



MINISTRY OF HEALTH
SINGAPORE

MH 34:26/6

7 April 2015

See Distribution List

MOH DIRECTIVE 2/2014 – ADDENDUM

MANAGEMENT OF HEALTHCARE WORKERS (MEDICAL, DENTAL, NURSING AND PARAMEDIC) WITH HEPATITIS B, HEPATITIS C AND HIV

1. We refer to MOH Directive 2/2014 dated 17 December 2014 on the Management of Healthcare Workers (Medical, Dental, Nursing and Paramedic) With Hepatitis B, Hepatitis C and HIV, and would like to bring to your attention to the following revisions:

- a) Annex 2B of the Directive has been revised to include the Advanced Diploma in Nursing (Emergency) as an area of nursing involving exposure-prone procedures.
- b) A new Annex 2C, on the classification of dental procedures in relation to exposure-prone procedures, has been included.

2. The revised MOH Directive 2/2014 is appended for your reference. We seek your assistance to circulate this to all relevant staff.

Thank you.

A/PROF BENJAMIN ONG
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17 December 2014

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**MOH DIRECTIVE 2/2014
MANAGEMENT OF HEALTHCARE WORKERS (MEDICAL, DENTAL, NURSING
AND PARAMEDIC) WITH HEPATITIS B, HEPATITIS C AND HIV**

Introduction

Healthcare workers (HCWs) who are carriers of Hepatitis B (HBV), Hepatitis C (HCV) or Human Immunodeficiency Virus (HIV) may pose a risk to patients, especially during exposure-prone procedures (EPPs) (see Annex 1 for the definition and examples of EPPs). This directive aims to reduce such risks, and cover doctors, dentists, oral health therapists, nurses and paramedics as well as students in courses for these occupations¹. It supersedes MOH Directive 6/2007 titled, "Prevention of Hepatitis B Transmission from Healthcare Workers to Patients" dated 29 November 2007.

Medical, Dental, Oral Health Therapy Students, Nursing and Paramedic Students

1. From Academic Year 2015, applicants to local medical, dental, dental hygiene and therapy, nursing and paramedic courses should be tested for HBV, HCV and HIV. Students with HBV, HCV or HIV carriage may commence and complete their course if they choose to do so, provided that they formally accept that they will not be allowed to perform or assist with EPPs and that some career pathways will not be open to them.
2. Students who test negative for HBV and who are non-immune should be immunized. If they remain non-immune despite repeat immunization, they should be informed of EPP-related practice restrictions should they become infected and develop HBV carriage.

¹ This circular does not cover other allied health professions (e.g. pharmacy, audiology, clinical psychology, speech therapy, physiotherapy, occupational therapy, diagnostic radiography, radiation therapy) as EPPs are not a routine part of practice.

3. Medical, dental, oral health therapy, nursing and paramedic schools can exercise flexibility in their entry requirements, including setting more stringent standards, based on a defensible risk assessment.

Employment/Posting by Local Healthcare Institutions

4. With immediate effect, new HCWs² with HBV, HCV or HIV carriage may be offered employment in or posted to positions that do not involve EPPs. They must not be offered employment in or posted to positions which involve EPPs. Paramedics with these conditions should not be posted to a position which involves pre-hospital trauma care.

5. New employees who test negative for HBV and who are non-immune should be immunized against HBV. If they remain non-immune despite repeat immunization, they should be informed of EPP-related practice restrictions should they become infected and develop HBV carriage.

Applicants for Specialist Training

6. From 2015, applicants with HBV, HCV or HIV carriage should not be accepted into training for specialties where EPPs are commonly performed (see Annexes 2A-C) for medical and nursing specialties involving EPPs). Applicants for such specialties should be immune against HBV.

7. Graduates who are not carriers of HBV, HCV or HIV and commence training in disciplines where EPPs are common should be informed that if they develop these conditions at any time during or after their training, it may be necessary for them to switch disciplines or to limit the scope of their practice.

Existing Healthcare Workers

8. All HCWs with direct patient contact are encouraged to know their status with regards HBV, HCV and HIV infection by going for appropriate, regular testing. HCWs who perform or assist in the performance of EPPs *should* know their status.


9. HCWs with HBV, HCV or HIV carriage should not perform or assist in EPPs. They are allowed to work in positions that require direct patient contact but do not involve EPPs. Paramedics with these conditions should not perform pre-hospital trauma care.

10. HCWs with HBV, HCV or HIV carriage must inform their respective Professional Boards of their status immediately after they become aware of this.

² New HCWs refer to those who have applied for employment in a healthcare facility and existing HCWs who are moving to a different position. It also applies to clinical trainees.

Look Back and Patient Notification Exercises

11. The decision of whether to conduct a look back and patient notification exercise should be made on a case-by-case basis based on the risk of transmission from the infected HCW to patients.
12. For clarifications or feedback of this directive, please e-mail the Communicable Diseases Division at moh_info@moh.gov.sg.



