BNurs/MNurs/MSc Adult and BMidwif/MMidwif Guidance:

Exposure-Prone Procedures (EPPs)

Document Control

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Contents

Document Control....1
Glossary of Terms....3
Introduction....3
What Are Exposure Prone Procedures?....4
Exposure-Prone Environments....4
Risk-based categorisation of clinical procedures (UKHSA 2024).....4
Hepatitis B Non-Responders and EPP Procedure Resources.....5
Non-Exposure Prone Procedures....5
Students starting the programme....6
Nursing Students....6
Midwifery Students....6
Duties and obligations of HCWs who are, or may be living with a BBV Professional responsibility and accountability....7
UKHSA (2024) Chapter 3: Duties and obligations of HCWs who are, or may be, living with a BBV....7
Support and Guidance in the University....7
Support and Guidance in Practice....8
Process to follow - Response to OH guidance Nursing / Midwifery Students....8
Information Sharing and Confidentiality....9
AA/ALPG meeting with student to go through EPP Policy – Nursing students with BBV....9
References/Further Reading....10

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
UKHSA: Uk Health Security Agency
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

Introduction

This guidance has been developed to 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 EPPs 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 UKHSA (2024) Integrated Guidance on health clearance for health care workers (HCW) living with Blood Borne Viruses (BBVs) (hepatitis B hepatitis C and HIV)
Guidance from the UK Advisory Panel (UKAP) for HCWs infected with Blood Borne Viruses.

This document clarifies roles and responsibilities. It provided 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?

EPPs are procedures where there is a risk of HCW-to-patient transmission of BBVs due to potential injury to the HCW, resulting in "bleed-back" into the patient's open tissues.

Most HCWs do not perform EPPs. Midwives may perform EPPs during labour and birth.

UKHSA (2024) defines EPPs as 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' (UKHSA ,2024; p10).

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

These are settings with a significant intrinsic risk of HCW injury and potential contamination of patient tissues with blood from the HCW.

Examples include:

Road traffic collisions
Industrial accidents where sharp surfaces may lead to laceration of the skin of the HCW
Emergency obstetric procedures

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

Risk-based categorisation of clinical procedures (UKHSA 2024).

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:
Procedures 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, first-degree tear repair, injection into haemorrhoids.

Category 2:

Procedures 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: 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: Caesarean section, hysterectomy, foetal scalp electrode attachment, open cardiac procedures.

Hepatitis B Non-Responders and EPP Procedure Resources.

Hepatitis B non-responders involved in exposure-prone procedures should contact Occupational Health, as regular Hepatitis B surface antigen testing may be required.

A series of speciality-specific lists of the most common clinical procedures, classified into EPP category depending upon the relative risk of bleed-back, has been developed by UKAP and are available on the UKAP webpage.

Non-Exposure Prone Procedures

Non EPPs are those where the hands and fingertips of the worker are always visible and outside the patient's body. 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 always adhered to.

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

UKHSA (2024) Blood Borne Virus Health Clearance for New HCWs.

A new HCW is defined as an individual who has direct clinical contact with patients in the NHS or independent sector for the first time (e.g. students in the practice learning environment).

Blood Borne Virus Health Checks for all new HCWs

More detail can be found in section 6 .2 & 6.3 (page 21-23) related to BBV health checks for all new HCWs including additional health checks for those who will perform EPPs. The criteria required for HCWs 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

All midwifery students will require EPP clearance including hepatitis B, hepatitis C and HIV screening. This is included in routine occupational health screening.

Duties and obligations of HCWs 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 understand, 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 NMC expects students to uphold professional standards by prioritising patient safety and acting to minimise risks, including exposure to BBVs. Students must practice effectively and promote professionalism, which means they are responsible for following infection control protocols, understanding their roles, and seeking appropriate supervision and support to safeguard the health of patients under their care

UKHSA (2024) Chapter 3: Duties and obligations of HCWs who are, or may be, living with a BBV

Students who are aware that they are infected with one or a combination of BBV's 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.

Students living with BBV should not undertake procedures which are thought to be exposure prone whilst expert advice is sought or until they meet 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 to 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 UKHSA (2024) guidance and the relevant NMC statements all of which are available on the placement SharePoint for Nursing and Midwifery.

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 & Wellbeing Team. 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 in Integrated guidance on health clearance of healthcare workers and the management of healthcare workers living with bloodborne viruses (hepatitis B, hepatitis C and HIV) (UKHSA, 2024) and align with the principles and practices if infection prevention and control (IPC) designed to protect HCW and patients from infection caused by a wide range of pathogens.

These requirements must be addressed and in place before any clinical contact with patients occurs.

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 student nurses should **NOT** be involved in EPPs.

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

The university has a legal and ethical duty to respond appropriately when a student is identified as having a BBV. The following process outlines the steps to be taken to ensure compliance with national guidance and to support the student in continuing their studies safely and effectively.

1. **Occupational Health Review**
   The student undergoes assessment by Occupational Health (OH).

2. **EPP Restriction Identified**
   OH advises the Academic Advisor (AA) that the student must avoid Exposure Prone Procedures (EPPs). NB. Restrictions may be lifted but kept under regular review if/when the criteria is met (e.g. condition stable and undetectable and compliant with specialist and occupational health monitoring)

3. **Notification of Key Staff**
   The Academic Advisor (AA) informs the Programme Director, Academic Lead for Practice Governance (ALPG) and, where appropriate, the Academic Lead for Midwifery Practice (ALMP).

4. **Policy Review with Student**
   The AA and/or ALPG meet with the student to review the EPP policy and complete the relevant proforma.

5. **Placement Adjustments (if required)**
   The PD or ALMP notifies the SHS Placements and the relevant Practice Education Facilitators if placement adjustments are needed. The Programme Director is also informed.

Information Sharing and Confidentiality

In accordance with the university's data protection policies and the UK General Data Protection Regulation (GDPR), any information regarding a student's BBV status must be handled sensitively and shared strictly on a need-to-know basis. Disclosure should only occur where necessary to support the student's learning, ensure patient safety, and comply with legal and professional obligations.

AA/ALPG meeting with student to go through EPP Policy – Nursing students with BBV

	Activity
1.	The AA/ALPG goes through the EPP policy and the UKHSA (2024) policy on Exposure Prone Procedures with the student.
2.	AA/ALPG discuss the option of disclosure with the student, outlining the benefits and implications disclosing.
3.	The student may wish to complete an Reasonable Adjustments for Practice Placement (RAPP) form to outline specific reasonable adjustments. Please note that the completion of an RAPP or Individual Support Plan for Practice form may lead to 'speculative disclosure', even if the student's diagnosis is not included on the form. For the most part, a RAPP should *not* be needed if the student is fully aware of clinical situations to avoid.
4.	ALPG notifies the Programme Director.
5.	ALPG then advises the placements team of any learning environments that the student cannot be allocated.

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.

UK Advisory Panel for Healthcare Workers Living with Bloodborne Viruses. Available at: https://www.gov.uk/government/groups/uk-advisory-panel-for-healthcare-workers-infected-with-bloodborne-viruses

UK Health Security Agency (UKHSA) (2024) *Integrated guidance on health UK Health Security Agency (2024) Integrated guidance for management of healthcare workers living with bloodborne viruses: Quick reference guide. April 2024 update. [online] Available at: https://assets.publishing.service.gov.uk/media/677fe15cd721a08c0066560a/integrated-guidance-for-management-of-bbv-in-hcw-quick-reference-guide-April-2024-update.pdf [Accessed 17 Oct. 2025].*