to inform the DME / FTPD of their employing trust/s will be sought.
 - 2 The relevant NTFS Director informs the DME / FTPD and occupational health department of the employing trust in advance to ensure that there is sufficient time available to make any adjustments required
 - 3 The trust DME / FTPD in turn communicate with the relevant educational supervisor. Health clearance with restrictions would be given by the Trust OH. This would be communicated via medical staffing to the DME / educational supervisor.

Management of a 'EPP restricted Worker' during employment

There should be clear agreement between the employee, educational supervisor, DME / FTPD and OH physician on monitoring arrangements.

- There should be a review by the educational supervisor, reporting to the DME / FTPD, after 4 - 6 weeks to ensure that safeguards in place to protect the patients are working well during routine, cross cover and on-call work.

- The EPP restricted doctor should receive appropriate educational and psychological support, as required.
- The adjustments required in the next placement either within the same department, same hospital or in another hospital should be made by liaising with senior colleagues with the informed consent of the EPP restricted worker. This is the responsibility of the DME / FTPD and foundation school director, respectively.
- The OH physician should ensure that the EPP restricted doctor is under the care of a specialist for the BBV infection as appropriate. Further adjustments to work may be required either to protect the doctor's health, to accommodate treatment or to support impaired work capacity, for example if he or she has progressive illness increasing susceptibility to tuberculosis.

Confidentiality

The only information required by those outside OH is that the doctor is restricted from EPP work. They need not know the medical reason for this and attempts should not be made to find out the reason or to make assumptions. The occupational physician and any other relevant person should treat all medical and personal information provided in confidence sensitively. Guidance about medical confidentiality from the GMC, Faculty of Occupational Medicine and DH should be strictly followed. The GMC's guidance in relation to communicable diseases is on:

http://www.gmc-uk.org/static/documents/content/Confidentiality_disclosing_info_serious_commun_di_seases_2009.pdf

Occupational Health assessments

The employer has a duty of care to the EPP restricted worker, other employees and the patients. It is essential that the EPP restricted doctor fully co-operates both with OH assessment and in the communication of sufficient information to safeguard the interest of all parties.

Occupational health assessments are concerned with the effects of health on work as well as work on health. An occupational health practitioner has a responsibility to provide independent advice to the EPP restricted worker and to the employer.

Duties of the Employee

The EPP restricted doctor should declare the full details of the illness in the confidential pre-employment health questionnaire.

S/he should give informed consent to OH obtaining relevant medical information from the treating specialist or the occupational health service of the previous organisation.

S/he should co-operate with the consultant occupational physician in ensuring that the modifications and adjustments to duties are in place to ensure the safety of patients.

S/he should inform the consultant occupational physician of any changes to his/her health so that a review of the existing arrangements could be made.

S/he must report any incidents where s/he has undertaken EPP, as well as report incidents where the open tissues of a patient or colleague might have been exposed to his/her blood or body fluids, so that immediate prophylactic treatment can be offered to the exposed individual.

If potential exposure has occurred, s/he must co-operate with the consultant occupational physician on the assessment of the need for a look-back exercise.

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