NHS Highland

Scottish Centre for Infection and Environmental Health

NHS SCOTLAND

HIV INFECTED HEALTH CARE WORKER INCIDENT

HIGHLAND 2002

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EXECUTIVE SUMMARY AND RECOMMENDATIONS

On Thursday, 9 May 2002, Highland NHS Board were informed that a health care worker who had worked in the Obstetrics & Gynaecology Department at Raigmore Hospital in Inverness, between February 1999 and February 2000, had been diagnosed with HIV infection. Following a local risk assessment and advice from the UK Advisory Panel on Bloodborne Viruses, it was agreed that a lookback exercise was required.

A total of 4300 operating theatre records and case notes of all women treated as in-patients in the Obstetrics & Gynaecology Department during that time period were reviewed. Of these, 116 had undergone exposure-prone procedures involving the health care worker. These women were contacted by letter and offered a freephone helpline manned by specialist counsellors. In addition, clinics were organised for further counselling and HIV testing if requested.

A separate general helpline was set up for any other women who called looking for more general reassurance. A total of 395 calls were received throughout the period the helpline was open.

A total of 100 out of 116 women contacted the special helpline. Sixty two women attended clinics for HIV testing within the Highlands. Others attended their own GP or a specialist Genitourinary Medicine Clinic near to where they now lived.

No positive HIV tests were obtained from women in this incident.

A variety of issues arose throughout the incident and the lessons learned may be of benefit to others faced with similar situations in the future. An English Health Authority conducted a simultaneous lookback exercise in the Hull area. Trying to ensure a coordinated response by the 2 centres, and in particular achieving an appropriate balance between the duty of confidentiality to the health care worker and minimising unnecessary public anxiety, made the management of this incident more complex. The legal issues were especially challenging.

This report is intended to provide an insight into the decision-making that was required, the steps that needed to be taken to allay general anxiety and reassure the women in the exposed group, and also to provide templates of much of the paperwork that was required for communicating and recording such incidents. It will act as a useful supplement to recently published national guidance on this issue and as a practical resource for the management of future incidents.

RECOMMENDATIONS

The recommendations which arise from this incident can be considered under four main categories – legal/statutory, helplines, staffing and communications.

Legal and Statutory

- The confidentiality of the health care worker should be maintained but the information put into the public domain must balance this confidentiality with the requirement to reduce unwarranted public anxiety.

- The Incident Control Team should seek legal advice early and consider inviting a legal adviser to be an integral member of the Incident Control Team to facilitate regular face to face advice.

- The issue of whether to seek a legal injunction to protect the confidentiality of the health care worker involved should be addressed at the outset of these types of incidents. If one is pursued this should be done well in advance of the time it is planned to inform the public/media of the incident.

- Where two Health Boards or Health Authorities disagree on the balance between the duty of confidentiality and public interest then the Scottish Executive/Department of Health should advise on an appropriate way forward.

- A UK Expert Group has recently recommended that all new entrants to the NHS, including those from overseas, should have mandatory health clearance for Blood Borne Viruses, including HIV, before taking up posts or careers that involve exposure prone procedures. Had this policy been in place in 1999 this particular incident would have been prevented. The expert group recommendation should therefore be implemented forthwith throughout the NHS.

Helplines

- Careful consideration of the appropriate number of lines is required. This should utilise the available models for predicting helpline demand, be sufficient to cope with the initial surge during the first 24-48 hours but acknowledge that public anxiety about HIV infection may be considerably less than some years ago.

- Separate helplines should be made available for patients in the high risk/exposed groups and for the general public.

- Early discussions should take place with NHS 24 to ascertain if they can provide helpline support.

- Sufficient numbers of helpline operators are required to operate a shift system which does not put excessive stress on operators and facilitates adequate breaks.

- Do not wind down the helpline or the number of operators until it is clear that demand has ceased.

- All NHS Boards should investigate and document their telecommunications capacity and identify in advance an appropriate location to set up a large helpline. They should also ensure that their telecomms contracts cover the potential need for the setting up of helpline capability outwith normal working hours.

Staffing

- NHS systems should agree in advance with Human Resource Departments and relevant staff representatives a payment policy for any work carried out by staff which is outwith their normal responsibilities e.g., examining medical records, manning a helpline, providing ‘counselling’.

- Early thought should be given, and every effort made, to avoid the possibility of staff having to review their own medical record or those of close friends or colleagues. It is recognised however, that this may be difficult in smaller Boards.

- Local Incident plans and procedures should include a register/database of NHS staff willing and able to assist with helplines. Such staff should be trained and helplines regularly exercised.

- Part of the pre-planning for such incidents should include the identification of specialist counsellors and documented procedures for accessing these people at short notice.

- Ensure that sufficient numbers of appropriately skilled staff are available to set up and maintain databases for such large incidents.

- Consider the arrangements for any babies or children involved in lookback incidents.

- NHS Boards should have formal, written mutual aid arrangements with neighbouring Boards and relevant national agencies to ensure adequate surge capacity is rapidly available when required.

Communications

- Ensure that any helpline numbers are made widely and rapidly available to the relevant groups of staff and the public.

- To avoid confusion and ensure any enquiries come through on the helpline number only, remove any normal letterhead telephone numbers from correspondence to patients involved in a lookback.

- Crosscheck addresses of patients in any potentially exposed groups with as many different sources as possible to maximise accuracy before sending any correspondence.

- Ensure that HIV tests are readily available to women who want them and that mechanisms are in place for the rapid communication of the results.

- Where 2 or more centres are involved in a lookback incident, ensure that early and frequent communications occur between these centres, utilising video and teleconferencing if face to face contact is not feasible.

- All communication with the media should be based on a presumption of openness.

- Cascade fax facilities should be available to all Incident Control Teams.

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Consultant in Public Health Medicine
Chairman of the Incident Control Team

1. CONTEXT

In the UK, cases of Hepatitis B and Hepatitis C infection have been documented in patients operated on by Hepatitis B or Hepatitis C infected health care workers. HIV could therefore be transmitted under similar circumstances although the risk of HIV transmission has been shown to be considerably less than that for Hepatitis B or C following needlestick injury.

In Scotland, there has only been two previous patient notification lookback exercises following the identification of an HIV infected health care worker. In 1993 an SHO in Argyll & Clyde was identified when he developed an AIDS defining illness. Thirty nine obstetric patients were contacted and 12 underwent HIV testing. None were positive. Although 39 patients were informed, there were 604 calls from obstetric patients to the helpline. In 1994, an ENT Surgeon in Glasgow was involved in a similar lookback exercise. Neither of these incidents showed transmission to a patient but both generated considerable public concern and a large number of enquiries.

