



Consent Form for Medical Student Bloodborne Virus Screening

Personal Information

Surname: Mr / Mrs / Miss / Ms / Dr /
First names: Date of Birth:
College: Year of entry:

Hepatitis B (HBV), hepatitis C (HCV) and the human immunodeficiency virus (HIV) are all bloodborne viruses (BBVs) that can be transmitted to patients from an untreated infected health care worker (HCW) during exposure prone procedures (EPPs) 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 / surgical instrument; see Appendix 1 for additional information. To minimise risk to patients Public Health England (PHE), the Council of Heads of Medical Schools, Health Protection Scotland, the Association of UK Hospitals and the Higher Education Occupational Practitioners Group recommend that all medical students be offered testing for evidence of infection with HBV, HCV and HIV during the initial stages of medical training. Freedom from infection with BBVs is not an absolute requirement to train as a doctor, however, guidelines require that all new HCWs, including medical students, who participate in EPPs, must undergo testing for HBV, HCV and HIV.

In the event that any test result is positive, showing infection with a BBV, you will be personally informed and counselled by an Occupational Health Physician and referred for specialist advice whilst keeping your general practitioner informed. You will be able to continue on your course, but would not be allowed to assist with or undertake EPPs unless the infection can be eradicated or satisfactorily suppressed. Infection will not prevent you from qualifying or practising as a doctor, except for any restriction on EPPs.

Undergoing tests for BBVs is not compulsory for medical students and your consent to test is required. If you do not agree, however, you will not be allowed to participate in or undertake EPPs during your course. The General Medical Council also expects medical students who could have been at risk of exposure at any time to seek advice and be tested.

For additional information see Appendix 2 and https://www.gov.uk/government/publications/bbvs-in-healthcare-workers-health-clearance-and-management to decide whether you agree to be tested.

Blood test consent

I have read the information provided regarding BBV screening.....yes [] no []
I consent to a blood test for HBV surface antigen, HCV antibodies and HIV antibodiesyes [] no []

(PHE guidelines require photographic identity validated samples (IVS) for EPP clearance. If any previous BBV blood tests were not IVS then the tests will be repeated to meet these requirements.)

Signed: Date:

If you require further information, or have any queries prior to testing, these can be discussed in confidence with a clinical member of staff by contacting: OccHealth@admin.cam.ac.uk. An appointment with an Occupational Health Physician will be arranged if indicated or requested.

Please note your blood test results will be sent to you at your College unless you would prefer an alternative address. Should you prefer an alternative address, please discuss this with an Occupational Health Adviser during your initial Occupational Health screening appointment.

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Exposure prone procedures (EPPs)

Most clinical procedures pose no risk of bloodborne virus (BBV) transmission when infection control precautions are followed. EPPs are invasive procedures where there is an opportunity for health care worker (HCW)-to-patient transmission of BBVs, also known as bleed-back.

During EPPs 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. The UK Advisory Panel for Healthcare Workers Infected with Bloodborne Viruses (UKAP) has developed a categorisation of the most common clinical procedures depending upon the relative risk of bleed-back as follows:

Category 1 - The hands and fingertips of the worker are usually visible and outside the body most of the time and the possibility of injury to the worker's gloved hands from sharp instruments and/or tissues is slight. The risk of the HCW bleeding into a patient's open tissues should be remote.

Category 2 - The fingertips may not be visible at all times but injury to the worker's gloved hands from sharp instruments and/or tissues is unlikely. If injury occurs, it is likely to be noticed and acted upon quickly to avoid the HCW's blood contaminating a patient's open tissues.

Category 3 - The fingertips are out of sight for a significant part of the procedure, or during certain critical stages, and there is a distinct risk of injury to the worker's gloved hands from sharp instruments and/or tissues. In such circumstances it is possible that exposure of the patient's open tissues to the HCW's blood may go unnoticed or would not be noticed immediately.

Non-exposure prone procedures

Procedures where the hands and fingertips of the worker are visible and outside the patient's body at all times, and internal examinations or procedures that do not involve possible injury to the worker's gloved hands from sharp instruments and/or tissues, are considered not to be exposure prone provided routine infection control procedures are adhered to at all times. Examples include taking blood (venepuncture), minor surface suturing, the incision of external abscesses and routine vaginal or rectal examinations.

Examples of UKAP's advice on which procedures are, and are not, exposure prone are available at: <https://www.gov.uk/government/groups/uk-advisory-panel-for-healthcare-workers-infected-with-bloodborne-viruses>

Exposure-prone environments

Exposure prone environments are those where there is a significant intrinsic risk of injury to the HCW, with consequent co-existent risk of contamination of the open tissues of the patient with blood from the HCW. Examples will include road traffic collisions or domestic / recreational / industrial accidents where sharp surfaces such as glass fragments, sharp metal or stone edges, may lead to laceration of the skin of the HCW, whilst in the process of attending to and / or retrieving a casualty.

