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INFECTION CONTROL PROCEDURE FOR VIRAL HEPATITIS

Introduction
 Viral hepatitis is a common and potentially serious infectious disease caused by several viral agents which can lead to marked inflammation and necrosis of the liver. The recognised forms of viral hepatitis are similar clinically, but the agents that cause them are distinct.

In order to prevent the possible spread of hepatitis amongst patients and staff it is recognised that the UHB requires a procedural document to ensure effective management of infection. This is especially necessary in the case of an infectious incident/outbreak, as detailed in the UHB Infection Control Procedure for Infectious Incidents and Outbreaks In Hospital.

Aim
 To provide a structure and appropriate advice to staff for the prevention and management of hepatitis at all health board locations.

- Objectives**
- To provide advice on action required on the admission of a patient known or suspected of having viral hepatitis.
 - To provide advice on action required when a case of viral hepatitis develops in a health board institution.
 - To provide advice on the action required during an infectious incident or outbreak situation caused by viral hepatitis.
 - To provide advice on the communications necessary whenever a cluster of cases of viral hepatitis develops.

Scope
 This procedure applies to all of our staff in all locations including those with honorary contracts and students on placement at Cardiff and Vale UHB.

Cardiff And Vale UHB accepts its responsibility under the Health and Safety at Work Act etc. 1974 and the Control of Substances Hazardous to Health Regulations 2002, to

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take all reasonable precautions to prevent exposure to hepatitis in patients, staff and other persons working at or using its premises.

Equality and Health Impact Assessment	<i>An Equality and Health Impact Assessment (EHIA) has been completed and no negative impacts identified. As such there were no key actions identified</i>
Documents to read alongside this Procedure	<i>C&V UHB Decontamination of Reusable Medical Devices Procedure C&V UHB Infection Control Protocol for Needle stick and Similar Sharps Injuries C&V UHB Standard Precautions C&V UHB Transmission Based Precautions C&V UHB Hand Hygiene Procedure C&V UHB Waste Management Policy All Wales NHS Dress code HTM 07-01 Safe Management of Healthcare Waste, 2006</i>
Approved by	<i>To be approved to by the Infection Prevention & Control Group</i>

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<p><u>Disclaimer</u> If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate.</p>	

Summary of reviews/amendments			
Version Number	Date of Review Approved	Date Published	Summary of Amendments
5	01.05.2019	03.12.2019	Revised document

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1 SUMMARY

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- 1.1 Viral hepatitis is a common and potentially serious infectious disease caused by several viral agents and marked by inflammation of the liver.
- 1.2 Hepatitis A is transmitted via the faecal-oral route, with person-to-person spread being the usual mechanism of transmission although contaminated food or drink may sometimes be involved. In Hepatitis A asymptomatic disease is common in children and severity tends to increase with age. Occasional cases of fulminating hepatitis may occur but there is no chronic carrier state and little likelihood of chronic liver damage.
- 1.3 Hepatitis E is transmitted via the faecal-oral route. The infection is spread by the ingestion of contaminated water and by uncooked/undercooked food (pork and shellfish), while secondary clinical cases seem uncommon. In general, the disease is self-limited and chronic infection has only been shown with immunocompromised patients (especially in solid organ transplants). HEV can produce severe or fulminant hepatitis in pregnant women with a mortality rate of 20% during the third trimester.
- 1.4 Hepatitis B is transmitted mainly by the parenteral route. In hospitals, transmission most commonly occurs through blood-to-blood contact, including injury with contaminated sharp instruments. However, other body fluids of infected persons have been implicated in transmission of disease. Other routes by which the virus may be transmitted include the sharing of needles by intravenous drug abusers, following sexual intercourse or by perinatal transmission from mother to child.
- 1.5 Some infected adults become chronic carriers of the hepatitis B virus with hepatitis B surface antigen (HBsAg) persisting for longer than six months. Chronic carriage is more frequent in those infected perinatally. Among carriers of the virus, those in whom hepatitis B e-antigen (HBeAg) is detectable are the most infectious. Those with antibody to HBeAg (anti-HBe) are generally of low infectivity
- 1.6 Hepatitis C is also transmitted by the parenteral route and a significant proportion of those infected go on to develop chronic liver disease.
- 1.7 All Health Care Workers who perform exposure prone procedures, and all students must be immunised against hepatitis B, unless immunity to hepatitis B as a result of natural infection or previous immunisation has been documented. Other members of staff that are also at risk of acquiring hepatitis B occupationally, should also be immunised.
- 1.8 Diagnosed or suspected cases of hepatitis A, B, C or E must be notified to the Consultant in Communicable Disease Control of the Health Authority. The UHB Infection Prevention and Control Department should also be informed.

