The management of HIV-infected healthcare workers in Scotland

Consultation Paper
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Public Health Division, Scottish Government
The management of HIV-infected healthcare workers in Scotland: Consultation Paper

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Executive summary

1. A tripartite working group of the Expert Advisory Group on AIDS, the UK Advisory Panel for Healthcare Workers Infected with Blood-borne Viruses and the Advisory Group on Hepatitis has reviewed current national guidance, which applies UK-wide, on the management of healthcare workers infected with HIV, hepatitis B and hepatitis C. This consultation paper seeks views on recommendations from the working group for changes to the current policy on HIV-infected healthcare workers. The working group’s report is being published alongside this consultation paper.

2. National guidance restricts HIV-infected healthcare workers from performing clinical procedures, known as “exposure prone procedures” to protect patients from the risk of infection\(^1\). Such procedures, which occur mainly in specialties such as surgery, obstetrics and gynaecology, dentistry and some aspects of midwifery and specialist nursing, carry a risk that the healthcare worker could injure themselves and bleed into the patient’s open tissues, with a consequent risk of infection. The tripartite working group has established that few other countries appear to have similar restrictions (Australia, Ireland, Italy and Malta).

3. There have only been four reported incidents world-wide of HIV transmission from an HIV-infected healthcare worker to patient and none in the UK, despite over 30 patient notification exercises between 1988 and 2008 in which nearly 10,000 patients were tested for HIV. The tripartite working group’s assessment of available evidence and its expert opinion are 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\(^2\) and negligible for less invasive procedures.\(^3\)

4. The tripartite working group has concluded that the risk of HIV transmission from infected healthcare worker to patient can be reduced even further by combination antiretroviral drug therapy (cART), where the individual’s plasma viral load\(^4\) is suppressed to a very low or undetectable level.

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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.
4 This means the amount of HIV virus in the individual’s blood.
5. The tripartite working group’s main recommendations are that:

- HIV-infected healthcare workers should be permitted to perform exposure prone procedures if they are on combination antiretroviral drug therapy (cART) and have a plasma viral load suppressed consistently to very low or undetectable levels (i.e. below 200 copies/ml);
- HIV-infected healthcare workers should demonstrate a sustained response to cART before starting or resuming exposure prone procedures and should be subject to viral load testing every three months while continuing to perform such procedures;
- HIV-infected healthcare workers who wish to perform exposure prone procedures whilst on cART should be under the joint supervision of a consultant in occupational medicine and their treating physician;
- Any HIV-infected HCW who fails to comply with monitoring arrangements, or whose plasma viral load rises significantly above 200 copies/ml (i.e. to more than 1000 copies/ml), should be restricted from performing exposure prone procedures until their viral load returns to being stably below 200 copies/ml.

6. The Expert Advisory Group on AIDS has prepared a suggested implementation framework for these recommendations, which forms part of the tripartite group’s report. There are no data available on the prevalence of HIV in healthcare workers in this country. However, by applying the general population prevalence rate for HIV to relevant NHS workforce numbers, it is estimated that the tripartite working group’s recommendations could affect around 110 HIV-infected healthcare workers in England and a maximum of 15 in Scotland.

7. The Scottish Government is aiming to maintain an appropriate, evidence-based balance between patient safety and the rights and responsibilities of HIV-infected healthcare workers in the light of the tripartite working group’s advice. The Scottish Government will decide how to respond to the tripartite working group recommendations once it has had the benefit of responses to this consultation paper.
1. Introduction

1.1. The vast majority of nursing and medical procedures do not pose a risk of human immunodeficiency virus (HIV) infection to patients, provided standard infection control measures are taken. However, there is a low risk of transmission of HIV from an infected healthcare worker to patients during invasive clinical procedures known as "exposure prone procedures".

1.2. Exposure prone procedures occur mainly in surgery, obstetrics and gynaecology, dentistry and some aspects of midwifery and specialist nursing (e.g. specific duties in operating theatre nursing). During such procedures, there is a risk that injury to the healthcare worker could result in their blood contaminating a patient's open tissues with a consequent risk of infection, as HIV is carried in the blood of those who are infected.

