

BNurs and BMidwif guidance:

Exposure-Prone Procedures (EPPs)

Contents

Item	Page number
Introduction	3
Background and definition(s) of Exposure-Prone Procedures	3
Exposure Prone Environments	4
Risk based categorisation of clinical procedures	5
Non-Exposure Prone Procedures	6
Blood borne Virus Health clearance	7
Our legal and professional responsibility/accountability	7/8
Support and Guidance in the University	8/9
Support and Guidance in practice	9
Process to follow - response to OH guidance	10
Proforma – AA and student meeting	11
References/Glossary	12

Introduction

This guidance has been developed to help offer clarity around Exposure Prone Procedures (EPP) for Nursing and Midwifery students. Some areas of concern that have been identified include:

1. The obligation to respond to Occupational Health requirements.
2. Not all students, colleagues or practice partners may be fully aware of what Exposure-Prone procedures are.
3. There is a need to manage any risk posed to students, practice colleagues and the public.

This guidance should be read in conjunction with PHE (2020) Integrated Guidance on health clearance for health care workers (HCW) living with Blood Borne Viruses (hepatitis B hepatitis C and HIV)
Guidance from the UK Advisory Panel for HCW infected with Blood Borne Viruses

This updated document contains changes to previous guidance and clarifies roles and responsibilities. It provides evidence based recommendations intended to:

- 1.Reduce the risks of HCW to patient transmission of BBV
- 2.Reduce the burden of Patient Notification Exercises (PNE)
- 3.Retain HCWs in the workforce and reduce the adverse social /professional impact on HCW living with BBVs

What are Exposure Prone procedures?

Those procedures where an opportunity for Health Care Worker (HCW) to-patient transmission of Blood borne virus (BBV) does exist are described as 'exposure prone', where injury to the HCW could result in the worker's blood contaminating the patient's open tissues. This is described as "bleed-back" in this guidance.

The majority of HCWs do not perform EPPs.

Midwives are involved with some exposure prone procedures when attending labour and birth.

EPPs include procedures where the **worker's gloved hands may be in contact with sharp instruments, needle tips or sharp tissues 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 PHE(2020)p9**

The definition of EPPs covers a wide range of procedures, in which there may be very different levels of risk of bleed-back.

Exposure-Prone Environments:

The exposure prone environment is “an environment in which there is a significant intrinsic risk of injury to the healthcare worker, with consequent co-existent risk of contamination of the open tissues of the patient with blood from the healthcare provider” PHE (2020 p11. Examples will include road traffic collisions (RTCs) or domestic/recreational/industrial accidents where sharp surfaces such as glass fragments, sharp metal or stone edges, may lead to laceration of the skin of the HCW, whilst in the process of attending to and/or retrieving a casualty.

Provided appropriate infection control precautions are adhered to scrupulously at all times, the majority of clinical procedures (including many which are invasive) in the healthcare setting pose no risk of transmission of blood-borne viruses (BBVs) from an infected HCW to a patient, and can safely be performed.

Risk-based categorisation of clinical procedures (PHE 2020) and PHE 2018

A risk-based categorisation of clinical procedures has been developed, including procedures where there is negligible risk of bleed-back (non-EPP) and three categories of EPPs with increasing risk of bleed-back.

Category 1

A procedure where the **hands and fingertips of the worker are usually visible and outside the body most of the time** and the possibility of injury to the worker's gloved hands from sharp instruments and/or tissues is slight. This means that the risk of the HCW bleeding into a patient's open tissues should be remote.

Examples: local anaesthetic injection in dentistry, removal of haemorrhoids, infiltration of local anaesthetic prior to episiotomy, repairing first degree tear / episiotomy.

Category 2

A procedure where the **fingertips may not be visible at all times but injury to the worker's gloved hands from sharp instruments and/or tissues is unlikely**. If injury occurs it is likely to be noticed and acted upon quickly to avoid the HCW's blood contaminating a patient's open tissues.

Examples: routine tooth extraction, appendectomy.

Category 3

Procedures where the **fingertips are out of sight for a significant part of the procedure, or during certain critical stages, and in which there is a distinct risk of injury to the worker's gloved hands from sharp instruments and/or tissues**. In such circumstances it is possible that exposure of the patient's open tissues to the HCW's blood may go unnoticed or would not be noticed immediately.

Examples: hysterectomy, caesarean section, open cardiac surgical procedures, attachment of fetal scalp electrode, repairing second degree tear / episiotomy, repair of labial tears.