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- 1.9 A patient that is known or suspected to have hepatitis A or E should be admitted directly into a single room, and contact precautions instituted. If no single rooms are available then the quietest area of the ward should be used. A patient who is diagnosed after admission should be transferred to a single room as soon as possible.
- 1.10 A known hepatitis B or C positive patient can be admitted to the open ward; single room isolation is not required unless there is a risk of bleeding and possible environmental contamination. A patient that is diagnosed after admission need only be transferred to a single room if there is the risk of environmental contamination with blood. Please refer to the UHB's Prevention and Control of Blood-Borne Virus Infections in Haemodialysis Units for specific guidance on control measures for viral hepatitis in patients undergoing haemodialysis.
- 1.11 Flag all specimens to the laboratory as "high risk".
- 1.12 The following measures will help to minimize the risk of exposure to hepatitis viruses:
- Hand decontamination should be performed in accordance with C&V UHB Hand Hygiene Procedure. Hand decontamination with soap and water before and after contact with each patient and their environment, before putting on and after removing gloves; change gloves between patients (appendix 2).
 - Cover existing wounds, skin lesions and all breaks in exposed skin with waterproof dressings; wear gloves if hands are extensively affected, or get another staff member to carry out task.
 - Wear appropriate PPE, gloves and apron and consider face and eye protection where contact with blood or other body fluids can be anticipated, and when cleaning equipment prior to sterilisation or disinfection, when handling chemical disinfectants and when cleaning up spillages. Please refer to the C&V UHB the Standard Precautions and Decontamination Procedures.
 - Clear up spillage of blood promptly and disinfect surfaces with the appropriate disinfectant and PPE. Please refer to the C&V UHB Decontamination of Reusable Medical Devices Procedure.
 - Do not wear open footwear in situations where blood may be spilt, or where sharp instruments or needles are handled. Please refer to the All Wales NHS Dress Code.
 - Avoid sharps usage where possible by using safety devices. Where sharps usage is essential, exercise particular care in handling and disposal.

Sharp injuries must be dealt with immediately. Please refer to the C&V UHB Infection Control Procedure for Needlestick and Similar Sharps Injuries.

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- Follow safe procedures for disposal of contaminated waste. Please refer to the C&V UHB Waste Management Policy.

2. IMMUNISATION

- 2.1 All Health Care Workers who perform exposure prone procedures (EPP), and all medical, dental, nursing and midwifery students should be immunised against hepatitis B, unless immunity to hepatitis B as a result of natural infection or previous immunisation has been documented. Other members of staff that are also at risk of acquiring hepatitis B occupationally should also be immunised.
- 2.2 EPP are those where there is a risk that injury to the worker may result in the 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 and sharp tissues (speckles of bone and teeth) inside a patient's open body cavity, wound or confined anatomical space where the hands or finger tips may not be completely visible at all times.
- 2.3 Staff who perform EPP must have a blood test to confirm immunity 2 - 4 months after completing vaccination. Tests for past or current infection should be carried out at the time of giving the vaccine to staff who have lived in countries with a high prevalence of hepatitis B.
- 2.4 The immunisation programme, the collection of blood samples and the necessary follow up will be undertaken by the Occupational Health Department in accordance with current guidelines.
- 2.5 The following Health Care Workers with current hepatitis B infection (defined as a positive hepatitis B surface antigen test) are excluded from performing exposure prone procedures:
- Health Care Workers who are hepatitis B surface antigen (HBsAg) positive and hepatitis B 'e' antigen (HBeAg) positive
 - Health Care Workers who are hepatitis B surface antigen (HBsAg) positive and HBeAg negative, but with a hepatitis B viral load which exceeds 10^3 (i.e. 1000) genome equivalents per ml
 - Health Care Workers who are hepatitis B surface antigen (HBsAg) positive and HBeAg negative, but who have been associated with a previous episode of transmission to patients whilst HBeAg negative.
- 2.6 All other categories of Health Care Workers need not be barred from any area of work, including renal dialysis units.

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- 2.7 Staff whose work involves exposure prone procedures and who fail to respond to the vaccine can continue their work unless they are HBsAg positive carriers of the virus, in which case the above criteria will apply.
- 2.8 Immunisation of medical, dental and midwifery students should be at the start of their training.

3. CONTROL MEASURES FOR HEPATITIS A and E

3.1 Any diagnosed or suspected case of hepatitis A or E must be notified to Public Health Wales (0300 00 300 32), followed by notification on the official form, by the clinician who considers or diagnoses the infection. The UHB Infection Prevention and Control Department should also be informed.

3.2 The transmission of both viruses is by the faecal-oral route.

3.3 For hepatitis A, the infectious agent is found in the faeces, reaching peak levels 7 - 14 days before the onset of symptoms, and continuing for a few days after onset of jaundice. Transmission of the virus via blood is extremely unlikely.

3.4 For hepatitis E, the incubation period following exposure to the hepatitis E virus ranges from 3 – 8 weeks, with a mean of 40 days. The period of communicability is unknown but virus excretion in stools has been demonstrated up to 14 days after the onset of jaundice. Transmission of the virus via blood is extremely unlikely.

3.5 ADMISSION OF KNOWN OR SUSPECTED CASE

3.5.1 A patient that is diagnosed or suspected to have hepatitis A or E should be admitted directly into a single room, and contact precautions instituted (see below). If no single rooms are available then the quietest area of the ward should be used.

3.6 CASE REPORTED AFTER ADMISSION

3.6.1 A patient that is suspected of having hepatitis A or E, or who is diagnosed after admission, should be transferred to a single room as soon as possible and contact precautions instituted (see below).