1.1 Incidents Involving HIV Infected Health Care Workers

The risk of transmitting HIV infection to a patient during an exposure-prone procedure (EPP) is extremely small. At the time of this incident worldwide there had been 2 reports of possible transmissions of HIV from infected health care workers performing exposure-prone procedures. The first involved a French Orthopaedic Surgeon who transmitted infection to 1 patient. The other involved a Florida Dentist who transmitted HIV infection to at least 6 patients. All other retrospective studies worldwide have failed to identify any patients who have become infected by this route.

Some 20,000 patients who have undergone an EPP involving an HIV infected health care worker have been investigated and tested worldwide. Although a few co-incidental positives have been found, none were shown to have been infected with HIV from a health care worker.

In the UK, between 1988 and 2001, 22 patient notification exercises were undertaken which involved 7000 patients. There was no detectable transmission of HIV from an infected health care worker to a patient.

1.2 National Guidance

In 1993, the Expert Advisory Group on AIDS (EAGA) produced a set of recommendations for the management of a patient notification exercise in the event of a health care worker being found to be infected with HIV. This guidance was updated in 2001 and a slightly amended version made available on the Web but not published. This was the primary source of guidance for this incident.

2. THE PATIENT NOTIFICATION EXERCISE

2.1 Background

On Thursday, 9 May 2002 the Communicable Diseases Team of NHS Highland was contacted by East Riding Health Authority and informed that a health care worker who had previously worked in the Highlands had been confirmed as HIV positive. He had more recently worked in East Riding. An Incident Control Team (ICT) had been established in Hull who were undertaking a patient notification exercise with a view to informing the public early the following week.

It later became clear that the health care worker had qualified in medicine in the Asian Sub-Continent and had been employed in the Obstetrics & Gynaecology Department in Raigmore Hospital between February 1999 and February 2000. He had become unwell during the previous two weeks and he was admitted to hospital in Hull the day before, where an HIV test was performed, the result of which was positive.

Stored serum from October 2001 had also been tested and was also HIV positive. Subsequently a stored serum sample from the health care worker's time at Raigmore and taken on 12 October 1999 was also confirmed as HIV positive with a high viral load.

2.2 Timeline of events

8 May 2002
- Health care worker admitted to Hull Royal Infirmary with AIDS related illness.

9 May 2002
- NHS Highland informed by East Riding Health Authority of HIV positive health care worker.

10 May 2002
- First Incident Control Team Meeting in Inverness.
- Identification of patients' who had EPPs begins.

11 May 2002
- Review of case notes begins.
- Helpline planning commences.

12 May 2002
- Discussions ongoing with Central Legal Office (CLO) regarding legal injunction to protect HCW's confidentiality.
- Obstetric case review almost complete.

13 May 2002
- Second ICT held.
- Teleconference with Hull ICT.

14 May 2002

- Database of Obstetrics & Gynaecology patients who had an EPP by infected health care worker complete.
- Third ICT meeting held.
- Medical Defence Union seek legal injuction on behalf of infected HCW.
- Letters posted to the potentially exposed women and their GPs.
- CLO goes to court in Edinburgh to oppose interim interdict in Scotland.

15 May 2002

- Radio Humberside runs the story at 7am.
- Press Conference held in Inverness at 10.30am as planned.
- Special helpline takes calls from women in the EPP group.
- General helpline opens for calls from worried well.
- Press release faxed to all Highland GPs.
- Fourth ICT meeting held.

16 May 2002

- First special clinic held for women in the EPP group.
- Further efforts made to locate several women who have moved out of the Highland area.

17 May 2002

- Fifth ICT meeting

20 May 2002

- Helplines continue.
- Reminder letters sent to women in exposed group who have not made contact with helpline.

24 May 2002

- Helplines closed.

5 July 2002

- Final ICT review meeting held.

2.3 Incident Team

The first meeting of the Incident Control Team took place at 2pm on Friday, 10 May 2002. The team comprised a selection of NHS Board and Acute Hospital Trust staff and was chaired by the CPHM (CD/EH). In attendance were the Chief Executives of the Board and the Trust; the DPH; the Medical Director of the Acute Trust; the Consultant Virologist; the Consultant Microbiologist; another CPHM; the Clinical Risk Manager; the Emergency Planning Officer; the Communications Officers from both Trust and Board; an Infection Control Nurse; a Specialist Registrar in Public Health; an Occupational Health Nurse; a representative from SCIEH; and the Head of Medical Records at Raigmore Hospital, Inverness.

The Incident Team met on a total of 5 occasions. The major issues considered at these meetings were:

- Compiling a list of EPPs carried out by the health care worker
- Identifying women who had undergone an EPP involving the health care worker.
- Communicating with these women and offering them a telephone helpline and further clinical follow-up with blood testing.
- Offering a general helpline to other concerned women.
- Confidentiality and legal issues.
- Media and communications.
- Co-ordination of the process with Hull.

Specifically the aims of the patient notification exercise were:

1. To inform women who had undergone an EPP involving the HIV infected health care worker that this had occurred.
2. To reassure this group of women that their risk of having acquired HIV during the EPP was extremely low.
3. To allay any general public anxiety.
4. To contribute further epidemiological data to lookback exercises.
5. To achieve all of the above with a high quality of care, professionalism, accuracy and all reasonable speed.

To that end and to facilitate the management of the incident several teams were established as working groups to lead on key areas. These all reported to the ICT and included:

1. Records review and database compilation.
2. General helpline.
3. Special helpline and clinical follow-up.
4. Communications and media.

As the incident progressed, a fifth key working group concerning confidentiality and legal issues was led by the Health Board Chief Executive.

2.4 Hull and the Health Care Worker

The medical and occupational history of the infected health care worker was obtained by corresponding public health staff in Hull. We had no direct contact with the infected health care worker or his family. We understood that his medical training was undertaken in India and that his first job in the United Kingdom was in the Obstetrics & Gynaecology Department at Raigmore Hospital in Inverness between February 1999 and February 2000. Since leaving Raigmore in February 2000 he had worked in the Hull area also in Obstetrics & Gynaecology. He did not have any risk factors for HIV infection and had remained well until two weeks previously. He was initially treated for a mild respiratory illness but was eventually admitted to hospital in Hull on Wednesday, 8 May 2002. An HIV test was carried out which was positive and later confirmed by the PHLS service in Leeds as HIV 1 positive with a viral load greater than 100,000.

The local laboratory in Hull also had a sample of stored serum from October 2001 which also tested positive.

Subsequently it was also possible to test a stored serum sample from Raigmore Virology Laboratory taken in October 1999. The Regional Virology Lab in Glasgow confirmed this was HIV 1 positive with a viral load of over 60,000.

During the early stages of this incident, the health care worker was both an employee and a patient of the Trust in Hull conducting the lookback exercise. This relationship and "duty of care" rightly played a significant part in how the Hull team chose to handle the incident. This will be discussed later in the context of confidentiality and legal issues.