1.3. To protect patients from the risk of infection, current Department of Health guidelines, which also apply in Scotland, recommend that healthcare workers who are known to be infected with HIV should not carry out exposure prone procedures. New healthcare workers who will do exposure prone procedures are tested for HIV. Existing healthcare workers are under a professional duty to seek medical advice on the need to be tested if they might have been exposed to HIV infection occupationally or otherwise.

1.4. Evidence indicates that there is a far greater risk of transmission of HIV from infected patient to healthcare worker than vice-versa, as healthcare workers are more likely to come in contact with undiagnosed or diagnosed HIV-infected patients and be exposed to their blood through sharps injuries. There have been 5 patient-to-healthcare workers HIV transmissions reported in the UK to date.

1.5. Following an initial suggestion by the Expert Advisory Group on AIDS in 2007 that restrictions on HIV-infected general dental practitioners should be reviewed, a tripartite working group of the Expert Advisory Group on AIDS, the UK Advisory Panel for Healthcare Workers Infected with Blood-borne Viruses, and the Advisory Group on Hepatitis was established to review current national guidance on the management of healthcare workers infected with HIV, hepatitis B or hepatitis C.

1.6. This consultation paper summarises the tripartite working group's advice on the management of HIV-infected healthcare workers and poses a number of consultation questions, including about the working group's recommendations and their possible

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implementation. It is suggested that the consultation paper is read in conjunction with the working group’s report.

1.7. The Scottish Government is interested to receive responses to the consultation questions to help it assess the tripartite working group’s advice and to help ensure that patients remain appropriately protected from the risk of HIV infection during exposure prone procedures.
2. The tripartite working group’s assessment of risk and advice

2.1 In its review, the tripartite working group has focussed on examining evidence on the risk of HIV transmission from infected healthcare worker to patients and international policies on HIV-infected healthcare workers.

Assessment of risk of HIV transmission from an infected healthcare worker to a patient during an exposure prone procedure

2.2 The key points from the tripartite working group’s assessment of the risk of HIV transmission from an infected healthcare worker to a patient are as follows:\footnote{References are not listed in the consultation paper, as they are cited in the tripartite working group’s report, which has been published in parallel.}

- In general, three conditions are necessary for HIV-infected healthcare workers to pose a risk of HIV transmission to patients:
  - the healthcare worker must have infectious virus circulating in their bloodstream;
  - the healthcare worker must be injured or have a medical condition (e.g. weeping eczema) that provides some other source of direct exposure to infected blood or body fluids;
  - the injury mechanism or medical condition must present an opportunity for the healthcare worker’s blood or body fluids to come into direct contact with the patient’s mucous membranes, wound or traumatized tissue.

- The risk of HIV transmission from an infected healthcare worker to a patient will depend largely on the infectiousness of the healthcare worker - which is determined by the concentration of HIV in the healthcare worker’s blood - and the susceptibility of the uninfected person, which may vary naturally (e.g. perhaps related to genetic factors);

- Evidence on the risk of HIV transmission from an infected healthcare worker to patient has now accumulated;

- There have only been four reports of transmissions of HIV from infected and untreated healthcare workers world-wide:
  - a dentist in the US (six patients infected - route of transmission unclear);
  - an orthopaedic surgeon in France (one patient infected);
• However, there have been no reported transmissions in the UK, even though since 1988, over 30 patient notification exercises connected with HIV-infected healthcare workers have taken place, with nearly 10,000 patients tested for HIV. There are limitations to this information, as explained in the tripartite working group’s report, that should be borne in mind – for example, only a proportion of patients treated by infected healthcare workers were tested either because they could not be contacted or because they declined testing;

• National surveillance of HIV diagnoses in Scotland by Health Protection Scotland has not identified cases of infection acquired from infected healthcare workers despite widespread testing in antenatal, genito-urinary medicine and blood donation clinics. Follow-up of unexplained diagnoses in England by the Health Protection Agency has also failed to identify infection acquired from infected healthcare workers;

• Retrospective analysis of investigations in the US of patients of HIV-infected healthcare workers, including surgeons, obstetricians and dentists (apart from the US dentist mentioned above) revealed no evidence of healthcare worker-to-patient transmission among over 22,000 tested patients;