3.7 ISOLATION/PRECAUTIONS

3.7.1 Patients with hepatitis A require contact isolation for a period of 7 days after onset of jaundice, while patients with hepatitis E require contact isolation for 14 days.

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- A single room with toilet facilities should be used for the patient. If toilet facilities are not available in the room, use disposable bedpans. If the patient is well enough to use the common toilet facilities then these must be cleaned and disinfected immediately after use.
- Visitors and members of staff from other departments must report to the nurse-in-charge before entering the room.
- Patients should not leave the room to attend other departments without prior arrangements.
- A contact isolation sign (orange) should be displayed on the door (appendix 1)
- The door should be kept closed at all times.
- Gloves and apron must be worn for handling contaminated materials.
- Impervious aprons/gowns should be used if soiling is likely.
- Masks are not required.
- Hand decontamination should be performed in accordance with C&Vch UHB Hand Hygiene Procedure. Hand decontamination must be performed before entering the room, after touching the patient, after being in contact with potentially infected materials and the patients' environment, and after the removal of disposable gloves (appendix 2). In each case, hands should be initially washed with soap and water and then disinfected with an approved hand disinfectant e.g. alcohol gel
- While there is no need to flag laboratory specimens for hepatitis A or E as high risk, if the patient is jaundiced and hepatitis A or E has not yet been confirmed, then specimens should be flagged as high risk.

3.8 DISPOSAL OF CONTAMINATED MATERIAL

- 3.8.1 All infected waste should be disposed of into the appropriate clinical waste bag (HTM 07-01 Safe Management of Healthcare Waste 2006)

3.9 DECONTAMINATION AND TERMINAL CLEANING

Detailed information on decontamination procedures for individual pieces of equipment, the environment, and blood spillages is given in the C&V UHB Decontamination and Infection Control Standard Precautions Procedures

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- 3.9.1 The patients room needs to be cleaned twice daily with a combined detergent and chlorine releasing agent using a 0.1% 1,000 ppm (e.g. Atichlor +).

Any equipment used by the patient needs to be cleaned and disinfected using an agent as above.

All linen should be placed in the appropriate bag for infected linen and returned to the laundry.

- 3.9.2 After discharge the patients room must be cleaned thoroughly with a combined detergent and chlorine releasing agent using a 0.1% 1,000 ppm (e.g. Atichlor +). Curtains will also need to be changed. Decontamination of the mattress surface is also required using a 0.1% (1 000 ppm) of a disinfectant and chlorine releasing agent and the mattress checked. The room should be allowed to dry thoroughly and may then be used for another patient.

Hydrogen Peroxide Vapour (HPV) clean should then be carried out in accordance to instructions.

3.10 TRANSFER OF PATIENTS

- 3.10.1 The nurse-in-charge of the ward is responsible for ensuring that the necessary information regarding the patient's current status is passed onto a senior member of staff of the receiving ward, department or hospital.

- 3.10.2 In the Hospital - Transfer to other wards should be avoided if at all possible. If transfer has to be effected the receiving ward must be informed of the current status of the patient.

- 3.10.3 Visits to other departments and surgical operations - should be kept to a minimum. When this is needed, prior arrangements must be made with the senior staff of the department concerned. Patients should be seen at the end of the working session and should spend the minimum time in the department. They should be sent for when the receiving department is ready. These guidelines should never obstruct the clinical care of patients where procedures are deemed as clinically necessary.

- 3.10.4 Transfer to other hospitals - Inter-hospital movement should be kept to a minimum. It is the responsibility of the transferring ward to inform the

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receiving hospital/ward of the current status of the patient (and to flag the patient's notes where necessary).

3.10.5 Discharge - The General Practitioner must be advised of the patient's status at discharge.

3.11 HEALTH CARE PERSONNEL

3.11.1 Health Care Personnel are not at risk from occupational exposure to hepatitis A or E as long as the standard infection prevention and control procedures are adhered to. In an outbreak situation, the Infection Prevention and Control Doctor and Consultant Virologists will decide on what action is required to protect staff.

3.12 SHARPS/BODY FLUID EXPOSURE

3.12.1 Although hepatitis A or E is not normally spread by the parenteral route, due care must always be applied to avoid "sharps injuries/blood and body fluid exposures".

4. CONTROL MEASURES FOR HEPATITIS B and C

4.1 Any diagnosed or suspected case of acute hepatitis B or C must be notified to Public Health Wales (0300 00 300 32) followed by notification on the official form by the clinician who considers or diagnoses the infection. The UHB Infection Prevention and Control Department should be informed of all known or suspected hepatitis cases.

4.2 Known Hepatitis B patients should be cared for by known responders to the hepatitis B vaccine for high risk clinical duties.

4.3 Transmission of hepatitis B or C most commonly occurs as a result of blood-to-blood contact, including injury with contaminated sharp instruments.

4.4 ADMISSION OF KNOWN CASE

4.4.1 A known hepatitis B or C positive patient can be admitted to the open ward; single room isolation is not required unless there is a risk of bleeding with significant environmental contamination when single room contact precautions should be instituted immediately (see below). Contact precautions against blood-borne viruses should be instituted at all times.