It was established that the health care worker had not done any other work in the Highlands and had undertaken no locum posts in this area. He did not have Hepatitis B or Hepatitis C infection. Occupational Health confirmed they had no record of this HCW reporting any needlestick injury.

For the purposes of the patient notification exercise it was assumed that he was HIV positive on arrival in the UK and that all of his period of employment at Raigmore was therefore relevant.

2.5 Exposure Prone Procedures

In the Obstetrics & Gynaecology Department the number of procedures undertaken by the health care worker was less than that of a more senior colleague but still quite extensive.

For the purposes of the lookback exercise we used the definition of an exposure-prone procedure as recorded in the guidance from the UK Department of Health publication "AIDS/HIV Infected Health Care Workers: Guidance on the Management of Infected Care Workers and Patient Notification".

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 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 body cavity, wound or confined anatomical space where the hands or finger-tips may not be completely visible at all times".*

We reduced this to a working definition of "*A procedure may be considered exposure-prone where fingers are not visible at all times and when sharp instruments are in use*". We also sought advice from the UK Advisory Panel on which specific Obstetric & Gynaecology procedures were deemed to be exposure-prone. The Advisory Panel had not yet produced an agreed final list but we were given advice based on the current draft. There was then further discussion, both locally and with colleagues in Hull, about which procedures should be included or not.

The final working list agreed in Highland was as follows.

Obstetrics:

- Caesarean Section
- Scalpel injury to baby to be recorded as an EPP to the baby
- Use of foetal scalp electrode or foetal scalp sampling
- Perineal suturing (following episiotomy or tear)
- Artificial Rupture of Membranes (ARM) using AmniHook (amniotic membrane perforator)
- Assisted vaginal deliveries (forceps and ventouse) because perineal suturing is usually carried out by the operator
- Evacuation of Retained Products of Conception (ERPOC) (following spontaneous miscarriage)

Gynaecology:

- All open abdominal procedures
- Hysterectomy
- Cone biopsy
- Excision of vulval cysts
- Pelvic Floor Repair operations

It is our understanding that Hull decided that an ARM with an AmniHook was not considered exposure-prone and also decided not to include assisted vaginal deliveries.

Both sites agreed to exclude the excision of Bartholin's glands which was in the list provided by the Department of Health.

2.6 Review of Records

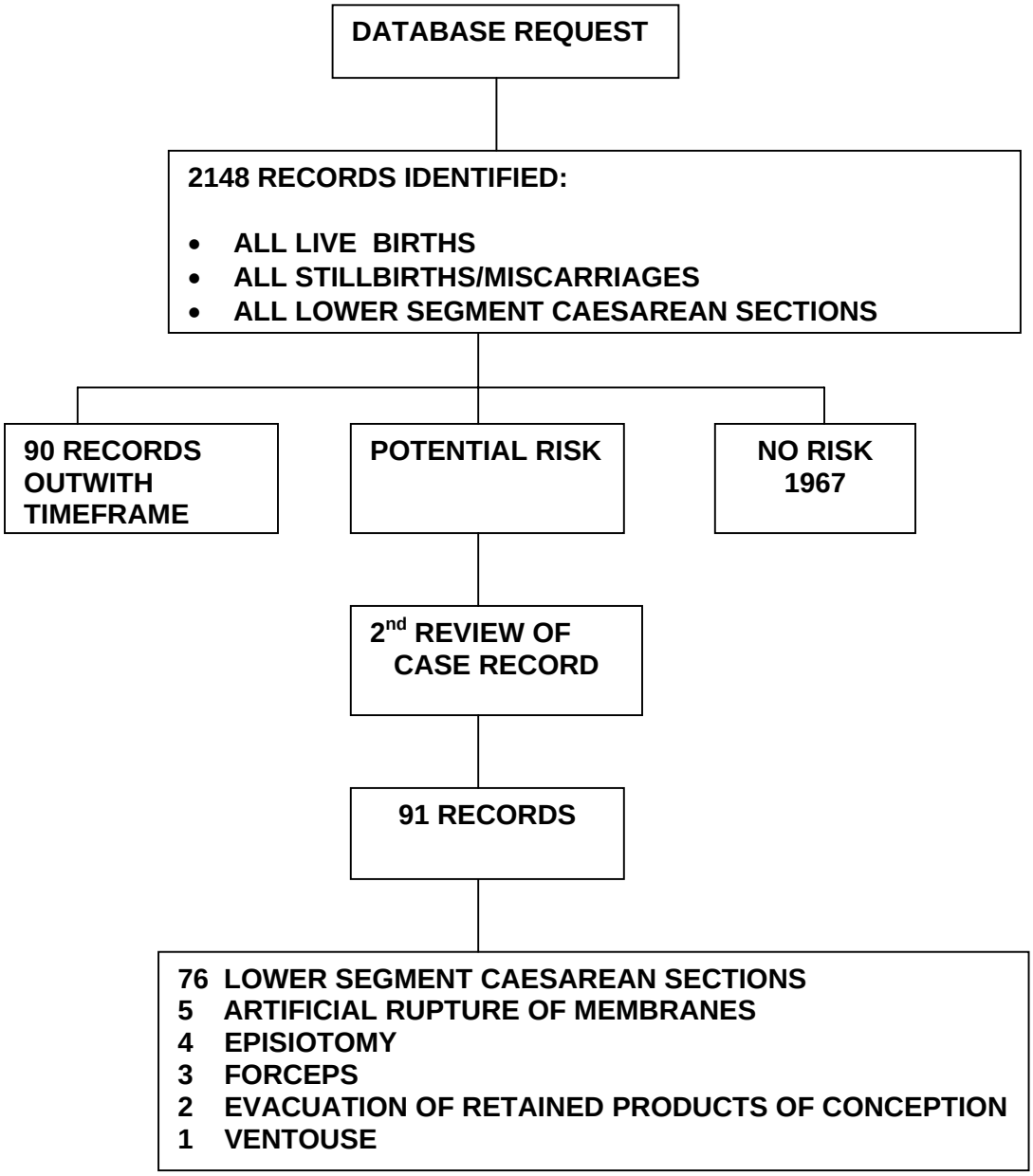
It was agreed to use separate systems for carrying out a review of the potentially exposed obstetric cases and gynaecological cases.

For obstetric cases the following procedure was undertaken.

1. All patients admitted to the Obstetric Department between 3 February 1999 and 1 February 2000 were identified.
2. Every case record was reviewed by a trained midwife or obstetric and gynaecology medical staff to identify all EPPs.
3. Evidence of the health care worker undertaking the exposure-prone procedure was then required.
4. For each record reviewed, a proforma was completed.
5. All patients who were identified as having been potentially exposed to a risk, or for whom there was any doubt in the case record, had their records reviewed a second time by a Consultant Obstetrician or the Medical Director.
6. Each record of an EPP by the health care worker was entered onto a database.

The results of the obstetric case note review are shown in the following flow diagram.

