Company Name: Integrative Supported Living Care



Policy No: 03-4214

Authorised: Pellagia Margolis

Date: 15/01/2020

PREVENTION OF HEPATITIS B VIRAL INFECTIONS (HBV)

The purpose of this Policy is to ensure that procedures are in place to achieve 2 key objectives:

- To identify staff who are not immune to hepatitis B (HBV), and to provide immunisation to protect them against infection which could be acquired during their work duties.
- To identify any infected employee whose duties involve "Exposure Prone Procedures" (EPPs), and who may present a risk to service users, and to take appropriate action.
- 1. DEFINITIONS & PRINCIPLES INVOLVED:
 - 1.1 *Hepatitis B* (HBV) is an infection of the liver caused by the hepatitis B virus. The virus is transmitted by parental exposure to infected blood or body fluids.
 - 1.2 Exposure Prone Procedures (EPPs) are those where there is a risk that injury to the employee may result in the exposure of the service user's open tissues to the employee's blood. They include those where the employee's gloved hand may be in contact with sharp instruments, needle tips and sharp tissues (such as teeth or bones), inside a service user's open body cavity, wound or confined anatomical space where the fingertips may not be completely visible at all times.
 - 1.3 *Non-Exposure Prone Procedures* (NEPPs) are those where the employee's hands and fingertips are completely visible at all times, and internal examinations and procedures that do not require the use of sharp instruments are not considered to be exposure prone, providing that good infection control practices are followed. Examples of NEPPs include venepuncture, setting up intravenous lines, minor surface suturing and uncomplicated endoscopies.

This Policy should be read in conjunction with Policy No 4211 - Needlestick Injury - which sets out the procedure to be followed in the event of sharps injury involving possible exposure to the HBV.

2. STAFF AT RISK:

- 2.1 All staff in regular contact with service users, blood, blood products and tissues contaminated with blood are at risk of infection. All employees undertaking EEPs are also at risk of transmitting infection.
- 2.2 All staff involved in duties outlined in clause 2.1 above are required to complete a *Vaccination Heath Questionnaire* (ref *Form No 4-205*) prior to employment. This questionnaire includes questions about hepatitis and previous immunisation history, and any offers of employment will be subject to satisfactory medical clearance which includes hepatitis B.

3. IMMUNISATIONS:

- 3.1 All prospective employees who have not previously been vaccinated against hepatitis B, and whose duties will involve carrying out EPPs, must present themselves for assessment of their HBV status. This assessment will include a blood test and if no natural immunity against HBV is indicated an accelerated vaccination programme will be commenced as a condition of employment.
- 3.2 Full immunisation against HBV is a 3-stage process of injections with the hepatitis B vaccine spread over a 4 6 month period. One month after the third dose a full blood test will be required to check that the vaccinations have worked. If successful the employee will be HBV-resistant (immune) for at least 5 years.

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- 3.3 Five years after the initial injection, a booster injection is recommended. Details of all injections given are maintained in the employee's personal records.
- 3.4 Any healthcare worker whose duties involve EEPs and refuses to be tested for HBV immunity will be considered as being e-antigen positive for HBV, and managed accordingly. Similarly, staff members who refuse an offer of immunisation against HBV will be advised of the potential risks and will be required to sign a document (*Form No 4-206 Vaccination Refusal Form*) to this effect.
- 3.5 As with any medical condition, strict confidentiality of the employee's HBV status will be maintained in accordance with the Organisation's Record-Keeping and Confidentiality Policies

FORMS REFERENCES:

Form No: 4-205 *Hepatitis B Viral Infections* - Pre-Vaccination Health Questionnaire & Consent Form *Form No:* 4-206 *Hepatitis B Viral Infections* - Vaccination Refusal Form