The risk of BBV transmission in the pre-hospital emergency setting is not known. UKAP has received no reports of such infection in this setting, and standard literature searches are inconclusive in quantifying this risk. There is a theoretical risk of such a route of infection, requiring an approach to risk assessment and mitigation that is both proportionate and practical, and considers the role of the emergency HCW, and the environment in which prehospital emergency care is given.

Guidance from UKAP on emergency and out of hospital care is available at:

<https://www.gov.uk/government/publications/emergency-healthcare-workers-exposure-prone-procedures>

When there is any doubt about whether a procedure is exposure prone or not, expert advice should be sought in the first instance from a Consultant Occupational Health Physician, who may in turn wish to consult UKAP.

The decision whether an HIV, HBV or HCV infected worker should continue to perform a procedure, which itself is not exposure-prone, should take into account the risk of complications arising which necessitate the performance of an EPP; only reasonably predictable complications need to be considered in this context.

Information sheet: this aims to provide you with answers to the questions you may have about the screening programme and the required information needed for you to decide whether you give informed consent to being tested for BBVs.

Why are medical students being offered this additional health screening?

Public Health England (PHE) require all new HCWs, including medical students, who will participate in EPPs, to undergo testing for hepatitis B (HBV), hepatitis C (HCV) and human immunodeficiency virus (HIV). This testing is being offered by the University of Cambridge Medical School so that students are compliant with these guidelines.

In some cases, HBV and HCV can cause a chronic infection of the liver, which over time can lead to cirrhosis and sometimes liver failure or liver cancer. A person may be a carrier of HBV (have antigen) even though they appear healthy and have a satisfactory antibody level. For this reason both HBV antibody and HBV surface antigen are tested. HBV and HCV can sometimes be eradicated, or controlled, with medication.

HIV infection is a chronic condition which over a period of years can progressively damage a person's immune system and lead to AIDS (acquired immunodeficiency syndrome). There is still no cure for HIV, but with advances in HIV anti-viral drug treatments that suppress viral replication enough to prevent or slow down the damage to the immune system, the progression to AIDS has been much reduced.

A BBV carrier may be unaware that he or she is infected with a BBV. If a student who is infected with a BBV injures themselves during an EPP this could allow the virus to be transmitted to the patient. In accordance PHE requirements as new HCWs, medical students who wish to participate in EPPs must first be tested for HBV, HCV and HIV.

If you are found to be a carrier of a BBV you must receive and comply with Occupational Health (OH) advice. You will not be allowed to assist with, or undertake, surgical procedures unless the infection can be eradicated or satisfactorily suppressed, but will still be permitted to continue on the course and qualify as a doctor. This restriction will be formalised by the Medical School.

PHE recommends that all new HCWs, whether undertaking EPPs or not, should be offered the opportunity of having tests for HBV, HCV and HIV.

Will I require re-screening once I qualify?

Routine re-screening of newly qualified doctors in the UK will not normally be required if they are new graduates from a UK Medical School. However, students will still be bound by their professional obligation to inform OH if, post screening, they have been exposed to a risk of contracting a BBV. Based on an individual risk assessment further testing may be advised. Detectable antibodies to BBVs may not develop until some weeks after infection, so a test carried out in the first three months post an exposure may be unreliable. A test carried out after this time will be accurate. Examples (non exhaustive) of risk factors for bloodborne viral disease and carrier status include:

- You have ever injected drugs using equipment shared with someone else
- You have been accidentally exposed to blood of a person infected with HBV, HCV or HIV (e.g., a needlestick injury)
- Received a blood transfusion where blood has not been effectively screened for BBVs
- 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.
- You have received medical or dental treatment in a country where HBV, HCV or HIV are common and where equipment may not have been sterilised properly.

What are the advantages of being tested for BBVs?

Advantages include:

- You'll be able to plan your career. If you are negative, the whole range of medical careers will be open to you. You will be able to participate in EPPs. EPPs can form an important part of medical training and, although not mandatory, the UK medical schools believe that students should not be denied the opportunity to undertake them. EPPs comprise part of the normal work of a significant number of clinicians and there is a national requirement for a substantial proportion of the postgraduate medical workforce to be competent in EPPs.
- If positive for infection, then some careers, particularly in surgical specialties, will not be open to you unless you have treatment to successfully eradicate or satisfactorily suppress the infection. Early diagnosis is of proven benefit. For HBV and HCV, it is easier to treat an infection in the earlier stages. For HIV, once diagnosed, a person can be monitored and anti-viral treatment commenced to reduce further damage to the immune system.
- You will be complying with your professional duty to be tested if you have been at risk.
- 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 be referred for specialist advice and take steps to limit the risk of transmission to others, including sexual partners.

