

Management of Hepatitis C Infected Health Care Workers	Type: Policy
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Document Review History

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It is the personal responsibility of the individual referring to this document to ensure that they are viewing the latest version which will be the document on the intranet.

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1. Purpose

- 1.1 The purpose of this policy is to describe the Trust process for the management of Hepatitis C positive healthcare workers.
- 1.2 This policy is based on the guidance given from the Department of Health within Health Service Circular 2002/010 *Hepatitis C Infected Health Care Workers*, which aims to reduce the risk of transmission of Hepatitis C infection to patients, and is reinforced within Department of Health guidance *Health Clearance fro tuberculosis, hepatitis B, hepatitis C, and HIV: New healthcare workers*. March 2007.

2. Aim

- 2.1 The aim of this policy is to comply with guidance set down by the Department of Health and Health Protection Agency.
- 2.2 Guidance contained within this policy is intended to define the standards used for new health care workers, and define also the standards that are to be applied for current health care workers.
- 2.3 This policy should be read in conjunction with the Blood Borne Virus Policy.

3. Scope

- 3.1 This policy applies to all healthcare workers employed by Mid Essex Hospital Services NHS Trust, who perform exposure prone procedures¹, including locum and visiting healthcare workers.

4. Background Information

- 4.1 The health service circular HSC 2002/010 builds on previous advice from the Advisory Group on Hepatitis and recommends that Hepatitis C Infected Healthcare Workers should no longer perform Exposure Prone Procedures.
- 4.2 Hepatitis C constitutes a significant public health problem with around 3% of the worlds population infected (WHO 1997).
- 4.3 Hepatitis C is a disease of the liver caused by the Hepatitis C virus which is a blood-borne virus.

5. Modes of Transmission

- 5.1 Transmission of the Hepatitis C virus occurs when the blood or body fluids from an infected person enter the body of a person who is not infected, e.g.
 - Needle stick or sharps injury
 - Recipients of clotting factors made before 1987

¹ Exposure Prone Procedures: 'EPPs are those procedures where there is a risk that injury to the worker may result in exposure of the patient's open tissues to the blood of the worker. These procedures include those where the worker's gloved hands may be in contact with sharp instruments, needle tips or sharp tissues (spicules of bone or teeth) inside patient's open body cavity, wound or anatomical space where the hands or finger tips may not be completely visible at all times'.

- Recipients of blood and/or solid organs before 1992
- Infants born to infected mothers
- Injecting drug use
- Long-term kidney dialysis

5.2 Healthcare workers at risk from Hepatitis C are, at the same time, also at risk from Hepatitis B and HIV infection and should take appropriate action (see blood borne virus policy).

5.3 Healthcare workers must take into account statements from their regulatory bodies of professional responsibilities in relation to communicable diseases.

6. Roles and Responsibilities

6.1 Trust

6.1.1 To ensure that the health and safety of patients is not compromised by their exposure to an employee who is infected with the Hepatitis C virus and is performing exposure prone procedures.

6.1.2 To ensure that the status and rights of infected healthcare workers as employees is safeguarded as far as is practicable. Where necessary, make every effort to arrange suitable alternative work, redeployment opportunities, or where appropriate early retirement.

6.1.3 To ensure that individual healthcare workers have access to a Consultant Occupational Health Physician.

6.2 Occupational Health

6.2.1 To explain to employees the purpose of testing arrangements and how they might affect continued performance of exposure prone procedures.

6.2.2 To arrange blood tests for staff, and set up a database and recall system.

6.2.3 To be available to discuss with healthcare workers whether they have been exposed to hepatitis C infection occupationally or otherwise; whether they should be tested for hepatitis C; and the implications of a positive test

6.2.4 To act as advocate for the healthcare worker and adviser to the Trust.

6.2.5 To refer hepatitis C infected healthcare workers for specialist clinical assessment.

6.2.6 To advise all hepatitis C infected healthcare workers on ways of minimising the risk of transmission in the health care setting to close contacts.

6.2.7 To inform the Health Protection Agency and Trust Medical Director if an infected healthcare worker has performed exposure prone procedures.