• Estimates of risk, based on the result of patient notification exercises in the UK connected with infected and untreated healthcare workers, suggest that even with infected and untreated healthcare workers the risk is extremely low, as no healthcare worker-to-patient HIV transmissions have been detected. Statistical analysis indicates that this risk could be in the range of 1 in 2,700 to about 1 in 7,000 for all exposure prone procedures and, for the most invasive exposure prone procedures (e.g. caesarean section or open cardiac surgery), about 1 in 620 to about 1 in 1,600;

• However, these estimates are influenced by the number of patients tested during these patient notification exercises and may overstate the risk. If more such exercises took place and it continued to be the case that no transmissions were detected, the estimated risk would decrease;

• The tripartite working group has concluded that the risk of HIV transmission from infected healthcare worker to patient during less invasive exposure prone procedures (such as a local anaesthetic injection or routine tooth extraction in dentistry or an appendicectomy) is negligible and in the most invasive procedures (such as a caesarean section or open cardiac surgery) is extremely low.
Evidence suggests that treatment with cART is effective in suppressing the viral load of HIV-infected individuals and reducing the risk of transmission between sexual partners and from infected mother to baby to low levels - generally less than 1 in 100. There is no evidence relating to HIV-infected healthcare workers on cART, as the few documented transmissions in other countries and numerous patient notification exercises relate to untreated healthcare workers, who are likely to pose a greater risk than individuals on cART. Expert opinion is that cART will significantly reduce the risk of transmission from HIV-infected healthcare workers;

If a conservative assumption is made about the effect of cART on reducing the risk of transmission from an HIV-infected healthcare worker, the estimated risk from the most invasive type of exposure prone procedure, is in the range of 1 in 33,000 to 1 in about 833,000. This estimate takes account of evidence about the risk of sexual or vertical HIV transmission if cART is taken and viral suppression is achieved.

Detailed calculations on estimations of the current overall risk of HIV transmission to any patient having an exposure prone procedure from any healthcare worker, regardless of HIV status in Scotland can be obtained by contacting the Scottish Government at the address below.

The tripartite working group’s advice

The main points of the tripartite working group’s advice, based on its risk assessment, are as follows:

- HIV-infected healthcare workers should be permitted to perform exposure prone procedures if they are on combination antiretroviral drug therapy (cART) and have a plasma viral load suppressed consistently to very low or undetectable levels i.e. below 200 copies/ml;

- HIV-infected healthcare workers should demonstrate a sustained response to cART before starting or resuming exposure prone procedures and would be subject to viral load testing every three months while continuing to perform such procedures;

- HIV-infected healthcare workers who wish to perform exposure prone procedures whilst on cART should be under the joint supervision of a consultant in occupational medicine and their treating physician;

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8 Combination antiretroviral drug therapy can reduce the transmission risk from an HIV-infected pregnant woman to her baby by up to 200-fold. The assumption made for HIV-infected healthcare workers is a 20-fold reduction.

9 To date in this country, the categorisation of exposure prone procedures into three categories (i.e. 1, 2 and 3 - reflecting a scale of increasing risk of an injured healthcare worker’s blood contaminating a patient’s open tissue), has been used only retrospectively in relation to patient notification exercises.
• Any HIV-infected HCW who fails to comply with monitoring arrangements, or whose plasma viral load rises significantly above 200 copies/ml (i.e. to more than 1000 copies/ml), should be restricted immediately from performing exposure prone procedures until their viral load returns to being stably below 200 copies/ml.

• There has been no distinction made between the three different categories of exposure prone procedures for pragmatic reasons:
  
  o Restricting practice by category of exposure prone procedure would be difficult prospectively since the categorisation of procedures in different specialties is provisional and is affected by variations in technique and technical developments. Implementing a consistent approach to assessing and advising on the practice of individual HIV-infected healthcare workers would therefore be very complex;

  o It would be difficult to ensure that any infected healthcare worker observed a restriction in practice to category 1 and 2 exposure prone procedures. In surgical specialties, for example, it is possible for a category 1 or 2 procedure to become a category 3 procedure because of some unforeseen event during the course of an operation. In this scenario, the operator would have to seek help from a colleague to continue the operation in the category 3 phase of the procedure – and such a colleague might not be available;

  o Many exposure prone procedures fall between categories 2 and 3, depending on the technique employed by the healthcare worker.

