WHC/2023/035

WELSH HEALTH CIRCULAR

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Llywodraeth Cymru
Welsh Government

STATUS: ACTION

CATEGORY: PUBLIC HEALTH

Title: UPDATE OF GUIDANCE ON CLEARANCE AND MANAGEMENT OF HEALTHCARE WORKERS LIVING WITH A BLOODBORNE VIRUS (BBV) AND A REMINDER OF HEALTH CLEARANCE FOR TUBERCULOSIS.

Date of Review: October 2026

For Action by:

Chief Executives

Medical Directors

Executive Directors of Nursing

Executive Directors Workforce

Directors of Public Health.

Action required by: Immediately

Sender:

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Enclosure(s):
Annex A - Distribution list.
Annex B - Integrated guidance on health clearance of healthcare workers and the management of healthcare workers living with bloodborne viruses (hepatitis B, hepatitis C and HIV).

Dear Colleagues

UPDATED GUIDANCE ON CLEARANCE AND MANAGEMENT OF HEALTHCARE WORKERS LIVING WITH A BLOOD BORNE VIRUS (BBV) AND A REMINDER OF THE IMPORTANCE OF ADHERING TO HEALTH CLEARANCE CHECKS FOR TUBERCULOSIS (TB).

Further to WHC/2019/023 issued in July 2019, we are writing to inform you that the guidance on the clearance and management of healthcare workers (HCWs) living with a bloodborne virus (BBV), has been updated.

We would also like to draw your attention to, and remind you of, the importance of adhering to the guidance relating to health clearance checks for Tuberculosis (TB).

Integrated guidance on health clearance of healthcare workers and the management of healthcare workers living with bloodborne viruses (hepatitis B, hepatitis C and HIV)

The preparation of the integrated guidance has been supported by the UK Advisory Panel for Healthcare Workers Living with Bloodborne Viruses (UKAP) and the clinical and public health networks represented by UKAP members.

The guidance provides updated, evidence-based recommendations that are intended to:

- reduce the risk of HCW to patient transmission of BBVs.
- reduce the future burden of patient notification exercises (PNEs)
- retain HCWs in the workforce and reduce adverse social and professional impact on HCWs living with BBVs.

A summary of the changes made is available at Annex B and links to quick reference guidance and the full guidance are included below:

Quick Reference guide:
https://khub.net/documents/135939561/174103925/Integrated+guidance+for+management+of+BBV+in+HCW+-+Quick+reference+guide.pdf/a8cf7f00-03ea-5d57-e1f9-ef6d6c9f7727

Integrated guidance on health clearance of healthcare workers and the management of healthcare workers living with bloodborne viruses (hepatitis B, hepatitis C and HIV):
https://www.gov.uk/government/publications/bbvs-in-healthcare-workers-health-clearance-and-management

TB Health Clearance Checks

Whilst the above guidance has replaced the bloodborne virus sections of the following guidance only; the document should still be used for guidance on clearance for tuberculosis:
https://www.gov.uk/government/publications/new-healthcare-workers-clearance-for-hepatitis-b-and-c-tb-hiv

Who does this guidance apply to?

All new healthcare workers (including locum staff, auxiliary staff and students) need to have standard health clearance before they have contact with patients or clinical materials, either for the first time or returning to work in the NHS (this includes being free from TB disease, with BCG immunisation offered where appropriate).

NHS organisations arranging care for NHS patients in non-NHS settings, including independent-sector treatment centres, should also ensure that suitable occupational health provision is in place for pre-employment health checks when commissioning services, and documentary evidence of screening to this standard is provided.

Guidance

Employees new to the NHS **who will be working with patients or clinical specimens should not start work until they have completed a TB screen or health check**, or until documentary evidence is provided of such screening having taken place within the preceding 12 months.

Employees new to the NHS **who will not have contact with patients or clinical specimens should not start work if they have signs or symptoms of TB**.

Health checks for employees new to the NHS who will have contact with patients or clinical materials should include:

- assessment of personal or family history of TB;
- symptom and signs enquiry, possibly by questionnaire;
- documentary evidence of tuberculin skin testing (or interferon gamma (IGRA) testing) and/or BCG scar check by an occupational health professional, not relying on the applicant's personal assessment;
- Tuberculin skin test (or IGRA) result within the last five years, if available.