On occasion, Occupational Health provides specific instruction for individual students to avoid 'Exposure-Prone Procedures' (EPP) i.e. when the vaccine is contraindicated or who are non-responders to vaccine

Non Exposure Prone Procedures

Non EPPs are those where the hands and fingertips of the worker are visible and outside the patient's body at all times. Internal examinations or procedures that **do not** involve possible injury to the worker's gloved hands from sharp instruments and/or tissues, are considered not to be exposure prone provided routine infection control procedures are adhered to at all times.

Examples:

- taking blood (venepuncture)
- setting up and maintaining intravenous lines or central lines (provided any skin tunnelling procedure used for the latter is performed in a non-exposure prone manner)
- minor surface suturing
- the incision of external abscesses
- routine vaginal or rectal examinations
- simple endoscopic procedures
- artificial rupturing of the membranes using a plastic amnihook
- cutting of the perineum with scissors – episiotomy
- normal delivery
- breech delivery

Students starting the programme

PHE (2020) Blood Borne Virus Health Clearance for New healthcare workers

New HCWs are defined as an individual who has direct clinical contact with patients in the NHS or independent sector for the first time (students in the practice learning environment)

Blood Borne Virus Health Clearance

More detail can be found in section 6.2 & 6.3 (page 21-23) related to BBV health checks for all new HCW including additional health checks for those who will perform EPPs. The criteria required for HCW living with BBV engaging in EPPs e.g. Viral Load can be found on pages 32-36

Nursing Students

Additional health clearance is **not** necessary for nursing students as performance of EPP is not a requirement of the curriculum for pre-registration nurse training

Midwifery Students

Additional health clearance **is recommended** for midwifery students before acceptance on to training courses because EPPs are performed during their education. Screening is only undertaken with informed consent and includes TB /Hep B and the *offer* of tests for Hep C/HIV and is in line with national guidance PHE (2017)

Duties and obligations of HCW who are, or may be living with a BBV Professional responsibility and accountability

All HCWs, including students are under ethical and legal duties to protect the health and safety of themselves and of others, such as colleagues and patients, and must have understanding of, and co-operate in health and safety matters. This includes keeping informed and updated on guidelines on infection with BBV from the regulatory body (NMC) and any other relevant guidance issued

The current statements of the Nursing and Midwifery Council (NMC 2018) about the ethical responsibilities of students sets out the expectations with

regards to safeguarding the health of patients, and minimising the risk of exposure to BBVs through the provision of care.(standards 5,8,16,17,19 &23)

PHE (2020) Section 5.1: Healthcare workers who are, or may be infected with a blood borne virus:

Students who are aware that they are infected with one or a combination of BBV's HIV, HBV or HCV, must seek appropriate expert occupational health service advice and ensure that they are assessed and monitored regularly by their treating physician and promptly seek and follow the advice given. This might include restriction of working practice if required

Students should maintain regular contact with their Academic Advisor to plan for their practice learning experience and to monitor the students' health status. A risk assessment prior to the students' practice exposure will be undertaken in collaboration with the student and practice partners, based on the advice /recommendations from Occupational Health when required(Please refer to the process on page 10/11).

Students living with BBV should not undertake procedures which are thought to be EPP whilst expert advice is sought or until they met the appropriate criteria to recommence EPPs

It is advisable, but not a requirement, for students living with BBV who do not have to perform EPP seek the guidance /advice of occupational health.

The University promotes a supportive non –stigmatising environment and protects confidentiality

Support and Guidance in the University

The students' Academic advisor and Academic Lead for Practice Governance and Lead Midwife for Education / Academic Lead for Midwifery Practice for midwifery students, will signpost students to PHE (2020) guidance and the relevant NMC statements all of which are available on the Practice Learning Gateway.

The University of Manchester nominated officer with whom students may discuss their concerns in confidence is the Academic Lead for Practice Governance. Students would also be encouraged to seek the support of their Academic Advisor and the Student Support Officer. The university promotes a climate that encourages confidential disclosure and support.

Support and Guidance in Practice

In addition, all students should be appropriately supervised in practice and follow recognised practice protocols, procedures and precautions to minimise the risk of occupational BBV transmission. The general principles of BBV infection control can be found on (page 43) and align with the principles and practices of infection prevention and control (IPC) designed to protect HCW and patients from infection caused by a wide range of pathogens.

All these issues should be addressed before there is clinical contact with patients.