Flow diagram 1. REVIEW OF OBSTETRIC CASES



For gynaecological cases the following procedure was undertaken.

For gynaecological procedures the review process focussed on the theatre records. All gynaecological procedures undertaken as day cases or in-patients are recorded on the theatre computer system. There were 2139 in-patient or day case episodes during the relevant time frame. No EPPs were undertaken on the ward, or in out-patients, accordingly all patients who had an operative procedure would have gone through the theatre system.

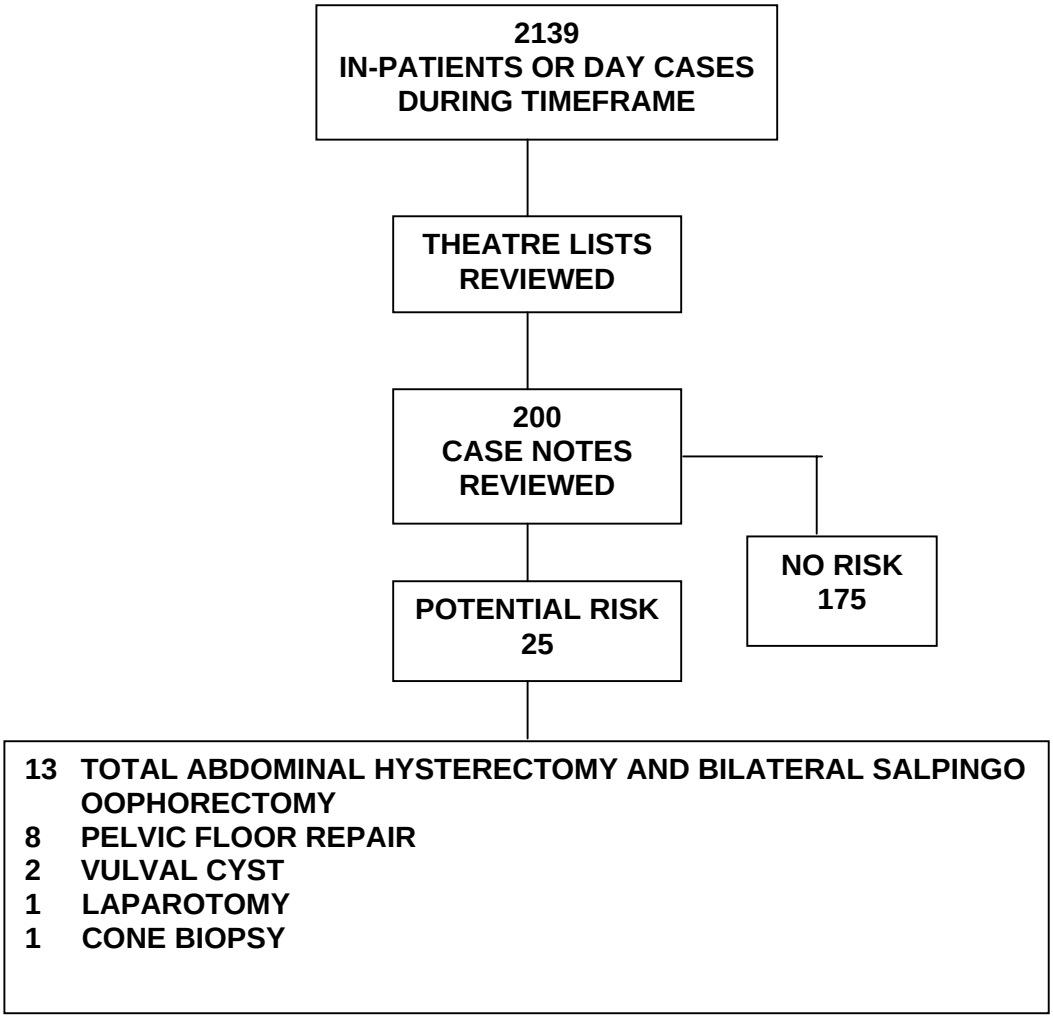
The theatre records, therefore, were reviewed to identify:

1. Any episode where the health care worker was identified as a first or second operator.
2. Any episode where only one operator was recorded and a second could have been present, for example, an abdominal hysterectomy with just a Consultant name recorded.
3. Any episode where a generic term e.g., House Officer or Senior House Officer was entered which could have been the HCW.

For all of the above, the case records were reviewed by the Medical Director or a Consultant in Obstetrics & Gynaecology. For each patient potentially exposed, a proforma was completed and their name entered onto the database. This resulted in approximately 200 gynaecology notes being reviewed. From these, twenty five were identified as undergoing an EPP by the HCW.

The results of the gynaecological theatre notes and case notes review are in flow diagram 2.

Flow diagram 2. REVIEW OF GYNAECOLOGICAL CASES



The records staff at the Acute Trust worked exceptionally hard throughout the weekend and during the nights to ensure that the lookback exercise was completed within the timeframe allocated. Two case records had to be retrieved from elsewhere, one from Aberdeen Royal Infirmary and another from a company who had them for occupational purposes. It is testament to the effectiveness of the records systems in place that all the records for patients identified as being potentially exposed by this health care worker were retrieved and reviewed.

For the sake of clarity and ease two groups of women were identified: the "*exposed*" group and the "*not at risk*" group.

One hundred and sixteen women were identified as being in the exposed patient group. These comprised 91 obstetric patients and 25 gynaecology patients. An Access database of all women in the exposed group was established.

2.7 Communication with the exposed patient group

Following the identification of the 116 women, records held on the Patient Administration System at the Acute Trust were cross checked with those held on the Community Health Index Database to exclude any patients who may have subsequently died and to confirm that the addresses noted were current. No-one had died in the meantime, but several addresses were different and these were amended.

Various options to deliver the initial letter of contact with the women were considered, including Royal Mail Special Delivery, Royal Mail Recorded Delivery, Business Post and a special courier. It was agreed that 1st class post offered at least as reliable a service as the other options at a much reduced cost.

A letter was then sent 1st class post on Tuesday, 14 May 2002, personally addressed to the women concerned and marked "Confidential & Private". This letter included the number of a freephone helpline for further advice and indicated that subsequent follow-up and blood testing would be made available if requested. All direct line telephone numbers and e-mail addresses were removed from the letterheads of this correspondence so that the helpline number was the only telephone number on the letters to the exposed women. This would ensure that they would call the appropriate number for further help. Accompanying the letter to the women was a Fact Sheet providing further information and a reply slip which women were asked to return to confirm that they had received the letter and to indicate whether they intended to contact the helpline and/or their local GP and/or a clinic for follow-up. With the reply slip was a prepaid envelope.

In addition, a copy of the letter was sent to their General Practitioner with the accompanying Fact Sheet. GPs were requested to return a form with an updated patient address if that shown was incorrect.