Consultation question 1: Do you agree with the tripartite working group’s assessment of the risk of HIV transmission from an infected healthcare worker to a patient during exposure prone procedures?

Please provide explanatory comments for your answer.

Consultation question 2: Do you consider it more likely that healthcare workers who think that they are at risk of infection may come forward for HIV testing, if the tripartite working group’s recommendations were implemented, and do you have any evidence for this?

Please provide explanatory comments for your answer.

Consultation question 3: Are the tripartite working group’s main recommendations supported by the available evidence about risk?

Please provide explanatory comments for your answer.

10 To date in this country, the categorisation of exposure prone procedures into three categories (i.e. 1, 2 and 3 - reflecting a scale of increasing risk of an injured healthcare worker’s blood contaminating a patient’s open tissue), has been used only retrospectively in relation to patient notification exercises.
3. Suggested implementation framework

3.1 A crucial issue in considering the tripartite working group’s recommendations is whether they can be implemented in practice without compromising patient safety. As part of the tripartite working group’s report, the Expert Advisory Group on AIDS has produced a suggested implementation framework (see Appendix E of the tripartite working group’s report). The main points of the implementation framework are summarised below.

Management of the healthcare worker

- HIV-infected healthcare workers, who wish to perform exposure prone procedures whilst on combination antiretroviral drug therapy (cART), should be managed by a Genitourinary Medicine (GUM) / Infectious Disease (ID) physician who liaises closely with the healthcare worker’s consultant in occupational medicine.

- HIV-infected healthcare workers should be permitted to perform exposure prone procedures if they are on cART and have a plasma viral load suppressed consistently below 200 copies/ml.\(^{11}\) Healthcare workers will need to demonstrate a sustained response to cART (i.e. viral load below 200 copies/ml on two consecutive plasma samples taken at least three months apart) before starting or resuming exposure prone procedures, and they will be subject to viral load testing every 3 months while continuing to perform exposure prone procedures.

- If a healthcare worker’s plasma viral load rises significantly above 200 copies/ml (i.e. to above 1000 copies/ml) they should be restricted immediately from carrying out exposure prone procedures until their viral load returns to being stably below 200 copies/ml. The significance of any increase in plasma viral load above 200 copies/ml, identified through routine monitoring, should be assessed jointly by the occupational medicine and treating physicians with input from appropriate local experts e.g. consultant virologist or microbiologist.

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\(^{11}\) The proposed 200 copies/ml cut-off is arbitrary but has been chosen to reflect current knowledge of viral load thresholds associated with transmission in different scenarios. Evidence from vertical HIV transmission studies demonstrated a plasma viral load threshold for transmission of 1000 copies/ml (i.e. no transmissions occurred below this viral load level) in the absence of other risk factors. The 200 copies/ml cut-off is achievable in routinely used commercial viral load assays, provides a margin for inter- and intra-assay variability and allows for transient increases in viral load (blips), which have not been shown to be associated with virological failure.
• Although the emerging trend is for treatment for HIV to start earlier than previously recommended, it will be for the healthcare worker to decide, in collaboration with their specialist physician, whether they wish to take cART for occupational health reasons when it is not clinically indicated, taking account of possible advantages and disadvantages.

• Local arrangements should be made between the treating physician and the occupational health service to ensure that blood drawn from HIV-infected healthcare workers for viral load measurements conforms to standards suitable for occupational health monitoring purposes (i.e. the identity of the healthcare worker is confirmed and the chain of handling for specimens is secure).

• Laboratory testing should be done in local laboratories accredited by Clinical Pathology Accreditation (UK) Limited, that can carry out and report results of urgent viral load tests within 2 days.

• Healthcare workers should be advised by the treating physician and their consultant in occupational medicine of:
  o the importance of quarterly monitoring of their viral load, and that they will be restricted from performing exposure prone procedures if they fail to attend for this follow-up;
  o advising their treating physician of missed doses of cART, drug interactions or other factors (e.g. diarrhoea) that might influence their viral load, as soon as is practicable and before further exposure prone procedures are performed;
  o the action to take in the event of them experiencing an injury during an exposure prone procedures and bleeding into a patient’s open tissues (see below).