4.5 CASE REPORTED AFTER ADMISSION

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4.5.1 A patient that is suspected of having hepatitis B or C, or is diagnosed after admission, can remain where they are situated in the ward. Transfer to a single room with appropriate contact precautions is preferable if there is a risk of bleeding with significant environmental contamination. Contact precautions against blood-borne viruses should be instituted immediately.

4.6 ISOLATION/PRECAUTIONS

4.6.1 Patients with hepatitis B or C require contact precautions against blood-borne viruses to be instituted on admission or when diagnosed after admission.

4.6.2 A single room is not usually required; however if there is likely to be bleeding which could cause significant contamination of the environment, then a single room should be used. Where a single room is being used:

- Visitors and members of staff from other departments must report to the nurse-in-charge of the ward prior to entering the room.
- Patients should not leave the ward to attend other departments without prior arrangements.
- A contact isolation sign (orange) must be displayed on the door (appendix 1)
- The door should be kept closed at all times.
- Gloves and apron must be worn when touching blood or body fluids, and must be discarded before leaving the room/area.
- Impervious aprons should be used if soiling of clothing with blood or body fluids is likely.
- Masks or face and eye protection are not required unless splashing with blood or other body fluids is likely. Where there is a high risk of contamination with blood or body fluids through splashing, protecting the eyes with goggles/visor and the mouth with a mask will be necessary. Alternatively a fluid shield face mask with integral visor can be used.
- Hand decontamination should be performed in accordance with C&V UHB Hand Hygiene Procedure. Hand decontamination with soap and water and then disinfected with an appropriate hand disinfectant (e.g. alcohol gel) if they become contaminated or are suspected of being contaminated. Hand decontamination must also be performed before leaving the patients' room/ward area, even if gloves have been worn (appendix 2)
- Care must be taken to prevent needle stick injuries and all sharp items must be disposed of properly. See C&V UHB Infection Control Protocol for Needle stick and Similar Sharps Injuries

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- Flag all specimens to the laboratory as “high risk”.

4.7 DISPOSAL OF CONTAMINATED MATERIAL

- 4.7.1 All infected waste should be disposed of into the appropriate clinical waste bag (HTM 07-01 Safe Management of Healthcare Waste 2006)

4.8 DECONTAMINATION AND TERMINAL CLEANING

- 4.8.1 Detailed information on decontamination procedures for individual pieces of equipment, the environment, and blood spillages is given in the C&V CHUHB Decontamination Procedure and Infection Control Standard Precautions Procedure

Any linen that is contaminated with bodily fluids should be placed in the appropriate bag for infected linen and returned to the laundry.

- 4.8.2 The disinfectant of choice for environmental use is a combined detergent and chlorine releasing agent (e.g Atichlor +) for blood spillages in both clinical and non-clinical areas chlorine releasing disinfectant granules or a hypochlorite solution (10,000 ppm) should be used.

- 4.8.3 After discharge the patients room/environment must be cleaned thoroughly with a combined detergent and chlorine releasing agent using a 0.1% 1,000 ppm (e.g. Atichlor +). Curtains will also need to be changed. Decontamination of the mattress surface is also required using a 0.1% (1 000 ppm) of a disinfectant and chlorine releasing agent and the mattress checked. The room should be allowed to dry thoroughly and may then be used for another patient.

Hydrogen Peroxide Vapour (HPV) clean should then be carried out in accordance to instructions.

4.9 TRANSFER OF PATIENTS

- 4.9.1 The nurse-in-charge of the ward is responsible for ensuring that the necessary information regarding the patient’s current status is passed onto a senior member of staff of the receiving ward, department or hospital.

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- Within the Hospital - If transfer has to be effected the receiving ward should be informed of the current status of the patient.
- Visits to other departments and surgical operations - When this is needed, prior arrangements must be made with the senior staff of the department concerned. Where necessary, it is the responsibility of the transferring ward to inform the receiving department of the current status of the patient and to flag the patient's notes. These guidelines should never jeopardise clinical need.
- Transfer to other hospitals - It is the responsibility of the transferring ward to inform the receiving hospital/ward of the current status of the patient and to flag the patients notes where necessary.
- Discharge - The General Practitioner must be advised of the patient's status at discharge.

4.10 HEALTH CARE PERSONNEL

- 4.10.1 All Health Care Workers who perform exposure prone procedures, and all medical, dental, nursing and midwifery students should be immunised against hepatitis B, unless immunity to hepatitis B as a result of natural infection or previous immunisation has been documented. Other members of staff that are at risk of acquiring hepatitis B occupationally, should also be immunised.
- 4.10.2 The Occupational Health Department, in accordance with current guidelines will undertake the immunisation programme, collection of blood samples and necessary follow up.
- 4.10.3 Sharp injuries must be dealt with immediately. Please refer to the C&V UHB Infection Control protocol for Needlestick and Similar Sharps Injuries.