A Press Conference was held in the Health Board Headquarters at 10.30am on Wednesday, 15 May 2002.

2.8 Special Helpline

The special helpline was a dedicated one set up to provide initial counselling for women who had been subject to exposure-prone procedures (116 women) undertaken by the infected health care worker. The number was only made available to these women in their personal letter and was not released to the general media. The helpline also facilitated immediate booking of appointments at especially established clinics for further counselling and HIV testing if requested.

The helpline was based at Highland Council's Emergency Centre and consisted of eight lines made available on a freephone number. Ten helpline counsellors were required to cover these lines and to allow for breaks during each shift.

The helpline opened at 8am on Wednesday, 15 May 2002, to coincide with the arrival of the early morning post to the women concerned.

The flow of calls to the helpline was steady but no more than four lines were in use at any one time. The helpline was therefore staffed as follows:

Day 1 (15 May 2002)
- 8am to 4pm: 8 lines (10 counsellors)
- 4pm to 8pm: 4 lines (6 counsellors)
- 8pm to 10pm: 2 lines (4 counsellors)

Day 2 (16 May 2002)
- 8am to 4pm: 4 lines (4 counsellors)
- 4pm to 8pm: 2 lines (2 counsellors)

Day 3 (17 May 2002)
- 9am to 1pm: 2 lines (2 counsellors)
- 1pm to 5pm (1 line (1 counsellors)

From Day 4 (Saturday) the special helpline was amalgamated with the general helpline and helpline staff were relocated to Assynt House, the Health Board Headquarters. One trained helpline counsellor was available between 9am and 4pm on both weekend days. It was originally intended to then leave an answer-machine on from the Monday morning and callers would be called back. However, several new calls were received early on the Monday morning and, therefore, it was decided to reinstate a helpline operator for a further two days. Thereafter, callers were then routed to a member of the communicable diseases team in the Public Health Directorate and the phone line remained live until the first week in June. The last call was taken on Thursday, 30 May 2002, more than two weeks after the incident became public.

The special helpline was manned by staff with counselling experience some of which was specifically related to HIV. Staff originated from Highland Sexual Health (Family Planning and Genitourinary Medicine); Brook Advisory Service; Reachout Highland; the Obstetrics and Gynaecology Department; and specialist HIV advisers came from Glasgow and Aberdeen. NHS Highland could not have managed this incident without this external help.

Each shift was also staffed by a manager and two administrative staff.

2.8.1 Women contacting the Special Helpline

By the end of day 3, a total of 94 women had phoned the helpline, several of these on more than one occasion. By the time the helpline closed during the first week of June, a total of 100/116 (86%) women had made contact with the helpline.

2.9 Follow up Clinics and HIV Testing

Regular Highland Sexual Health Clinics were cancelled. Special clinics offering further counselling and the option of an HIV test from Thursday, 16 May 2002 were established. These were provided in the Highland Sexual Health Out-Patient Suite of the Acute Trust site and provided a self-contained unit of 3 clinic rooms, 2 treatment rooms and 1 counselling room. Appointments were scheduled every 20 minutes throughout the Thursday and Friday and on Saturday morning. Women were thereafter given the option of attending regular Highland Sexual Health Clinics either at Raigmore Hospital in Inverness, or at other locations throughout the Highlands. Alternatively, they could attend their own GP for testing. Women from elsewhere had special appointments arranged for them at local Genitourinary Medicine or Sexual Health Services if requested.

All the women who attended the Highland Clinics wished to have an HIV test carried out. The vast majority of these wanted the results as quickly as possible. Indeed in depth counselling was not what the vast majority of women wanted or needed. They were primarily concerned with having an urgent HIV test.

One baby who had been “nicked” by a scalpel at caesarean section was identified. A special arrangement was made for this baby to attend a local Paediatric Clinic.

2.9.1 Staffing of Clinics

Clinics were staffed by medical and nursing staff, the health adviser and receptionists from Highland Sexual Health as well as HIV specialist advisers from Glasgow. A dedicated phlebotomist was available throughout the Thursday and Friday sessions.

2.9.2 HIV Testing

Arrangements were made with the Raigmore Hospital Virology Laboratory for the testing of samples and the reporting of results. This ensured that results were available for women the following day (or sooner if feasible) either by telephone or at a further clinic appointment.

Arrangements were discussed and clarified for anyone who may have had a positive first HIV test. This would have required a further confirmatory test being done by the Specialist Virology Centre in Glasgow. However, this was not required as all HIV tests were negative. A specific code was put on all the lab request forms to identify that the sample originated from this incident.

There was considerable discussion about whether it was appropriate to ensure that full and normal counselling procedures for pre HIV testing were adhered to in this instance. For example, should all lifestyle factors be discussed as they would under normal circumstances. This issue was considered to be important in achieving informed consent and would be crucial if a positive test was identified. Staff were therefore encouraged to offer appropriate pre-test counselling. Ultimately all HIV tests were negative.

2.9.3 Women attending the Clinics

A total of 62 women (53%) attended the Highland Clinics for HIV testing. The majority attended within the first week and all had attended by 5 June 2002.

TABLE 1: NUMBERS OF WOMEN ATTENDING CLINICS IN HIGHLAND

Date	Number Attending	Percentage Attending	Cumulative Percentage of Total Number of Women Exposed
Thursday Day 2	24	39%	21%
Friday Day 3	25	40%	42%
Week ending 24.05.02	6	10%	47%
Week ending 05.06.02	7	11%	53%
Total	**62**		**53%**

2.9.4 Summary of Follow Up

By the end of the incident, of the total of 116 women in the exposed group -

- 86% had contacted the EPP helpline (100 out of 116)
- 61% returned reply slips (71 out of 116)
- 3% had made no contact at all (4 out of 116)
- 12 returned reply slips but did not contact the helpline. Of these, 4% had been counselled or tested by their GP (5 out of 116); 3% had said they would contact the helpline but didn't (4 out of 116); 2% had been counselled or tested elsewhere (2 out of 116) and 1% did not wish to contact the helpline at the present time (1 out of 116).

2.10 General Helpline

The general helpline was established in the Directorate of Public Health within Assynt House, the NHS Board Headquarters. Over the few days of planning before the incident was made public the telecomms system capacity was explored. On exploring this, it was highlighted that 30 lines come into Assynt House. Five of these are dedicated for e-mail and computer use. This left 25 lines for general telephone use. These lines in turn were routed through Raigmore Hospital's telecomm system so any heavy demand or excess demand could have adversely affected the Acute Trust telephone system. It was anticipated from reviewing previous helpline initiatives elsewhere in the country that this number would be sufficient to cope with the initial surge of demand. Accordingly it was agreed that a maximum of 20 of these lines could be used for a helpline, so that five were left for normal business. In addition, the incident highlighted that Highland NHS Board did not specifically have a contract for emergency telephone work, though the Acute Trust did. This caused some difficulties in establishing the helpline and testing it over the weekend.

