

MBBS Policy on Blood-Borne Viruses and exposure prone procedures

1. Introduction

- 1.1 This policy applies to all students registered on the MBBS programme and is informed by the overriding principle of the duty of care to patients and of IHSE to its students.
- 1.2 Students registered on these programmes are considered 'healthcare workers' under the Department of Health's definition and therefore should have the appropriate level of health clearance when undertaking clinical placements, and additional clearance before undertaking exposure prone procedures (EPPs).
- 1.3 This policy sets out the individual and collective responsibilities of the medical school and medical students as they relate to testing for blood-borne viruses (BBVs) and eligibility to perform exposure prone procedures. This policy is aligned with the Department of Health's guidance on health clearance for new healthcare workers.
- 1.4 BBVs are viruses that some people carry in their blood and can be spread from one person to another. The most prevalent blood borne viruses are Human Immunodeficiency Virus (HIV), hepatitis B and hepatitis C.

2. Health clearance

- 2.1 All health clearance checks are undertaken by the University's contracted occupational health provider: OHWorks.

- 2.2 IHSE undertakes three checks at different stages of the programme:

Stage 1: Clearance to enrol on the programme – this requires the completion of a health questionnaire that all students must complete.

Stage 2: Clearance to start clinical placement - completed in October of Year 1

- To clear this stage, all students must undertake the required vaccinations and/or screening as set out in the OHWorks Guide to Immunisation, Screening and Health Clearance.
- Students will receive a fitness certificate to confirm clearance of this stage.
- As part of this stage, all students are offered BBV screening for enhanced EPP clearance. From 2024-25 onwards, students who obtain EPP clearance will have this noted on their fitness certificate.

Stage 3: Completion of Hepatitis B vaccinations – completed prior to the start of Year 2

- Students will need to complete the Hepatitis B vaccination schedule and undertake the immunity test. There are three vaccinations in total: the first vaccination is given at the first OH appointment as part of stage 2, the second after one month and the third after six months. The immunity test is taken a minimum of four weeks after the third dose.
- Students will receive a report to confirm their immunity status.

- 2.3 IHSE receives information about a student's health clearance status but does not have access to a student's confidential health information.
- 2.4 If the OH provider advises on adjustments to clinical placements, as a result of a student's health status, then the University will consider these in accordance with the Equality Act 2010 taking into consideration the core competencies of the programme.

3. Exposure prone procedures

- 3.1 Exposure prone procedures (EPPs) are defined as: invasive 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 include procedures where the worker's gloved hands may be in contact with sharp instruments, needle tips or sharp tissues (e.g. spicules of bone or teeth) 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.¹
- 3.2 There is a risk of blood-borne virus transmission during EPPs. Healthcare workers who are known to be infectious carriers of HIV, Hepatitis B and Hepatitis C are not allowed to carry out EPPs, as injury to the worker could result in their blood contaminating their patient's open tissues.
- 3.3 Department of Health guidance states that all new healthcare workers must undergo health clearance, including screening for BBVs for those performing EPPs. This is not to prevent those infected with BBVs from working in the NHS, but rather to restrict them from working in those clinical areas where their infection may pose a risk to patients in their care.
- 3.4 The MBBS programme does **not** require EPP clearance but students are strongly recommended to take up the offer of enhanced EPP clearance. Guidance from the General Medical Council states that students do not need to perform EPPs to achieve the outcomes of undergraduate medical education.
- 3.5 Students should be aware that not having the clearance to undertake EPPs will result in a restriction on the clinical areas in which they can practice once qualified. EPPs comprise part of the normal work of a significant number of clinicians and there is, therefore, a national requirement for a substantial proportion of the postgraduate medical workforce to be competent in EPPs.
- 3.6 While not a mandatory part of the programme, undertaking EPPs can form an important part of medical training and students should not be denied the opportunity to assist or undertake them under supervision provided they have the correct level of clearance.
- 3.7 All students are strongly recommended to have screening for blood borne viruses as part of the stage 2 clearance at the start of their studies to enable them to obtain EPP clearance prior to starting clinical placements.
- 3.8 Appendix 1 at the end of this policy provides examples of what might constitute EPPs. The table should be interpreted with caution as it provides examples only and is not exhaustive.