What are the disadvantages of being tested for BBVs?

There are some potential disadvantages to being tested which you should be aware of. These include:

- Discovering that you are infected with BBVs can be stressful.
- You may encounter prejudicial behaviour from others if they discover you are HCV or HIV positive.
- 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.
- You may have concerns about obtaining life insurance. Further information regarding this can be found at: <https://www.abi.org.uk/globalassets/sitecore/files/documents/publications/public/2016/hiv-and-insurance/hiv-and-insurance-guide.pdf>
- You may have concerns about travel risks and visa applications if found to have HIV. Further information regarding this can be found at: <https://travelhealthpro.org.uk/factsheet/29/hiv-and-aids> and www.hivtravel.org.

What will happen if I do not agree to be tested?

Testing is voluntary. If you do not agree to be tested, OH will inform the medical school that you have not been cleared for participation in EPPs.

What will happen if I am not cleared for participation in EPPs?

The medical school is required to have robust procedures in place for ensuring that students who have not received health clearance do not participate in EPPs. As a medical student you have a professional responsibility to ensure that you and your patients are not put at risk.

If you have not been cleared, whether through declining to be tested or because of a positive result, the medical school will be advised and arrange for you to be counselled about the limitations that you should place on your practice. This restriction will be formalised by the Medical School and you will be required to agree to conform to the list of restrictions imposed on your clinical training.

How will the tests be carried out?

PHE has strict requirements for the management and quality control of testing and these will be met by the University of Cambridge OH.

These include:

- validation of identity by photographic proof at the time the sample is taken
- taking of blood in standardised conditions

- use of an accredited laboratory i.e., one holding full or provisional accreditation status issued by Clinical Pathology Accreditation UK Ltd which is experienced in performing the necessary tests and which participates in appropriate external quality assurance schemes.

What pre-test counselling will be offered?

The principal method of pre-test counselling will be the provision of the written information contained in this fact sheet. However, should you have any queries or require further information prior to being tested, you can contact a clinical member of staff from OH by contacting: OccHealth@admin.cam.ac.uk. Where requested an appointment with a Consultant Occupational Physician will be arranged.

What post-test counselling will be offered?

Individuals whose tests are negative will be informed in writing. No further counselling will be offered but is available upon request. A validated copy of the laboratory report will be provided in addition to a complete set of immunisation/blood test details taken for your training. You will receive the results of the blood tests as soon as OH are able to collate them, although due to the time it takes for the laboratory to process the samples this will not normally be for 2-3 weeks after the blood test. Students who test positive will be seen and advised by a Consultant Occupational Health Physician who will facilitate referral to an appropriate specialist, in full consultation with the student's general practitioner.

What should I do if I am concerned that I may have risk factors placing me at higher risk of a positive test?

If you believe that you are at higher risk of having a BBV infection, you may undertake screening as planned. However, you may wish to seek advice and personal counselling from OH, and/or from another health professional, prior to testing. If you have had exposure to risk within the preceding twelve weeks, you should contact OH for advice.

Can I undertake testing for health clearance through an alternative route?

In order to meet the administrative and quality standards required by PHE, only testing managed by a UK occupational health service that meets the quality standards will be accepted for health clearance.

Who will have access to test results?

Any information obtained by OH is strictly confidential to OH. Your test results will remain confidentially stored in OH. No information will be divulged to any third party without your informed consent.

Data Protection information

For full details of how your personal information is used by the University Occupational Health Service, please see <http://www.oh.admin.cam.ac.uk/general-information/confidentiality-statement>

References and further reading

<https://www.gov.uk/government/publications/bbvs-in-healthcare-workers-health-clearance-and-management>

<https://www.medschools.ac.uk/media/1886/medical-and-dental-students-health-clearance-for-hepatitis-b-hepatitis-c-hiv-and-tuberculosis.pdf>

<https://www.nhs.uk/conditions/hiv-and-aids/>

<https://www.nhs.uk/conditions/hepatitis-b/>

<https://www.nhs.uk/conditions/hepatitis-c/>

<https://www.tht.org.uk/>

<https://britishlivertrust.org.uk/information-and-support/living-with-a-liver-condition/liver-conditions/hepatitis-b/>

<http://www.hepctrust.org.uk/>