6.3 Employees

6.3.1 All healthcare workers have an overriding ethical duty to protect their patients.

6.3.2 All healthcare workers who have direct clinical care of patients have a duty to keep themselves informed and updated on the codes of professional conduct and guidelines on communicable disease issued by their regulatory bodies.

6.3.3 In the event of exposure to hepatitis C infection whether occupationally or otherwise to promptly seek professional advice on whether to be tested for hepatitis C.

6.3.4 To comply with the testing arrangements otherwise they must cease performing exposure prone procedures.

6.3.5 Healthcare workers who are aware, or have reason to believe that a hepatitis C infected colleague is practising in a way which places patients at risk, must inform the Occupational Health department or their line manager.

7. Health Checks for New Employees

7.1 Department of Health guidance² recommends that all new healthcare workers have pre-employment health checks for tuberculosis disease and immunity and are offered hepatitis B immunisation, with post-immunisation testing of response and the offer of tests for hepatitis C and HIV. These standard health clearance checks should be completed on appointment.

8. Health Checks for New Employees Performing Exposure Prone Procedures

8.1 For all new healthcare workers who will perform exposure prone procedures (EPP), and those who are intending to undertake professional training for a career that relies on the performing of exposure prone procedures additional health clearance must also be undertaken. This additional health clearance requires demonstration of non-infectivity for HIV, Hepatitis B and Hepatitis C.

8.2 HIV (Antibody negative); Hepatitis B (Hepatitis B (surface antigen negative or, if positive, e-antigen negative with a viral load of 10^3 genome equivalents/ml or less); and Hepatitis C (antibody negative or, if positive, negative for hepatitis C RNA).

8.3 These health checks must be completed before confirmation of an appointment to an EPP post, as the worker will be ineligible if found to be infectious

8.4 Testing of Current Employees

Current at risk employees should be offered testing should they attend for a health interview to change their grade and or their post or when attending the occupational health department for other screening.

8.5 Overseas Recruitment

² Department of Health guidance *Health Clearance fro tuberculosis, hepatitis B, hepatitis C, and HIV: New healthcare workers.* March 2007.

Staff recruited from overseas should have all the tests as for EPP workers carried out in their own country before they apply for employment or training in the NHS, these results should be included in their health declaration, ***these tests must then be repeated in this country to confirm the results.***

9. Procedure for Testing

- 9.1 All blood samples for testing should be taken in the occupational health department. In order to ensure the blood is an identifiable validated sample³, the healthcare worker must provide photographic proof of identity e.g. Trust identity badge, passport or new driving licence.
- 9.2 If the initial sample tests positive for hepatitis C antibodies, a further two samples should be taken, a week apart, for hepatitis C virus RNA testing. These samples will be forwarded to microbiology to an accredited laboratory for testing.
- 9.3 Healthcare workers do not need to cease performing exposure prone procedures whilst testing is carried out, provided this is done promptly.
- 9.4 After testing, occupational health will inform healthcare workers of the results of their tests, and the implications if any, for their working practice.

10. Hepatitis C Infected Healthcare Workers

- 10.1 It is the responsibility of any healthcare worker who thinks that they have been at risk of exposure to the Hepatitis virus to seek confidential professional advice promptly from the Occupational Health Department on the need for testing for Hepatitis C and to follow recommendations.
- 10.2 Any healthcare worker who knows that he/she has been, or could have been infected with Hepatitis C (i.e. who following tests have antibodies to Hepatitis C virus) and who perform exposure prone procedures, must be tested for Hepatitis C virus RNA.
- 10.3 Those healthcare workers found to be carrying the virus (i.e. who are Hepatitis C Virus RNA positive) must be restricted from the performance of exposure prone procedures.
- 10.4 Hepatitis C infected healthcare workers who have been treated with antiviral therapy and who remain Hepatitis C Virus RNA negative for at least 6 months after cessation of treatment will be permitted to return to performing exposure prone procedures at that time. However, a further check 6 months later must show them to still be Hepatitis C Virus negative.