4. Adherence to policy

- 4.1 Students who choose not to obtain EPP clearance, or are found to be infected by a BBV, will be allowed to continue on the MBBS programme, provided that they formally accept the requirement that they will not be allowed to perform EPPs or enter postgraduate clinical training in certain specialties until they have satisfied the requirements of the Department of Health's Health Clearance Guidance.
- 4.2 Students who do not meet EPP clearance requirements must not be involved in EPPs and must decline to assist or undertake EPPs on clinical placements.
- 4.3 It is the responsibility of each student to be aware of their level of clearance (standard or EPP) throughout the duration of their study.

- 4.4 If a student believes their clearance has changed throughout the programme it is their responsibility to immediately contact Occupational Health (OHWorks).
- 4.5 Failure to adhere to this policy has potential safety implications and will be considered a serious breach of professionalism and may result in a referral through the Professional Capability and Fitness to Practise regulations.

Specialty/ Procedure	Examples of procedures that are known to be exposure prone	Examples of procedures that might be exposure prone	Examples of procedures that are not exposure prone
General			<ul style="list-style-type: none"> • Taking blood (venepuncture) • Setting up and maintaining IV lines or lines (provided that any skin-tunnelling procedure used for the latter is performed in a non-exposure- prone manner, i.e. without the operator's fingers being at any time concealed in the patient's tissues in the presence of a sharp instrument) • Minor surface suturing • Incision of external abscesses • Routine vaginal or rectal examinations • Arterial blood gas sampling • Nasogastric tube insertion • Urethral catheterisation • Peripheral venous cannulation • Intramuscular injection • Subcutaneous injection • Lumbar puncture • Capillary blood glucose testing • Wound care and basic wound dressing
Accident & Emergency	<ul style="list-style-type: none"> • Any pre-hospital trauma care • Physical examination or otherwise handling of acute trauma patients with open tissues because of the unpredictable risk of injury from sharp tissues such as fractured bones • Rectal examination in the presence of a suspected pelvic fracture • Deep suturing to arrest haemorrhage • Internal cardiac massage 		
Anaesthetics	The only procedures currently performed by anaesthetists which would constitute EPPs are:	The insertion of a chest drain may or may not be considered to be exposure-prone depending on how it is performed. Where	Modern techniques for skin tunnelling involve wire-guided techniques and putting steel or plastic trochars from the

	<ul style="list-style-type: none"> The placement of portacaths (very rarely done), which involves excavating a small pouch under the skin and may sometimes require manoeuvres which are not under direct vision; The insertion of chest drains in A&E trauma cases such as patients with multiple rib fractures. 	<p>a larger incision is made, and a finger is inserted into the chest cavity, as may be necessary for example with a flail chest, and where the healthcare worker could be injured by the broken ribs, the procedure should be considered exposure-prone.</p>	<p>entry site to the exit site where they are retrieved in full vision. Therefore, skin tunnelling is no longer considered to be exposure-prone.</p>
Cardiology		<p>Implantation of permanent pacemakers (for which a skin-tunnelling technique is used to site the pacemaker device subcutaneously) may or may not be exposure prone. This will depend on whether the operator's fingers are or are not concealed from view in the patient's tissues in the presence of sharp instruments during the procedure.</p>	<p>Percutaneous procedures, including angiography/cardiac catheterisation, are not exposure prone.</p>
Dentistry	<p>The majority of procedures in dentistry are exposure-prone including:</p> <ul style="list-style-type: none"> Taking impressions from dentate or partially dentate patients The fitting of partial dentures and fixed or removable orthodontic appliances where clasps and other pieces of metal could result in injury to the dentist. 		<p>Non-exposure prone procedures include:</p> <ul style="list-style-type: none"> examination using a mouth mirror only taking extra-oral radiographs visual and digital examination of the head and neck visual and digital examination of the edentulous mouth taking impressions of edentulous patients the construction and fitting of full dentures.
Ear, Nose and Throat (ENT) Surgery	<p>ENT surgical procedures generally should be regarded as exposure-prone, with the exception of simple ear or nasal procedures, and procedures performed using endoscopes (flexible and rigid) provided that fingertips are always visible.</p>		<p>Non-exposure-prone ear procedures include:</p> <ul style="list-style-type: none"> stapedectomy/ stapedotomy insertion of ventilation tubes insertion of a titanium screw for a bone-anchored hearing aid procedures performed using endoscopes (flexible and rigid),