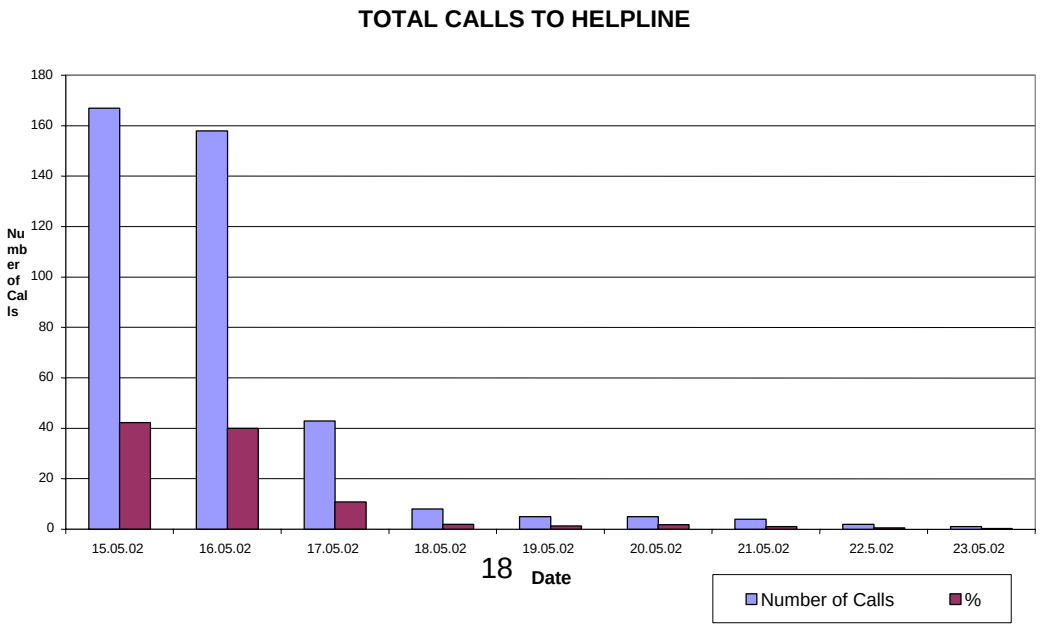
General helpline staff were provided with a list of all obstetric and gynaecology in-patients during the relevant time period. This helped them to confirm to callers whether they were in hospital during the relevant time period or not and to reassure them that their notes had been reviewed and that the health care worker was not involved.

A total of 25 operators were required for each shift on the general helpline. Local staff were supplemented by staff from the Scottish Centre for Infection and Environmental Health.

Various materials were drawn up to assist general helpline staff including a briefing note, a data collection form, a frequently asked question sheet and an algorithm. These are available in the Appendices.

The general helpline received a total of 395 calls. 167 of these (42%) occurred on Day 1 and 158 (40%) were on Day 2. The number of calls per day is shown in the following graph.

Figure 1



290 (73%) of calls were from women who wanted to know if they belonged to the potentially exposed group. 104 (26%) simply wanted more information about the incident. A small number of calls were for other reasons such as a media enquiry, or a general enquiry about HIV and AIDS. Three calls concerned totally unrelated health problems. There were 2 silent or malicious calls and 2 callers wanted to complain.

45/395 (11%) of the calls required further action beyond the initial telephone contact. Thirty out of 45 either needed or wanted their records checked further and 12 people required to be called back and given further advice.

Interestingly, 14 of the calls were from women on the exposed list who chose to contact the general helpline either as a first point of help or in addition to the special helpline.

A maximum of 20 lines had been available but the most in use at any one time had been 11. The peak times for calls on days 1 and 2 were between 10am and 12 noon, 1pm to 2pm, and 6pm to 7pm. Each shift had a Duty Manager to co-ordinate the practicalities and act as a source of advice for any “difficult” calls.

Although there were many volunteers for the general helpline, the difficulty was identifying people who were able to work a minimum of a four hour session. Any less time than that was likely to lead to difficulties both in briefing them appropriately and in continuity of advice.

Before each shift, staff were briefed, a system which worked well.

Two thirds of calls received were from people potentially in the exposed group i.e., within the time period and specialty concerned. In a previous incident such calls had been split 50/50. It may be that the public are better informed and less anxious than hitherto about HIV with unaffected individuals less likely to call such a helpline. This may mean that it may not now be necessary to run such a large general helpline as in the past.

People requiring a call back, were contacted either by the Medical Director of the Acute Trust or by one of the Consultant Obstetricians. This was done with the patient’s records in front of them, a practice which was felt to facilitate the process of providing effective reassurance to callers.

In future, NHS24 may be able to provide a general helpline service in the same way that NHS Direct did for the patients from the Hull area.

On a practical note, some confusion arose regarding the level of overtime payments being offered to staff who manned the helplines. We recommend that a generic pay policy for handling such incidents should be drawn up in advance and agreed between Human Resource Departments and relevant Unions.

2.11 Communications and Media Management

Communication staff from the Acute Trust and, in particular, the Health Board co-ordinated the media response. In addition, efforts were made to co-ordinate the approach with media management in Hull, although this proved difficult due to the issues around the legal injunction as discussed later.

The Incident Control Team agreed that the story should enter the public domain through a Press Conference on the day that the women in the exposed group received their letters. A contingency Press Statement was drawn up in case the story leaked to the Press before the letters were sent to women and the helplines were open. This did not happen but it became apparent early on that day that the media in Hull had broken the embargo and began broadcasting the story on local radio at 7am. A Press Conference was held in Highland at 10.30am as previously agreed.

It was a source of considerable satisfaction locally that the story had not been leaked to the media in advance of the Press Conference in Inverness.

The confidentiality and, in particular, the name of the infected health care worker was maintained and preserved throughout. However, the decision to release the dates of employment and the place of employment, including the specialty, were justified locally by the particularly well balanced media coverage. This emphasised the overall low risk, communicated the general helpline number and in many instances the content of the Press Release was repeated verbatim. Local journalists were also made aware of the legal injunction.

E-mail contact was made with all other Public Health Departments in Scotland to inform them of the incident.

A more general information letter was sent to <u>all</u> Highland GPs on the Tuesday afternoon to arrive on the Wednesday morning. All the above letters were co-signed by the Medical Director of the Acute Trust and the Director of Public Health of the Health Board.

Internal NHS communications were also thought to be extremely important in this incident, not least because some of the potentially exposed women were local NHS personnel. As such, a staff briefing was held for Board HQ staff and a specific mailing sent to all staff in the Acute Trust.

In addition, briefing sessions were held for Board Members and local MSPs and MPs, so they were kept fully appraised of events. This was much appreciated and positive feedback was received.