11. Confidentiality

³ Identified validated evidence is a UK laboratory report marked and stamped by an Occupational Health Department stating that the sample was taken as an Identified validated sample (IVS) An IVS is a sample taken where the identity of the individual is confirmed using a recognisable form of photographic ID e.g. Passport, Photograph driving license, hospital ID badge . This is to ensure that the result relates to the individual seen and samples have not been substituted.

- 11.1 Hepatitis C infected healthcare workers will receive the same right of confidentiality as any other employee attending Occupational Health. Should a change of duties become necessary, the Human Resources department and departmental manager will be advised immediately, but the hepatitis C status itself will not be disclosed without the individuals consent.
- 11.2 Where patients are, or have been at risk, it maybe necessary in the public interest for the employer to have access to confidential information.

12. Guidance and Management following Blood or Body fluid Exposure Incident.

12.1 Known Hepatitis C Infected Source

12.1.1 There is no prophylaxis available for Hepatitis C. Transmission is unlikely from an HCV RNA negative source.

12.1.2 Blood should be taken from the healthcare worker for storage.
The affected healthcare worker should return for follow-up blood tests for:

HCV RNA (PCR) at	Six weeks
HCV RNA and HCV antibodies at	Three Months
HCV antibodies at	Six months

12.1.3 The affected healthcare worker will be kept informed at all times and offered support throughout the process by the Occupational Health Department.

12.1.4 Where the incident is high risk the Occupational Health Adviser attending to the healthcare worker must ensure that the Health Protection Agency (HPA) form *Health Surveillance of Occupational health Exposure* is completed and returned to the HPA.

12.1.5 A RIDDOR form (F2508) will also need to be completed and sent to the Health and Safety Executive if the affected healthcare worker subsequently tests positive for HCV antibodies

12.1.6 Ensure healthcare worker has an appointment to be reviewed by the Occupational Health Consultant or the Sexual Health Clinic within 5 days of the incident

12.2 Hepatitis C status of source unknown

12.2.1 Blood should be taken from the healthcare worker for storage.

12.2.2 Individual must attend the Occupational Health Department where a risk assessment will be undertaken. If the incident occurs 'out of hours' and the Occupational Health Department is closed this risk assessment will be undertaken by the Accident & Emergency Department.

12.2.3 If source is deemed to be high risk then manage as for infected HCV source

12.2.4 If source is deemed to be a low risk or the source patient has left the Trust premises then the affected healthcare worker will be managed by the Occupational Health Department and recalled for anti HCV testing at 3, 6 and 9 months post exposure.

13. Patient Notification

- 13.1 The UK Advisory Panel for healthcare workers infected with blood borne viruses (UKAP) should be approached for advice whenever patient notification is being considered and before preparations for such an exercise are commenced.

14. Redeployment and Retraining

- 14.1 It is important that healthcare workers whose work may be restricted if they are found to be Hepatitis C Virus RNA positive have confidence that fair arrangements are in place for retraining or redeployment and for compensation.
- 14.2 When a healthcare worker is unable to remain in their current post, options for redeployment should be examined. In the first instance, temporary redeployment should be considered so that treatment to reverse the carrier status can be tried.
- 14.3 If permanent redeployment to a post that does not involve exposure prone procedures becomes necessary, the Trust will do all it can to assist the healthcare worker in this move.
- 14.4 Where alternative employment is not readily available, the Trust will take reasonable steps to look further outside the Trust. In the case of medical and dental staff, the relevant Postgraduate Deans will be contacted for advice about those in training grades.

15. Benefits

- 15.1 Hepatitis C is a Prescribed Industrial Disease for healthcare workers.
- 15.2 The NHS Injury Benefits Scheme and the Industrial Injuries Disablement Benefit Scheme provide benefits where Hepatitis C has been occupationally acquired.
- 15.3 Details for the NHS Scheme can be obtained from the Injury Benefits Manager, NHS Pensions Agency, Hesketh House, 200-220 Broadway, Fleetwood, Lancashire, FY7 8LG.
- 15.4 Ill health retirement benefits under the NHS Pension Scheme may be payable when healthcare workers are permanently incapable of performing their duties because of their Hepatitis C infection.