• Healthcare workers would not be expected to disclose their HIV status to patients because of the negligible or extremely low risk of transmission (depending on the invasiveness of the procedure involved).

Management of blood exposure incidents

• In managing an incident in which a patient has been exposed to the blood of an HIV-infected healthcare worker on cART, the usual protocol for any occupational exposure incident should be followed. A preliminary risk assessment of the exposure incident should be conducted by another member of the clinical team. If the incident is assessed as significant, the healthcare worker should report the incident to the clinical supervisor, line manager or other person responsible according to local policies; inform the occupational health department, infection control lead or other nominated person; and inform their treating physician.
Further detailed risk assessment should include consideration of the healthcare worker’s latest HIV viral load measurement and the historical context (i.e. how long it has been undetectable). Only under exceptional circumstances (e.g. following a major bleed) should it be necessary for the source healthcare worker to have an urgent viral load test.

• A decision about whether to inform the patient about the exposure, and to offer HIV post-exposure prophylaxis (PEP), will depend on the risk assessment and what is in the best interests of the patient. Follow-up in the absence of PEP is not routinely recommended. It is likely that PEP would be indicated only very rarely.

Patient notification exercises

• Patient notification exercises for patients who have undergone exposure prone procedures by an untreated HIV-infected healthcare worker would take place according to current guidance on HIV-infected healthcare workers. Patient notification exercises connected with HIV-infected healthcare workers on cART would only be recommended in circumstances in which their viral load had risen above 200 copies/ml. The need for patient notification would be determined by a risk assessment on a case-by-case basis in line with the principles in existing guidance, and the UK Advisory Panel for Healthcare Workers Infected with Blood-borne Viruses should be consulted for advice.

HIV testing of healthcare workers

• New healthcare workers, including students, who will perform exposure prone procedures should continue to be tested for HIV when joining the NHS or returning to work in the NHS. If found to be infected, this no longer automatically restricts them from posts or careers involving exposure prone procedures, subject to successful treatment with cART and occupational health clearance. However, the demands of adhering to cART and strict monitoring arrangements are significant and should be explored in any discussions about career options.

• Existing healthcare workers should continue to remain under a professional duty to promptly seek and follow confidential professional advice on whether they should be tested for HIV in situations where they have reason to believe they may have been exposed to infection with HIV, in whatever circumstances. Healthcare workers who are infected with HIV must promptly seek appropriate expert medical and occupational health advice.

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Possible oversight role for the UK Advisory Panel for Healthcare Workers Infected with Blood-borne Viruses (UKAP)

- To ensure consistency in the application of the policy in its first year or two, all cases of HIV-infected healthcare workers who wish to perform exposure prone procedures whilst on cART should be referred to UKAP to advise on the approach to be taken and to help promote best practice. Cases where an HIV-infected healthcare worker’s viral load rises above the recommended viral load threshold should be notified to UKAP, and their advice sought about the need to conduct a patient notification exercise. However, it would remain a local decision as to whether an individual HIV-infected healthcare worker were cleared to perform exposure prone procedures and whether a patient notification exercise is necessary.

National monitoring of proposed new policy

- UKAP could oversee the implementation and conduct of the policy, by considering individual cases referred to it and by periodic audits of NHS occupational health providers.

- Alternatively, subject to any necessary ROCR (Review of Central Returns) approval, there could be a central, secure database run by the Health Protection Agency (which hosts UKAP), in association with Health Protection Scotland, into which NHS occupational health providers could submit information about individual HIV-infected healthcare workers doing exposure prone procedures and their viral load monitoring whilst on cART. A unique identifier would be used for each healthcare worker to maintain confidentiality and to enable healthcare workers’ records to be linked as they move between NHS employers. Such a database would help monitor implementation at a national level and help provide relevant information for any review of policy in future.

Number of healthcare workers who may be affected by the proposed new policy

By applying the general population prevalence rate for HIV to relevant NHS workforce numbers, Health Protection Scotland estimate that a maximum of 15 HIV-infected healthcare workers in Scotland will be affected by the policy. The tripartite working group has estimated that their recommendations could affect around 110 HIV-infected healthcare workers who carry out exposure prone procedures in England.