At the Press Conference, 10 Press Agencies were represented and the incident was covered on the BBC, Grampian, Radio 5, Radio Scotland and Moray Firth Radio. A Press Release was issued at approximately 6pm with a further update on the number of calls to the helpline.

All Highland GP practices were faxed a copy of the Press Release during the morning.

3. DISCUSSION

3.1 Confidentiality

The confidentiality of the health care worker was a high priority from the outset. The national guidelines were clear that the health care worker's name should only be divulged with the individual's consent or in exceptional circumstances. The infected health care worker expressed the strong desire to the authorities in Hull that his anonymity should be preserved and that his name should not be given to the media. As such, strenuous efforts were made to ensure that his name was not released to the media and that no breach of confidentiality occurred. Throughout all public discussion the term health care worker was used rather than anything more specific.

The Medical Defence Union (MDU), acting on behalf of the infected health care worker decided to take out a legal injunction to protect not only his name but also to prevent the time period of employment, the place of employment and the specialty involved being used by the media. Interestingly this injunction was printed on MDU headed notepaper so that instantly the media knew it was a doctor that was involved.

Locally we had considerable concern about the potential impact of such a restrictive injunction and following advice from the Central Legal Office, decided to contest the injunction and its application in Scotland. Lawyers for both sides appeared before a Sheriff late on the evening of Tuesday, 14 May 2002 in Edinburgh. The Sheriff supported our case and we were allowed to release the time period involved, the hospital and the specialty.

It was the strongly held view of the Incident Control Team that a more general Press Release, which in essence could only communicate that a health care worker who had worked in the Highlands sometime in the past for the NHS had now been found to be infected with HIV, would lead to large scale and unnecessary alarm amongst the local population. The potential morbidity of this and the huge practical difficulties of dealing with such concern in a meaningful way would have made managing the incident considerably more difficult. The low number of calls to our general helpline (less than 400) and the considerable support we received from the local and national media north of the border, confirmed that we had made the right decision.

We heard informally that the media in Hull knew the name of the health care worker within a couple of hours of the story breaking there. Efforts to protect individual confidentiality in such incidents should be focussed on preventing the name and not any subsidiary information entering the public domain. Our assessment of the media coverage in Hull was that there was a considerable abreaction from the media and members of the public who were annoyed and alarmed by the Health Authority which was perceived to be secretive.

3.2 Legal Issues

During the few days of pre-planning before the release of information to the public the aspect of the incident which became the most difficult and time consuming to

manage was the legal one. The Medical Defence Union, on behalf of the infected health care worker, took out a legal injunction to prevent either his name or any information that might lead to deductive disclosure being released by the media. While everyone was agreed that his name and confidentiality should be maintained, we were of a very different opinion about what information could be released without leading to the deductive disclosure of his identity but which was necessary for appropriate handling of the incident. Possibly because he was also a patient and an employee of the Acute Trust in Hull, the Incident Control Team there were fully supportive of all efforts to prevent any information being used by the media. The Incident Control Team in Highland, however, took a different view. Following the decision to contest the legal injunction, a Court session was held in Edinburgh, the result of which became available to the ICT about 11pm the night before the scheduled Press Conference. A fax of the Court's interlocutor was received in the Board HQ at 9.53am. At 10.35am, just as we were entering the Press Conference, the Form of Citation in Petition (Form 14.7) was received from a Messenger at Arms addressed to Highland NHS Board. The arrival of two Warrant Officers to serve the agreed legal papers on the Chief Executive of the Health Board, only minutes before the scheduled Press Conference, was extremely unhelpful.

There were several specific legal issues which made the effective handling of this aspect of the incident difficult and which we would suggest are best avoided in future. These were:

1. The approach of the ICT's on both sites was different and there was a variance of opinion on what should rightly be included in the legal injunction.
2. The legal jargon and terminology within the injunction and accompanying letters was difficult to understand.
3. Legal advice was delivered by way of teleconference rather than face-to-face.
4. Legal events were happening at the last minute, such as the Court case and the delivery of the legal notice to the Chief Executive.

If ICTs are faced with such incidents in the future, then the legal issues should be clarified early in the planning process and any injunctions clearly defined and sought as early as possible in the process. A legal adviser should be an early and integral part of the ICT.

3.3 Testing of Health Care Workers

Before and during his employment in Raigmore Hospital, the health care worker and the Trust adhered to all occupational health policy and guidance in place at that time. In essence, this meant that the health care worker was left to declare any potential risk to HIV infection, which he assessed at that time as being none.

The Incident Control Team had to respond to several questions from the media and callers to the helplines who asked whether all doctors coming to this country to work should be automatically tested for HIV infection before their first employment. There was clearly some expectation that this would be a reasonable course of action. A UK Expert Group has previously recommended that all entrants to the NHS, including students and those from overseas, should have blood borne virus

clearance before taking up a post or a career which involves EPPs. To our knowledge this has not yet been adopted as national policy and has not therefore been implemented throughout the NHS. Had this measure been in place in 1999 then this incident would have been prevented.

Further national guidance has recently been published on patient notification by both the Scottish Executive and the Department of Health and these do add further clarity and additional steps in the process for occupational testing of medical and other health care staff.

3.4 Co-ordination between 2 centres

The management of this incident was made challenging by the fact that the health care worker had been employed in the Highland Region of Scotland and the East Riding area of England. It became clear early in the incident that the Acute Trust in Hull was the main player in the incident control management, whereas the mangement in Scotland was being led by the Health Board. In the early stages of the incident, this meant that there was very good liaison about the public health and epidemiological aspects between the two Public Health Departments but less specific information was forthcoming on the actual incident management and the policy for release of the information to the public and the various practical measures being used.

This latter aspect was facilitated by a joint teleconference between key players of both Incident Control Teams. Thereafter the management was much better co-ordinated. Regular telephone calls between the key players was also an essential feature of the co-ordination. The main difference of opinion was around the legal injunction as discussed earlier but, other than that, there was an effective and dual approach to the incident.

There were a few minor differences in the list of exposure-prone procedures included at both sites due to some variation in the views of local Consultant Obstetrician & Gynaecologists. The Hull team also had the benefit of being able to use NHS Direct as the general helpline number and, therefore, were able to concentrate their efforts on setting up a special helpline for the exposed group.

3.5 Costs

Accurately costing such an exercise is difficult not least because of the considerable hidden costs of staff time. Local staff, in particular from the Records Department and the Obstetrics & Gynaecology Department of the Acute Trust, as well as the Health Board's own staff, responded magnificently to the incident and many gave of their time voluntarily during the incident. The direct financial costs of the incident arose mainly from the telecommunication costs for the helplines and from the patient notification process with the costs of testing and setting up clinics and blood tests.

Opportunity costs are much harder to identify and accurately cost but a significant number of personnel did no other work except handle the incident for a period of approximately one week and in some instances much longer.