16. Monitoring and Auditing

16.1 Monitoring

The Trust monitors all infection control incidents, every 2 months via the Incident Reporting procedure, Risk Management report all recorded events / trends to the Joint Health & Safety Committee as part of the regular statistical report. All needle stick / sharps and body fluid exposure incidents are monitored by the Occupational Health Department and Risk Management. Where it is recognised that there are significant trends identifying poor

practice these issues will be reported to Divisional Managers accountable for risk. The number and location of incidents is monitored and forms a part of the annual review produced by the Occupational Health manager for the Health and Safety Committee.

16.2 Auditing

This policy will be subject to annual audit. Occupational Health and Risk Management will jointly review the number of adverse events reported on Datix against attendance at Occupational Health or A&E for BBV management following an inoculation incident. For a sample of 20 cases of a BBV adverse event, the investigation, management and follow-up will be reviewed. A report summarising the findings will be disseminated to all staff through the staff newsletter and to all Divisional Managers. This report will also be submitted to the Health and Safety and Infection Prevention Committees where any recommendations and actions for improvement will be made.

17. References

Department of Health. Health clearance for tuberculosis, hepatitis B, hepatitis C and HIV: New healthcare workers. March 2007

Health Service Circular HSC 2002/010: Hepatitis C Infected Health Care Workers. Department of Health 2002.

Health Service Circular HSC 1998/226: Guidance on the management of AIDS/HIV infected healthcare workers and patient notification.

Health Service Circular HSC 1998/063: Guidance for clinical healthcare workers: protection against infection with blood borne viruses.

APPENDIX 1

**CONSENT FORM FOR BLOOD
SCREENING
HEALTH CARE WORKERS**

Department of Health guidance 'Health Clearance for tuberculosis, hepatitis B, Hepatitis C and HIV: New healthcare workers. (March 2007) states that all new healthcare workers have checks for tuberculosis disease / immunity and are offered hepatitis B immunisation, with post-immunisation testing of response and the offer of tests for hepatitis C and HIV.

For new health care workers who will perform exposure prone procedures (EPPs) health clearance for HIV and Hepatitis C is now mandatory. All healthcare workers who will perform EPPs as part of their job should be tested for:

- | | | |
|-------------------------------|-------------------------------|------------------|
| • Hepatitis B Surface Antigen | • Hepatitis C Antibodies; and | • HIV Antibodies |
|-------------------------------|-------------------------------|------------------|

Health care workers who apply for a post or training which may involve EPPs and who decline to be tested for HIV, Hepatitis B& C will not be cleared to perform exposure prone procedures.

Consent to being tested for Hepatitis B:

Hepatitis B is a viral infection that can be transmitted to patients from an infected health care worker during surgery or other procedures where there is opportunity for the worker's blood to get into the patient e.g. after an accidental injury from a needle or surgical instrument.

To prevent any risk to patients, all healthcare workers performing exposure prone procedures will be tested for signs of chronic Hepatitis B infection.

If you are found to be infected, you will be allowed to continue, but would not be allowed to assist with or undertake surgery or other 'exposure-prone' procedures on patients. It will not prevent you from qualifying or practicing as a doctor, except for the restriction on exposure-prone procedures. You will be referred to a specialist for possible treatment to eradicate the infection.

Your consent is required before you can be tested. If you do not agree, you will have to be considered as infected and will not be allowed to assist with surgery or other similar clinical procedures.

I consent to being tested for Hepatitis Byes no

Consent to being tested for Hepatitis C and/ or HIV

Hepatitis C and HIV are viral infections that can also be transmitted to patients during surgery. The Nursing and Midwifery Council expects healthcare workers who could have been exposed to seek advice and be tested if infection is possible.

Information about the two infections, how they transmitted and the tests are attached to this form. You should read this, decide whether you should have a test, and then tick the relevant boxes below.

If you need more information before you decide you can discuss this, in complete confidence, with an OH adviser when you attend the vaccination clinic.