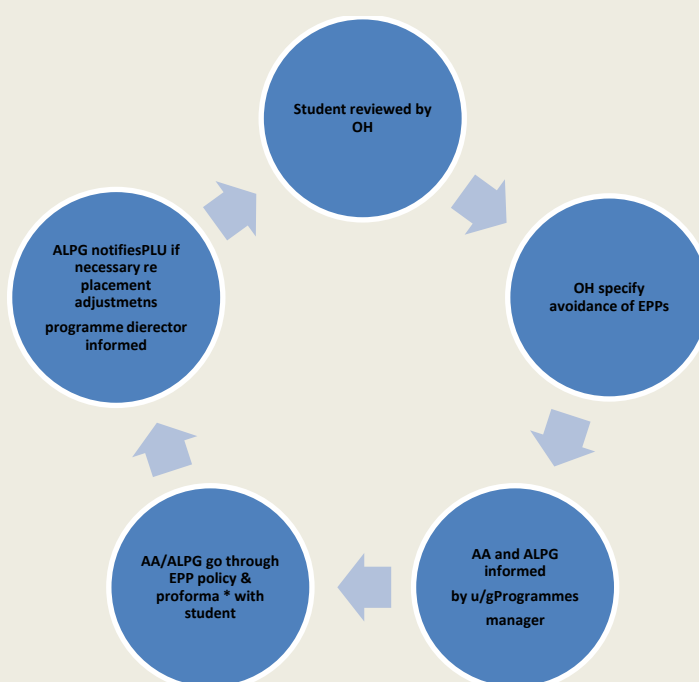
Note: Students may wish to disclose, but are under no obligation to disclose beyond Occupational Health, and have a right to confidentiality.

Process to follow - Response to OH guidance Nursing / Midwifery Students

Please note that **all** student nurses should **not** be involved in EPPs.

Student midwives are involved with EPPs during labour and birth experiences.

As we have a legal obligation to respond to this guidance, please see the following process to follow in such an instance:



NB:

Occupational health referral forms are sent to the u/g programme manager who forwards to the relevant staff (in confidence). In this situation this would be the students' academic advisor and the Academic Lead for Practice Governance (nominated officer).

Following that information is only shared on a need to know basis.

AA/ALPG meeting with student to go through EPP Policy

	Activity
1.	The AA/ALPG goes through the EPP policy and the PHE (2020) policy on Exposure Prone Procedures with the student (both policies available on the Practice Learning Gateway on Blackboard).
2.	AA/ALPG discuss the option of disclosure with the student, outlining the benefits and consequences of disclosing:
3.	<p>The student may wish to complete an ISPP form to outline specific reasonable adjustments. Please note that the completion of an ISPP form may lead to 'speculative disclosure', even if the student's diagnosis is not included on the form.</p> <p>For the most part an ISPP should <i>not</i> be needed, if the student is fully aware of clinical situations to avoid.</p>
4.	ALPG notifies the Programme Director (does not disclose student identity).
5.	<p>ALPG then advises the allocations unit of any learning environments that the student cannot be allocated.</p> <p>Midwifery students will need to be allocated to labour wards to meet the programme requirements.</p>

References/Further Reading

Nursing and Midwifery Council (NMC) (2018) *The Code: professional standards for practice and behaviour for nurses, midwives and nursing associates*, London, Nursing and Midwifery Council.

Public Health England (PHE) (2020) *Integrated guidance on health clearance of healthcare workers and the management of healthcare workers living with blood borne viruses (hepatitis B, hepatitis C and HIV), Guidance for the UK Advisory Panel for HCW infected with Blood Borne Virus's UKAP*

London, Public Health England.

Public Health England (2018) Obstetrics and gynaecology (O&G) exposure prone procedure (EPP) categorisation Advice from the United Kingdom Advisory Panel for Healthcare Workers Infected with Blood borne Viruses (UKAP)
London Public Health England
<https://www.gov.uk/government/organisations/public-health-england>

Glossary of Terms

AA : Academic Advisor
ALPG: Academic Lead for Practice Governance
BBV: Blood Borne Virus
NMC :Nursing and Midwifery Council
EPP: Exposure Prone Procedures
HCW: Health Care Worker
Hep B/C :Hepatitis B/C
HIV: Human Immunodeficiency Virus
OH: Occupational Health
PHE: Public Health England
PNE:Patient Notification Exercise * Trace, notify and offer testing to patients treated by a HCW living with BBV - the need for this is determined on a case by case basis .UKAP should be consulted for advice