5. CONTACT PRECAUTIONS AGAINST BLOOD-BORNE VIRUSES

- 5.1 Blood-borne viruses (BBVs) which may represent a potential hazard to other patients and health-care workers are those which are associated with chronic carriage and viraemia in affected individuals. These include HIV and the hepatitis B (HBV) and C (HCV) viruses.
- 5.2 In general, the risks of transmission of BBVs to health care workers arise from the possibility of exposure to blood and exceptionally to certain other body fluids or body tissues from an infected patient.

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These include the following:

Body fluids which should be handled with the same precautions as blood
<ol style="list-style-type: none"> 1. Cerebrospinal fluid Peritoneal fluid Pleural fluid Pericardial fluid Synovial fluid Amniotic fluid Semen Vaginal secretions Breast milk 2. Any other body fluid containing visible blood, including saliva in association with dentistry 3. Unfixed tissues and organs

- 5.3 The risk of transmission for each virus is proportional to the prevalence of that infection in the population served, the infectious status of the individual source patient, which may or may not be known, and the type of occupational exposure.
- 5.4 In the health care setting, transmission most commonly occurs after percutaneous exposure to a patient's blood by "sharps" or "needlestick" injury. In the non-immune person, the risk of acquiring hepatitis B virus from needlestick exposure to blood containing HBs antigen and no antibody to HBe antigen is approximately 33%. The risk of HIV transmission after percutaneous exposure to HIV infected blood in health care settings is approximately 0.3%. The rate of sero-conversion for hepatitis C following needle-stick injury with contaminated blood is uncertain but probably around 1.8%.
- 5.5 Transmission of BBVs may also result from contamination of mucous membranes of the eyes or the mouth, or of broken skin, with infected blood or other infectious material. It is for this reason that facial and body protection against blood splashes must be taken at all times. The transmission risks after a mucocutaneous exposure are lower than those after a percutaneous exposure. The risk of acquiring HIV after a single mucocutaneous exposure is 0.1%.
- 5.6 Not all patients infected with BBVs have had their infections diagnosed. It is therefore important that all blood and body fluids and tissues are regarded as

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potentially infectious, and HCWs should follow contact precautions at all times.

5.7 GENERAL MEASURES TO REDUCE THE RISK OF OCCUPATIONAL EXPOSURE

- Hand decontamination should be performed in accordance with C&V UHB Hand Hygiene Procedure.
- Hand decontamination with soap and water before and after contact with each patient and their environment (appendix 2), before putting on and after removing gloves; change gloves between patients.
- Cover existing wounds, skin lesions and all breaks in exposed skin with waterproof dressings; wear gloves if hands are extensively affected, or get another staff member to carry out task.
- Wear appropriate PPE, gloves and apron and consider face and eye protection where contact with blood or other body fluids can be anticipated, or when cleaning equipment prior to sterilisation or disinfection, when handling chemical disinfectants and when cleaning up spillages. Please refer to the C&V UHB Standard Precautions and Decontamination Procedures.
- Clear up spillage of blood promptly and disinfect surfaces with the appropriate disinfectant and PPE. Please refer to the C&V UHB Decontamination and Standard Precautions Procedures.
- Do not wear open footwear in situations where blood may be spilt, or where sharp instruments or needles are handled. Please refer to The All Wales NHS Dress Code.
- Avoid sharps usage where possible by using safety devices. Where sharps usage is essential, exercise particular care in handling and disposal.
- Sharp injuries must be dealt with immediately. Please refer to the C&V UHB Infection Control protocol for Needlestick and Similar Sharps Injuries.

Follow safe procedures for disposal of contaminated waste. Please refer to the C&V UHB Waste Procedure Policy.

6. ACCIDENTAL SHARPS INJURY/BLOOD AND BODY FLUID EXPOSURE

- 6.1 Please refer to C&V UHB Infection Control Procedure for Needle Stick and Similar Sharps Injuries

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7. RESOURCES

- 7.1 The necessary resources for the management, training, risk assessments, monitoring and auditing of hepatitis are already in place and the implementation of this procedure will not entail additional expenditure.

8. TRAINING

- 8.1 Mandatory Infection and Prevention and Control training updated every two years.
- 8.2 Further departmental based training as identified by training needs analysis.

9. IMPLEMENTATION

- 9.1 The document will be available on the UHB intranet site and the Infection Prevention and Control clinical portal.
- 9.2 Individual directorates will be responsible for the implementation of the procedure document in clinical areas.

10. EQUALITY

- 10.1 This procedure has had an equality impact assessment and has shown there has been no adverse effect or discrimination made on any particular or individual group.

11. AUDIT

- 11.1 Audit of compliance with the procedural document, will be carried out by the Infection Prevention and Control Department, as part of their procedural audit programme.

12. REVIEW

- 12.1 This procedure will be reviewed every three years or sooner if the national guidelines are updated.