I have read the information provided regarding Hepatitis C and HIVyes no

I request a blood test for Hepatitis Cyes no

I request a blood test for HIVyes no

Signature Date:

Print Name:

Job Title: Start Date:

HIV & HEPATITIS C

Background: the need to get tested

Hepatitis C and HIV are chronic viral infections where the virus is usually present in the blood. If a healthcare worker infected with either virus injured themselves whilst performing exposure prone procedures on a patient this could allow the virus to be transmitted to the patient. Because of this, it is extremely important that if you may have been exposed to the virus you are tested, to avoid putting patients at risk when involved in an exposure prone procedure. The Nursing and Midwifery Council states that any healthcare worker who could have been exposed to these viruses has an ethical duty to seek advice and get tested if they have been at risk. If found to be a carrier, they must seek specialist Occupational Health advice on whether their clinical practice needs to be restricted. All healthcare workers who have been at risk of infection are encouraged to get tested, confidentially, by the Occupational Health Department.

HIV and Hepatitis C

HIV— Human Immunodeficiency Virus— is a chronic infection which over a period of years progressively damages a person's immune system, eventually causing AIDs.

Hepatitis C causes a chronic infection of the liver. Over time this eventually leads to cirrhosis and death from liver failure or cancer. Infection with either virus usually causes no immediate illness, so a person may be unaware that they are infected. Infection is uncommon in the UK general population (UK HIV prevalence c. 0.1%, Hepatitis C prevalence c. 0.4%) but more common in some risk groups. Infection rates are much higher in other areas of the world, particularly in Africa and some SE Asian countries.

There is no cure for HIV at present, but treatment with anti-viral drugs can suppress viral replication enough to prevent or slow down the damage to the immune system. Hepatitis C can be treated using other drugs, with successful eradication of the infection in about 50% of cases.

Blood tests for antibodies against the viruses can detect infections even during the silent stage. Detectable antibodies do not develop until some weeks after infection, so a test carried out in the first 3 months after an exposure may not be reliable. A test carried out after this time will be accurate.

Table 1: Risk factors for infection with Hepatitis C or HIV

You may have been at risk of infection if:

- Your mother was infected with either virus at the time of your birth
- You have ever injected drugs using equipment shared with someone else
- You have been accidentally exposed to blood of a person infected with Hepatitis C or HIV
- You have had unprotected penetrative sex (i.e. without using a condom)
- You have had a tattoo or body piercing in places with poor procedures for sterilising equipment or materials.

Or if you have had any of the following medical treatments:

- A blood transfusion at a time before testing of donated blood was introduced (in the UK, if *before* 1991)
- Medical or dental treatment in countries where Hepatitis C or HIV is common and where equipment may not be sterilised properly.

In the UK, the most common risk factor for Hepatitis C infection is sharing of injection equipment for street drugs. HIV infection is most commonly transmitted through unprotected sex.

Benefits of having a test

1. You will be complying with your ethical duty to get tested if you have been at risk.
2. If you have been worrying about possibly being infected, a test can give you certainty. If negative, it can provide you with peace of mind. If positive, you can start to take control of your problem.
3. You'll be able to plan your career. If you are negative, a greater range of careers will be open to you. If positive for either infection, then you'll be unable to follow a career which involves exposure prone procedures, unless you had treatment to eradicate the infection. Currently, this is only possible for Hepatitis C.

4. Early diagnosis is of proven benefit. For Hepatitis C, it is easier to eradicate an infection in the earlier stages. For HIV, once diagnosed, a person can be monitored and anti-viral treatment started before irreversible damage to the immune system occurs.
5. If you turn out to be infected, you can take steps to limit the risk of transmission to others, including sexual partners.

Disadvantages of being tested

There are some potential disadvantages to be tested for these infections, which you should be aware of

1. Discovering that you are infected with either of these viruses is stressful. It may cause disabling anxiety in some individuals.
2. If you are infected you may have difficulty obtaining life insurance. NB Insurance companies *do not* impose higher premiums simply because a person has had a test for HIV or Hepatitis.
3. Some countries will not grant visas to foreign nationals infected with HIV
4. You may encounter prejudicial behaviour from others if they discovered you were HIV or Hepatitis C positive
5. If you have had unsafe sex in the past, a negative test may give a false sense of security and tempt you to continue this risky behaviour
6. If you have been at risk of exposure in the past 12 weeks, a test now may be falsely negative. You should defer testing until 12 weeks after your last risk.