			provided that the operator's fingertips are always visible.
Endoscopy		Surgical endoscopic procedures (e.g. cystoscopy, laparoscopy) may escalate due to complications which may not have been foreseen and may necessitate an open EPP.	Simple endoscopic procedures (e.g. gastroscopy, bronchoscopy) have not been considered exposure prone.
General Practice		Exposure prone procedures are rare in General Practice. Possible areas where they may be encountered are minor surgery, obstetrics and trauma situations. See relevant sections for procedures.	
Laparoscopy	<p>Laparoscopy is exposure-prone if a main trocar is inserted using an open procedure, e.g. in a patient who has had previous abdominal surgery. It is also exposure-prone if the rectus sheath is closed at port sites using a J-needle, and if fingers rather than needle holders and forceps are used.</p> <p>In general, there is a risk that a therapeutic, rather than a diagnostic, laparoscopy may escalate due to complications which may not have been foreseen necessitating an open EPP.</p>		Laparoscopy is mostly non-exposure prone as long as the operator's fingers are not concealed in the patient's tissues.
Minor Surgery	Complex procedures which are occasionally performed in GPs' surgeries by doctors with appropriate experience, such as herniorrhaphy, are exposure prone.		<p>In the context of general practice, the following minor surgical procedures do not usually constitute EPP:</p> <ul style="list-style-type: none"> • cauterisation of skin warts • aspiration of bursae • cortisone injections into joints • vasectomies.

<p>Obstetrics and Gynaecology</p>	<ul style="list-style-type: none"> • Obstetricians perform surgical procedures, many of which will be exposure-prone according to the criteria • Open surgical procedures are exposure-prone, this includes caesarean sections and students are not allowed to assist with these procedures • Repairs following episiotomies and perineal tears are also considered as exposure prone Performing cone biopsies with a scalpel (and with the necessary suturing of the cervix) would be exposure-prone. 	<p>Cone biopsies performed with a loop or laser would not in themselves be classified as exposure-prone, but if local anaesthetic was administered to the cervix other than under direct vision (i.e. with fingers concealed in the vagina), then the latter would be an EPP. Instrumental vaginal delivery – case by case basis.</p>	<p>Simple vaginal delivery and the use of scissors to make an episiotomy cut are not exposure prone.</p> <p>Many minor gynaecological procedures are not considered exposure prone, examples include dilatation & curettage (D&C), suction termination of pregnancy, colposcopy, surgical insertion of depot contraceptive implants/devices, fitting intrauterine contraceptive devices (coils), and vaginal egg collection provided fingers remain visible at all times when sharp instruments are in use.</p>
<p>Ophthalmology</p>	<p>Orbital surgery which is usually performed by maxillo-facial surgeons</p>		<p>Routine ophthalmological surgical procedures are not exposure prone as long as the operator's fingers are not concealed in the patient's tissues. Exceptions may occur in some acute trauma cases, which must be avoided</p>
<p>Orthopaedics</p>	<ul style="list-style-type: none"> • Open surgical procedures • Procedures involving the cutting or fixation of bones, including the use of K-wire fixation and osteotomies • Procedures involving the distant transfer of tissues from a second site (such as in a thumb reconstruction) • Acute hand trauma • Nail avulsion of the toes for in-growing toenails and Zadek's procedure (this advice may not apply to other situations such as when nail avulsions are performed by podiatrists) 	<p>Arthroscopy is considered non-exposure prone but there is a possibility that an open procedure might become necessary which will constitute an EPP and students must not assist in open surgical procedures.</p>	<ul style="list-style-type: none"> • Manipulation of joints with the skin intact • Superficial surgery involving the soft tissues of the hand • Work on tendons using purely instrumental tunnelling techniques that do not involve fingers and sharp instruments together in the tunnel • Procedures for secondary reconstruction of the hand, provided that the operator's fingers are in full view • Carpal tunnel decompression, provided that fingers and sharp instruments are not together in the wound

			<ul style="list-style-type: none"> • Closed reductions of fractures and other percutaneous procedures
Podiatrists	Procedures undertaken by podiatric surgeons include surgery on nails, bones and soft tissue of the foot and lower leg, and joint replacements.		Routine procedures undertaken by podiatrists who are not trained in and do not perform surgical techniques are not exposure prone.
Surgery	Open surgical procedures are exposure prone. This applies equally to major organ retrieval because there is a very small, though remote, risk that major organs retrieved for transplant could be contaminated by a healthcare worker's blood during what are long retrieval operations while the patient's circulation remains intact. It is possible for some contaminated blood cells to remain following pre-transplantation preparatory procedures and for any virus to remain intact since organs are chilled to only 10°C.		

Approval Committee	MBBS Education Committee
Date last approved	August 2024 (updates approved by Chair's action on 09/09/24)
Next review date	August 2025