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13. REFERENCES

All Wales NHS Dress Code. Welsh Assembly Government. NHS Wales; 2010

- 13.1 Cardiff and Vale UHB Decontamination of Reusable Medical Devices Procedure
- 13.2 Cardiff and Vale UHB Hand Hygiene Procedure
- 13.3 Cardiff and Vale UHB Infection Control Protocol for Needle stick and Similar Sharps Injuries
- 13.4 Cardiff and Vale UHB Standard Precautions
- 13.5 Cardiff and Vale UHB Waste Management Policy
- 13.6 Categorisation of Biological Agents According to Hazard and Categories of Containment. Advisory Committee on Dangerous Pathogens.1995.
- 13.7 Guidance for Clinical Health Care Workers: Protection Against Infection with Blood-borne Viruses - Recommendations of the Expert Advisory Group on AIDS and the Advisory Group on Hepatitis. UK Health Departments. 1998.
- 13.8 Guidance on the investigation and management of occupational exposure to hepatitis C. ME Ramsay. Communicable Disease Public Health 1999; 2: 258-62.
- 13.9 Health Service Circular HSC 2000/020. Hepatitis B Infected Health Care Workers. Issue Date: 23 June 2000
- 13.10 Health Technical Memorandum HTM 07-01. Safe Management of Healthcare Waste. DoH. 2013
- 13.11 Immunisation Against Infectious Disease. Department of Health HMSO. 2017
- 13.12 Protecting Health Care Workers and Patients from Hepatitis B - Recommendations of the Advisory Group on Hepatitis. 1993. Health Service Guidelines HSG (93)40. (Addendum issued under cover of EL(96)77, 26 September 1996).
- 13.13 Safe Working Practices and the Prevention of Infection in Clinical Laboratories. Health Services Advisory Committee of the Health and Safety Commission.2003.

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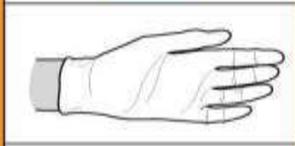
Appendix 1

STOP

Contact isolation **KEEP DOOR CLOSED**

unless ward sister/charge nurse instructs otherwise








Instructions for all staff and visitors

Hands must be washed

when entering and before leaving room

Wear orange plastic apron

when entering the room

Wear gloves when risk of contamination

from blood, body fluids or secretions

Wear Goggles/Visor

if there is a risk of splashing from blood or body fluids

PPE disposal:

Dispose of gloves, apron and face protection into orange labelled waste bin before leaving room.

Wash your hands before leaving room



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Cardiff and Vale
University Health Board