Consultation question 4: Does the suggested implementation framework strike an appropriate balance between protecting patient safety and acknowledging the rights and responsibilities of HIV-infected healthcare workers, and is it feasible? Please provide explanatory comments for your answer.

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14 This responsibility could be taken over by the proposed national public health service, Public Health England when, subject to Parliament, the Health Protection Agency is abolished.
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<th>Consultation question 5:</th>
<th>What adjustments will occupational health services need to make to support HIV-infected healthcare workers affected by these recommendations?</th>
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<th>Is referral of all cases of HIV-infected healthcare workers infected with HIV who wish to perform exposure prone procedures whilst on combination antiretroviral drug therapy (cART) to UKAP necessary to ensure consistency in the application of the policy and to help promote best practice? If so, for how long should this continue?</th>
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4. International policies

4.1 In its review, the tripartite working group gathered information about international policies on the management of HIV-infected healthcare workers. Information was obtained for 25 countries (17 European Union (EU) member states and 8 non-EU countries); of these 25 countries, eight had published national guidelines or recommendations.

4.2 In five countries (Australia, Ireland, Italy, Malta and UK), HIV-infected healthcare workers were reported to be restricted from performing invasive/exposure prone procedures considered to pose a higher risk of transmitting HIV from infected healthcare worker to patient.

4.3 In many other countries (Austria, Belgium, Canada, Finland, France, New Zealand and Sweden), the management of an HIV-infected healthcare worker is decided on a case-by-case basis. The decision as to whether the healthcare worker is restricted from performing invasive procedures is undertaken by the employer or the clinician responsible for treating the healthcare worker (independently or in conjunction with an expert committee), or by a local or national expert committee. Germany and Spain do not have national policies in place.

4.4 Although there are guidelines published by the US Centers for Disease Control and Prevention and the Society for Healthcare Epidemiology of America, the US has no national policy for managing HIV-infected healthcare workers. The recommendations from France state that, if the healthcare worker is clinically well and has an undetectable viral load for at least three months, they should not be restricted from practice. However, this recommendation has not been adopted by the Ministry of Health and is not currently national policy.

4.5 The remaining responding countries reported that policies had not been developed, often because no cases of HIV-infected healthcare workers had been notified in the particular country.
5. The consultation process

How to respond

We are inviting written responses to this consultation paper by 9th March 2011. Please send your response with the completed Respondent Information Form (see "Handling your Response" below) to:

Sexualhealth@scotland.gsi.gov.uk

or

HIV Healthcare Worker Consultation
Health Protection Team,
Scottish Government,
3EN, St Andrews House,
Regent Road,
Edinburgh
EH1 3DG

If you have any queries contact Rebekah Carton on 0131 244 2295.
We would be grateful if you would use the consultation questionnaire form provided.

This consultation, and all other Scottish Government consultation exercises, can be viewed online on the consultation web pages of the Scottish Government website at http://www.scotland.gov.uk/consultations.

The Scottish Government has an email alert system for consultations, http://register.scotland.gov.uk. This system allows stakeholder individuals and organisations to register and receive a weekly email containing details of all new consultations (including web links). It complements, but in no way replaces SG distribution lists, and is designed to allow stakeholders to keep up to date with all SG consultation activity, and therefore be alerted at the earliest opportunity to those of most interest. We would encourage you to register.

Handling your response
We need to know how you wish your response to be handled and, in particular, whether you are happy for your response to be made public. Please complete and return the Respondent Information Form which forms part of the consultation questionnaire as this will ensure that we treat your response appropriately. If you ask for your response not to be published we will regard it as confidential, and we will treat it accordingly.

All respondents should be aware that the Scottish Government are subject to the provisions of the Freedom of Information (Scotland) Act 2002 and would therefore have to consider any request made to it under the Act for information relating to responses made to this consultation exercise.
Next steps in the process

Where respondents have given permission for their response to be made public and after we have checked that they contain no potentially defamatory material, responses will be made available to the public in the Scottish Government Library (see the attached Respondent Information Form), these will be made available to the public in the Scottish Government Library by 28th March 2012. You can make arrangements to view responses by contacting the SG Library on 0131 244 4552. Responses can be copied and sent to you, but a charge may be made for this service.