How to get tested

You can arrange to be tested by the Occupational Health Service, either when you attend a vaccination clinic, or at any time if you think you may have been at risk. The test is confidential: we will not disclose the result of your tests to anyone without your permission. If you were positive for either virus then we would need to inform the Trust that you were unable to be involved in exposure prone procedures, but we will not disclose the underlying reason.

You could also arrange confidential testing via your GP or a sexual health (genito-urinary medicine clinic). If you were found to be positive for either infection, then you would be ethically bound to then inform the Occupational Health Department. Your confidentiality will be protected as above.

You can get leaflets, giving more details about being tested, from the Occupational Health Service or from the internet addresses below. You can talk through any outstanding questions or concerns you may have with an OH Adviser when attending your first immunisation clinic, before making your decision.

Information on Hepatitis C: www.hepcuk.info

Information on HIV & HIV tests: www.tht.org.uk

The specific page on HIV testing is: <http://www.tht.org.uk/informationresources/hivandaids/testingforhiv/>

APPENDIX 2

Regulatory bodies statements on professional responsibilities

1. General Medical Council

Responsibilities of doctors who may have been exposed to a serious communicable disease.

If you have any reason to believe that you have been exposed to a serious communicable disease you must seek and follow professional advice without delay on whether you should undergo testing and, if so, which tests are appropriate.

If you acquire a serious communicable disease you must promptly seek and follow advice from a suitably qualified colleague – such as a consultant in Occupational Health, infectious diseases or public health on:

- Whether, and in what ways, you should modify your professional practice;
- Whether you should inform your current employer, your previous employers or any prospective employer, about your condition.

You should not rely on your own assessment of the risks you pose to patients.

If you have a serious communicable disease and continue in professional practice, you must have appropriate medical supervision.

If you apply for a new post, you must complete health questionnaires honestly and fully.

Treating colleagues with serious communicable diseases

If you are treating a doctor or other healthcare worker with a serious communicable disease, you must provide the confidentiality and support to which every patient is entitled.

If you know, or have good reason to believe, that a medical colleague or healthcare worker who has, or may have, a serious communicable disease, is practising, or has practiced, in a way which places patients at risk, you must inform an appropriate person in the healthcare workers employing authority, for example an occupational health physician, or where appropriate the relevant regulatory body. Such cases are likely to arise very rarely. Whenever possible you should inform the healthcare worker concerned before passing information to an employer or regulatory body.

Nursing and Midwifery Council

The Councils Code of Professional Conduct

The Code of Professional Conduct for the Nurse, Midwife and Health Visitor is a statement to the profession of the primacy of the interests of patients and clients. Its introductory paragraph states the requirement that each registered nurse, midwife and health visitor safeguard the interest of individual patients and clients. It goes on to indicate to all persons on the register maintained by the Council that, in the exercise of their personal professional accountability, they must 'act always in such a manner as to promote and safeguard the interests and well-being of patients and clients'.

The Responsibility of Individual Practitioners with HIV Infection

Although the risk of transmission of HIV infection from a practitioner to a patient is remote, and, on the available evidence much less than the risk of patient to practitioner transmission, the risk must be taken seriously.

The Department of Health in England have commissioned a study to evaluate this risk. It is incumbent on the person who is HIV positive to ensure that he or she is assessed regularly by his or her medical advisers and complies with the advice received.

Similarly, a nurse, midwife or health visitor who believes that he or she may have been exposed to infection with HIV, in whatever circumstances, should seek specialist medical advice and diagnostic testing, if applicable. He or she must then adhere to the specialist medical advice received. Each practitioner must consider very carefully their personal accountability as defined in the Code of Professional Conduct and remember that he or she has an overriding ethical duty of care to patients