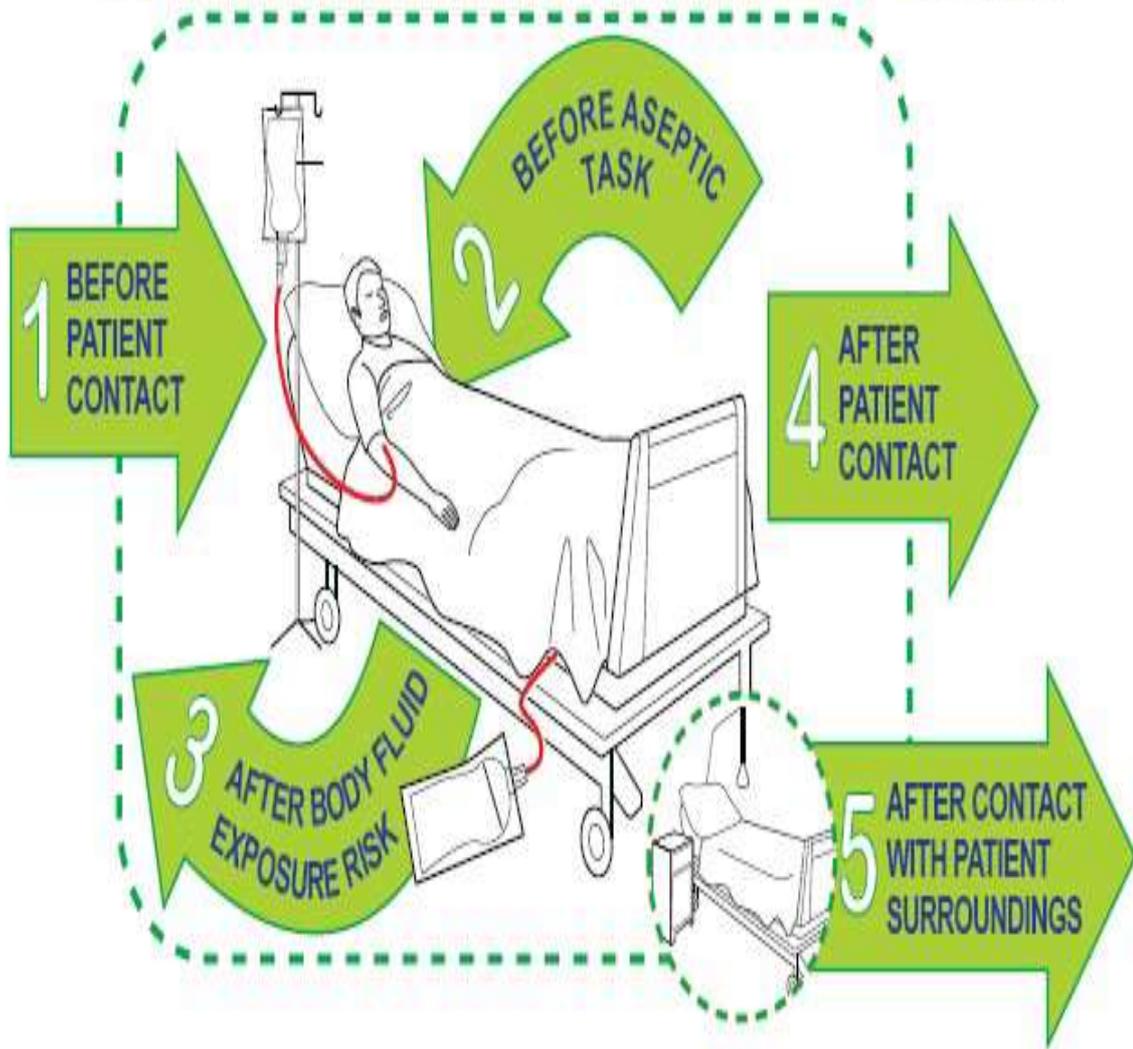
Cardiff and Vale UHB



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Appendix 2

Your 5 moments for HAND HYGIENE



Based on WHO poster 'Your 5 Moments for Hand Hygiene' and reproduced with their kind permission

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Equality & Health Impact Assessment for *Infection Control Procedure for Viral Hepatitis*

Please read the Guidance Notes in Appendix 1 prior to commencing this Assessment

Please note:

- The completed Equality & Health Impact Assessment (EHIA) must be
 - Included as an appendix with the cover report when the strategy, policy, plan, procedure and/or service change is submitted for approval
 - Published on the UHB intranet and internet pages as part of the consultation (if applicable) and once agreed.
- Formal consultation must be undertaken, as required¹
- Appendices 1-3 must be deleted prior to submission for approval

Please answer all questions:-

1	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Infection Control Procure for Viral Hepatitis
2	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Corporate Directorate Vince Saunders Ext: 43596
3	Objectives of strategy/ policy/ plan/ procedure/ service	<ul style="list-style-type: none"> • To provide advice on action required on the admission of a patient known or suspected of having viral hepatitis. • To provide advice on action required when a case of viral hepatitis develops in a health board institution.

¹http://www.cardiffandvale.wales.nhs.uk/portal/page?_pageid=253,73860407,253_73860411&_dad=portal&_schema=PORTAL

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		<ul style="list-style-type: none"> To provide advice on the action required during an infectious incident or outbreak situation caused by viral hepatitis. To provide advice on the communications necessary whenever a cluster of cases of viral hepatitis develops.
4	<p>Evidence and background information considered. For example</p> <ul style="list-style-type: none"> population data staff and service users data, as applicable needs assessment engagement and involvement findings research good practice guidelines participant knowledge list of stakeholders and how stakeholders have engaged in the development stages comments from those involved in the designing and development stages <p>Population pyramids are available from Public Health Wales Observatory² and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need³.</p>	<p>Cardiff and Vale University Health Board accepts its responsibility under the Health and Safety at Work Act 1974 and the Control of Substances Hazardous to Health Regulations 2002, to take all reasonable precautions to prevent exposure to an infectious disease in patients, staff and other persons working at or using its premises.</p> <p>In order to prevent the possible spread of infection amongst patients and staff it is recognised that the UHB requires procedural documents to ensure effective management of infection.</p> <p>The procedure is supported by the UHB's 'Framework for the Management and Reduction of Healthcare Associated Infections and Antimicrobial Resistance' (September 2015).</p> <p>Please be advised that all the below lists and links are not an exhaustive list of the available evidence and information but provides an indicative summary of the evidence and information applicable to this policy.</p> <p>An internet search was conducted on 17/12/18 using the following search terms in combination "Viral hepatitis", "Viral hepatitis policy", "Viral hepatitis procedure", "Infection control hepatitis and "Viral hepatitis equality impact assessment" The search revealed several equality impact assessments. Examples can be found by following the links below:</p> <p>http://www.srft.nhs.uk/EasysiteWeb/getresource.axd?AssetID=56859&type=full&servicetype=Inline</p>