What happens next?

Following the closing date, all responses will be analysed and considered along with any other available evidence to help us reach a decision on the guidance for HIV-infected healthcare workers.

Comments and complaints
If you have any comments about how this consultation exercise has been conducted, please send them to:

Sexualhealth@scotland/gsi/gov.uk
or
HIV Healthcare Worker Consultation
Health Protection Team,
Scottish Government,
3EN, St Andrews House,
Regent Road,
Edinburgh
EH1 3DG

The proposals in this consultation document apply to Scotland, but the other Home Countries will be carrying out similar consultations.
Management of HIV-infected Healthcare workers

RESPONDENT INFORMATION FORM

Please Note: this form must be returned with your response to ensure that we handle your response appropriately

1. Name/Organisation

Organisation Name

Title  Mr  Ms  Mrs  Miss  Dr  Please tick as appropriate

Surname

Forename

2. Postal Address

Postcode  Phone  Email

3. Permissions - I am responding as...

Individual  /  Group/Organisation  Please tick as appropriate

(a) Do you agree to your response being made available to the public (in Scottish Government library and/or on the Scottish Government web site)?

Please tick as appropriate  Yes  No

(b) Where confidentiality is not requested, we will make your responses available to the public on the following basis

Please tick ONE of the following boxes
Yes, make my response, name and address all available
Yes, make my response available, but not my name and address
Yes, make my response and name available, but not my address

(c) The name and address of your organisation will be made available to the public (in the Scottish Government library and/or on the Scottish Government web site).

Are you content for your response to be made available?

Please tick as appropriate  Yes  No

(d) We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

Please tick as appropriate  Yes  No
CONSULTATION QUESTIONS

Consultation question 1: Do you agree with the tripartite working group’s assessment of the risk of HIV transmission from an infected healthcare worker to a patient during exposure prone procedures? Please provide explanatory comments for your answer.

Comments

Consultation question 2: Do you consider it more likely that healthcare workers who think that they are at risk of infection may come forward for HIV testing, if the tripartite working group’s recommendations were implemented, and do you have any evidence for this? Please provide explanatory comments for your answer.

Comments

Consultation question 3: Are the tripartite working group’s main recommendations supported by the available evidence about risk? Please provide explanatory comments for your answer.

Comments

Consultation question 4: Does the suggested implementation framework strike an appropriate balance between protecting patient safety and acknowledging the rights and responsibilities of HIV-infected healthcare workers, and is it feasible? Please provide explanatory comments for your answer.

Comments

Consultation question 5: What adjustments will occupational health services need to make to support HIV-infected healthcare workers affected by these recommendations? Please provide explanatory comments for your answer.

Comments

Consultation question 6: Is referral of all cases of HIV-infected healthcare workers infected with HIV who wish to perform exposure prone procedures whilst on
combination antiretroviral drug therapy (cART) to UKAP necessary to ensure consistency in the application of the policy and to help promote best practice? If so, for how long should this continue?

Please provide explanatory comments for your answer.

Consultation question 7: Do you agree that, if the tripartite working group’s recommendations are implemented, patient notification exercises should only routinely take place in connection with untreated HIV-infected healthcare workers, as advised in current national guidance, unless a healthcare worker on cART may have put patients at risk of infection e.g. because of an increase in viral load?

Please provide explanatory comments for your answer.

Consultation question 8: Is national monitoring of policy implementation at the NHS frontline necessary? If so, how should it be done most effectively and proportionately and what might be the cost implications? Is it appropriate or feasible for local occupational health services to submit local information about HIV-infected healthcare workers to the Health Protection Agency, in association with Health Protection Scotland, to allow national surveillance of policy?

Please provide explanatory comments for your answer.

Consultation question 9: Does the estimate of the number of healthcare workers who may be affected by the policy, in Scotland, seem reasonable? Is there further information that consultees can provide and/or are there further sources of information that the Scottish Government should consult?

Please provide explanatory comments for your answer.

Do you have any further relevant comments you wish to make

Yes ☐ No ☐

If Yes please provide comments below

Comments