Employees new to the NHS should be offered BCG vaccination, whatever their age:

- if they will have contact with patients and/or clinical specimens;

- are Mantoux tuberculin skin test negative; and
- have not been previously vaccinated (including no, or inconclusive evidence of prior vaccination).

It is particularly important to test and immunise staff working in maternity, paediatric and respiratory departments, and areas in which the patients are likely to be immunocompromised.

Employees of any age who are new to the NHS and are from countries of high TB incidence**, or who have had contact with patients in settings with a high TB prevalence, should have an IGRA test.** If negative, recommendations regarding BCG vaccination in the preceding point should be followed. If positive, they should be referred to a TB clinic for assessment and consideration of treatment for disease or latent infection.

If a new employee from the UK or other low-incidence setting, without prior BCG vaccination, has a positive Mantoux tuberculin skin test (or IGRA), they should be referred to a TB clinic for a further assessment of active or latent TB.

If a healthcare worker, declines BCG vaccination or where vaccination is contraindicated the risks should be explained and the oral explanation supplemented by written advice. Healthcare workers should usually not work where there is a significant risk of exposure to TB. The employer will need to consider each case individually, taking account of employment and health and safety obligations.

Yours sincerely

Sir Frank Atherton
Chief Medical Officer

Sue Tranka
Chief Nursing Officer

Andrew Dickenson
Chief Dental Officer

Annex A

Circular Distribution list

Chief Executives	Health Boards and NHS Trusts
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Chair and Secretariat	British Medical Association Wales
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Chair	Independent Dentistry Association Wales
Managing Director	NHS Wales Shared Services Partnership
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Business Management	NHS Wales Shared Services Partnership

Annex B

Integrated guidance on health clearance of healthcare workers and the management of healthcare workers living with bloodborne viruses (hepatitis B, hepatitis C and HIV)

Changes in the document from 2019 include:

• removal of exposure prone procedure (EPP) restrictions, following effective antiviral therapy, and appropriate clearance, for healthcare workers (HCWs) living with hepatitis B (HBV) with high pre-treatment HBV DNA levels and or who are e antigen (HBeAg) positive

• updated guidance on the ongoing monitoring and associated reporting to UKAP Occupational Health Register (UKAP-OHR) of HCWs living with HBV cleared to perform EPPs

• updated guidance on the risk assessment and investigation required following the identification of healthcare workers found to be living with a bloodborne virus (BBV)

• updated wording on the roles and responsibilities of healthcare workers and their employing organisations including statements about disclosure of BBV status

Changes in the document from 2020 include:

• responsibilities when transferring monitoring to a new accredited specialist in occupational medicine

• responsibilities for HCWs moving from an exposure prone procedure (EPP) role to a non-EPP role

• clarifying the responsibility for maintaining records of procedures conducted by HCWs living with HBV and HIV

• a minor update to guidance on the roles and responsibilities of occupational health (OH) services before clearing a new HCW to perform EPPs

• revised guidance on hepatitis C virus (HCV) post-treatment cessation period from six months to three months

• clarifying the settings in which health clearance for dialysis procedures is advised

• confirming that the new specialist is suitably accredited in occupational medicine

• inclusion of UK crown dependencies and overseas territories

Changes in the document from 2021 include:

• changing the monitoring interval from every 12 months to every 6 months for HCWs living with hepatitis B who have HBV viral load below 200 IU/mL and are not on antiviral treatment

• changing the monitoring interval from every 3 months to every 6 months for HCWs living with hepatitis B who are on antiviral treatment

changing the requirements for resumption of EPPs in those who have ceased hepatitis B treatment from one test at the end of the 12 month EPP restriction period to 2 tests 6 months apart, the first being no less than 6 months after ceasing treatment

Changes in the document from 2022 include:

• recommendation that HCWs with current or with past, cleared, HBV infection, who are not receiving anti-viral therapy, inform OH of any decision to start immunosuppressive treatment or of any illness that compromises their immune system and consider prophylactic treatment

• patient who do not start prophylactic treatment will need monitoring schedules to be agreed locally

• routine treatment schedule such as 3 monthly monitoring is likely to be adequate

• recommendation that if HBV reactivation occurs, EPPs are ceased until viral load is suppressed and maintained in accordance to the clearance to perform EPP criteria