² <http://nww2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf>

³ <http://www.cardiffandvaleuhb.wales.nhs.uk/the-challenges-we-face>

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	<p>file:///C:/Users/vi088009/Downloads/18.06-ISSUE-6.pdf</p> <p>https://www.solent.nhs.uk/_store/documents/oh08managementofhealthcareworkersinfectedwithblood-bornevirus2015.pdf</p> <p>http://www.eastcheshire.nhs.uk/About-The-Trust/policies/S/Sharps%20Needlestick%20Injury%20and%20Body%20Fluid%20Exposure%20Management%20Policy%20and%20Procedure%20ECT2919.pdf</p> <p>https://www.google.com/search?q=viral+hepatitis+policy+uk&ei=0ccXXMuJKsOSkwWc76jABq&start=30&sa=N&ved=0ahUKEwiLv3lnaffAhVDyaQKHZw3Cmg4FBdy0wMlfQ&biw=1280&bih=923</p> <p>https://www.solent.nhs.uk/_store/documents/oh08managementofhealthcareworkersinfectedwithblood-bornevirus2015.pdf</p> <p>http://www.srft.nhs.uk/EasysiteWeb/getresource.axd?AssetID=56859&type=full&servicetype=Inline</p> <p>http://www.newcastle-hospitals.org.uk/downloads/policies/Infection%20Control/BBVPatients201606.pdf</p> <p>https://www.rdehospital.nhs.uk/documents/policies/infection-control-policy-preventing-controlling-blood-borne-virus-haemodialysis-units.pdf</p> <p>file:///C:/Users/vi088009/Downloads/infection-control-procedure.pdf</p>
5 Who will be affected by the strategy/ policy/ plan/ procedure/ service	<p>This procedure applies to all of our staff in all locations including those with honorary contracts and students on placement at Cardiff and Vale UHB.</p> <p>In order to prevent the possible spread of hepatitis amongst patients and staff it is recognised that the UHB requires a procedural document to ensure effective management of infection. This is especially necessary in the case of an infectious incident/outbreak, as detailed in the UHB Infection Control Procedure for Infectious Incidents and Outbreaks.</p> <p>To reduce the incidence of HCAI ensuring the delivery of safe, effective care and best outcomes for patients and effective management of exposed staff.</p>

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6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.1 Age For most purposes, the main categories are: <ul style="list-style-type: none"> • under 18; • between 18 and 65; and • over 65 	There was no evidence found that the procedure will have an impact in relation to peoples age.	N/A	
6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	There was no evidence found that the procedure will have an impact in relation to peoples disability	N/A	
6.3 People of different genders: Consider men, women, people undergoing gender	There was no evidence found that the procedure will have an impact	N/A	

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
reassignment NB Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender	because of peoples gender reassignment.		
6.4 People who are married or who have a civil partner.	There was no evidence found that the procedure will have an impact because of people's marital status or relationships.	N/A	
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether or not they are on maternity leave.	There was no direct evidence that the procedure will have an impact because of people being pregnant or just having a baby	N/A	

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	There was no evidence found that the procedure will have an impact in relation to peoples race.	N/A	
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	There was no evidence found from that the procedure will have an impact in relation to peoples religious or non-belief.	N/A	
6.8 People who are attracted to other people of: <ul style="list-style-type: none"> • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual) 	There was no evidence found that the procedure will have an impact in relation to peoples sexual	N/A	

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	orientation.		
6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design Well-being Goal – A Wales of vibrant culture and thriving Welsh language	The procedure for implementation by clinical staff is in English and therefore has a low impact on the Welsh language.	N/A	
6.10 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	There was no evidence found that the procedure will have an impact in relation to people's income	N/A	
6.11 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators,	There was no evidence found that the procedure will have an impact in relation to	N/A	

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
people unable to access services and facilities	where people live, health indicators, access to services		
6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	There was no evidence found that the procedure will have an impact	N/A	

7. HIA / How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
7.1 People being able to access the service offered:	There was no evidence found that the procedure will	N/A	

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
Consider access for those living in areas of deprivation and/or those experiencing health inequalities Well-being Goal - A more equal Wales	have an impact in relation to health inequalities		
7.2 People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including	There was no evidence found that the procedure will have an impact	N/A	

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
smoking cessation services, weight management services etc Well-being Goal – A healthier Wales			
7.3 People in terms of their income and employment status: Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions Well-being Goal – A prosperous Wales	There was no evidence found that the procedure will have an impact in relation to peoples income and employment status	N/A	
7.4 People in terms of their use of the physical environment: Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the	There was no evidence found that the procedure will have an impact in relation to peoples physical environment	N/A	

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces</p> <p>Well-being Goal – A resilient Wales</p>			
<p>7.5 People in terms of social and community influences on their health: Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos</p>	<p>There was no evidence found that the procedure will have an impact</p>	<p>N/A</p>	

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
Well-being Goal – A Wales of cohesive communities			
7.6 People in terms of macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate Well-being Goal – A globally responsible Wales	There was no evidence found that the procedure will have an impact	N/A	

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Please answer question 8.1 following the completion of the EHIA and complete the action plan

8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service	To provide a structure and appropriate advice to staff for the prevention and management of hepatitis at all health board locations
---	---

Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.2 What are the key actions identified as a result of completing the EHIA?	No negative impacts identified			
8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required? This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?	N/A			

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	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p>8.4 What are the next steps?</p> <p>Some suggestions:-</p> <ul style="list-style-type: none"> • Decide whether the strategy, policy, plan, procedure and/or service proposals <ul style="list-style-type: none"> ○ continues unchanged as there are no significant negative impacts ○ adjusts to account for the negative impacts ○ continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so) ○ stops. • Have your strategy, policy, plan, procedure and/or service proposal approved • Publish your report of this impact assessment • Monitor and review 	<p>The procedure remains unchanged as there are no negative impacts identified</p>	IPCG	Feb 2019	To be sent for approval by IPCG
	<p>Procedure to be approved and made available to healthcare staff</p>	IPCG	Feb 2019	To be sent for approval by IPCG
	<p>The procedure will be reviewed in 3 years' time and a further EQIA assessment undertaken</p>	IP&C	3 years	At time of review to send out procedure for comments