A/PROF BENJAMIN ONG
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MINISTRY OF HEALTH

IMPORTANT

This directive supersedes the MOH Directive 6/2007 titled, "Prevention of Hepatitis B Transmission from Healthcare Workers to Patients" dated 29 November 2007.

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Annex 1

Exposure-Prone Procedures

Exposure prone procedures are those 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 procedures include those 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 confined anatomical space where the hands or fingertips may not be completely visible at all times, open body cavity, or wound.

Open surgical procedures are considered EPPs. Certain procedures in other fields may be EPPs e.g. Emergency Medicine and Obstetrics & Gynaecology. In the paramedic field, pre-Hospital trauma care may involve EPPs.

Examples of procedures which are **not** EPPs include routine phlebotomy, administering injections, general wound dressing and simple endoscopic procedures.

Individual working practices may vary between hospitals and between healthcare workers. The above mentioned must be interpreted with caution as it provides examples only and is not exhaustive. Further guidance and examples of EPPs can be found in the guidelines produced by the Department of Health, UK and the Society for Healthcare Epidemiology of America.

*(*Sources: (1) HIV Infected Health Care Workers: Guidance on Management and Patient Notification. Department of Health, Social Services and Public Safety, United Kingdom, Nov 2009 and (2) SHEA Guideline for Management of Healthcare Workers Who Are Infected with Hepatitis B Virus, Hepatitis C Virus and/or Human Immunodeficiency Virus. Society for Healthcare Epidemiology of America, Mar 2010)*

Annex 2A

Classification of Medical Specialties By Involvement of Exposure-Prone Procedures[^]

Specialities <u>not</u> involving Exposure-prone Procedures		
Anaesthesiology	Haematology	Pathology
Aviation Medicine	Infectious Disease	Preventive Medicine
Cardiology	Internal Medicine	Psychiatry
Dermatology	Medical Oncology	Radiation Oncology
Diagnostic Radiology	Neonatology	Rehabilitation Medicine
Endocrinology	Neurology	Renal Medicine
Family Medicine	Nuclear Medicine	Respiratory Medicine
Gastroenterology	Paediatric Medicine	Rheumatology
Geriatric Medicine	Palliative Medicine	Sports Medicine

Specialities involving Exposure-prone procedures		
Cardiothoracic Surgery	Intensive Care Medicine	Otorhinolaryngology
Emergency Medicine	Neurosurgery	Paediatric Surgery
General Surgery	Obstetrics & Gynaecology	Plastic Surgery
Hand Surgery	Orthopaedic Surgery	Urology

[^]Note: This classification is based on a review of international practices and local Resident Advisory Committee/ Specialist/Subspecialty Training Committees' inputs and serves as a guide only. Healthcare Institutes should assess individual practices within their local institutional context to ascertain if they do / do not involve Exposure-prone procedures.

References:

¹ UK Department of Health. HIV Infected Healthcare Workers: Guidance on Management and Patient Notification, 2005.

² Henderson et al. SHEA Guideline for Management of Healthcare Workers Who Are Infected with Hepatitis B Virus, Hepatitis C Virus, and/or Human Immunodeficiency Virus. Infection Control and Hospital Epidemiology, March 2010(31);3:203-232.

Annex 2B

Classification of Nursing Specialties By Involvement of Exposure-Prone Procedures[^]

Specialities/ Clinical Areas involving Exposure-Prone Procedures
Accident & Emergency, including Advanced Diplomas in Paramedicine, Nursing (Critical Care), and Nursing (Emergency)
Obstetrics & Gynecology, including Advanced Diploma in Nursing (Midwifery)
Operating Theatre, including Advanced Diploma in Nursing (Perioperative)

[^]Note: This classification is based on a review of international practices and local stakeholders' inputs and serves as a guide only. Healthcare Institutes should assess individual practices within their local institutional context to ascertain if they do / do not involve Exposure-prone procedures.

References:

¹ UK Department of Health. HIV Infected Healthcare Workers: Guidance on Management and Patient Notification, 2005.

² Henderson et al. SHEA Guideline for Management of Healthcare Workers Who Are Infected with Hepatitis B Virus, Hepatitis C Virus, and/or Human Immunodeficiency Virus. Infection Control and Hospital Epidemiology, March 2010(31);3:203-232.

Annex 2C

Classification of Dental Procedures in Relation to Exposure-Prone Procedures[^]

Procedures that generally do not involve EPPs	Procedures that involve EPPs
<ul style="list-style-type: none">• All dental procedures except major oral or maxillofacial surgery	<ul style="list-style-type: none">• Major oral or maxillofacial surgery (e.g. fracture reductions)

[^]Note: This classification is based on a review of international practices and local stakeholders' inputs and serves as a guide only. Healthcare Institutes should assess individual practices within their local institutional context to ascertain if they do / do not involve Exposure-prone procedures.

Reference:

Centers for Disease Control and Prevention. Updated CDC Recommendations for the Management of Hepatitis B Virus–Infected Health-Care Providers and Students. MMWR July 2012, Vol. 61, No. 3.