A breakdown of the estimated costs is given in the following table.

TABLE 2: COSTS OF THE INCIDENT

Salary Costs		
Helpline Staff – HHB	£ 2,836.85	
Medical Records, Helplines – Raigmore Staff	£13,800.00	**£16,636.85**
Telephone Costs		
Reprogramming, Purchase Headsets etc	£ 3,605.84	
Telephone calls – Emergency Line	£ 104.88	**£3,710.72**
Consumables		
Stationery	£ 168.47	
Miscellaneous, incl. Postage, photocopying	£ 1,000.00	**£1,168.47**
Miscellaneous		
Accommodation, catering	£ 2,638.36	
Catering – Raigmore staff	£ 500.00	**£3,138.36**
Total		**£24,654.40**

The estimated final cost of this incident was approximately £25,000.

4. CONCLUSIONS AND LESSONS LEARNED

The Incident Control Team was formally stood down on Friday evening, 17 May 2002 and a review/debrief meeting of the incident was held on 5 July 2002. A total of 33 specific points were noted under Lessons Learned. These are included in full in Appendix 26. The main points agreed are summarised below.

When the incident closed, the infected health care worker was understood to be considering a career in a different specialty.

It was noted that some of the local staff who reviewed case records could have been in the "at risk" group themselves and could have been involved in reviewing the records of colleagues. Such a problem is difficult to avoid in a small community and a small health system but in future, should be considered early in the process, and procedures put in place to avoid it if at all possible.

It was generally felt that communication of information to staff in the Health Board, the Acute Trust and local General Practitioners had been handled well and in a timely manner. However, it was acknowledged by the ICT that more information could have been provided to the Primary Care Trust staff. A few women in the more remote areas sought help and reassurance from 'familiar' local staff such as community midwives and health visitors. In retrospect we should have kept these staff groups better informed.

Although addresses had been cross-checked on the Patient Administration System (PAS) and the Community Health Index (CHI) system, several addresses, particularly those of individuals who had moved to other parts of the UK or abroad were not current. Of the women in the exposed group 97 were still resident in Highland; 13 lived elsewhere in Scotland; 3 lived outwith Scotland but still in the UK; 2 were in the armed forces overseas; and 1 woman had moved abroad. Considerable efforts were expended in tracing several women who were either in the armed forces themselves or who had partners in the armed forces and had gone overseas. This proved particularly difficult and time consuming.

For people resident in England and Wales direct contact was made with relevant Public Health or Primary Care Departments to ascertain their addresses.

Despite all these efforts it was in a few cases some time and several addresses later before an accurate address was obtained on a few women in the exposed group. This unfortunately led to considerable concern among these women and was the main cause of criticism of the ICT. It is probably impossible to guarantee the accuracy of all addresses in incidents such as these but every effort should be made to ensure the accuracy of contact addresses.

The fact that the names and addresses of patients in the EPP group were also passed to their GPs had caused concern to some patients who did not wish their local GP to know. This correspondence had been marked "Private & Confidential" and was to make GPs aware that their patients may contact them. In addition GPs had been asked to inform us if the patient address was incorrect and in several cases this had been the only source of information about the current patient address.

On balance, therefore, the ICT agreed that although there were issues around confidentiality, it was still good practice to inform General Practitioners.

The ability to offer patients HIV tests and results quickly had been greatly appreciated by many of the women involved.

Several letters of thanks were received from individual women, from GPs, from the Army and positive media coverage was provided by individual stories in the Press.

The fact that an interdict had been raised by the Medical Defence Union to force NHS Highland into adopting the same restrictions as the Health Authority in the Hull area, and the fact that NHS Highland challenged this interdict successfully meant that the local media published a much more considered response and were very supportive of the efforts made by NHS Highland both to manage the incident and to fully inform the public as much as feasible.

It is a matter of general agreement in such incidents that there is a duty to maintain the confidentiality of the health worker concerned, but this has to be balanced against the detail of information required to reassure the public and to maintain an effective public health response. In this case there was a difference of opinion between the two health care systems involved as to where that balance lay. A Scottish Judge was, however, persuaded that the limited information we wished to disclose in this situation did represent a reasonable balance between the public interest and the duty of confidentiality towards the health worker.

The Judge, in effect, granted the Interim Interdict but in general terms preventing disclosure of details which identified the health care worker, but specifically agreeing that the details of the dates of employment, department and hospital employed, could be used in the Press Release and by the helpline operators. Despite everyone's efforts it was immediately reported in the Press that the individual concerned was a male doctor. The profession of the worker was probably disclosed through the fact that it was the Medical Defence Union who had sought an injunction and the fact that this injunction was on their headed notepaper. The sex of the health care worker may have been released inadvertently to a journalist as it is almost impossible to avoid using the terms he or she in such occasions when answering questions and giving interviews.

An incident of this nature and size considerably stretched the resources of a small NHS system such as Highland. Specialist help from elsewhere, in particular the provision of specialist counsellors from SCIEH, the Brownlee Centre, the Sandyford Initiative, Grampian Health and Reachout Highland was invaluable.

5. RECOMMENDATIONS

The recommendations which arise from this incident can be considered under four main categories – legal/statutory, helplines, staffing and communications.

5.1 Legal and Statutory

- The confidentiality of the Health Care Worker should be maintained but the information put into the public domain must balance this confidentiality with the requirement to reduce unwarranted public anxiety.

- The Incident Control Team should seek legal advice early and consider inviting a legal adviser to be an integral member of the Incident Control Team to facilitate regular face to face advice.

- The issue of whether to seek a legal injunction to protect the confidentiality of the healthcare worker involved should be addressed at the outset of these types of incident. If one is pursued this should be done well in advance of the time it is planned to inform the public/media of the incident.

- Where two Health Boards or Health Authorities disagree on the balance between the duty of confidentiality and public interest then the Scottish Executive/Department of Health should advise on an appropriate way forward.

- A UK Expert Group has recently recommended that all new entrants to the NHS, including those from overseas, should have mandatory health clearance for Blood Borne Viruses, including HIV, before taking up posts or careers that involve exposure prone procedures. Had this policy been in place in 1999 this particular incident would have been prevented. The expert group recommendation should therefore be implemented forthwith throughout the NHS.

5.2 Helplines

- Careful consideration of the appropriate number of lines is required. This should utilise the available models for predicting helpline demand, be sufficient to cope with the initial surge during the first 24-48 hours but acknowledge that public anxiety about HIV infection may be considerably less than some years ago.

- Separate helplines should be made available for patients in the high risk/exposed groups and for the general public.

- Early discussions should take place with NHS 24 to ascertain if they can provide helpline support.

- Sufficient numbers of helpline operators are required to operate a shift system which does not put excessive stress on operators and facilitates adequate breaks.

- Do not wind down the helpline or the number of operators until it is clear that demand has ceased.

- All NHS Boards should investigate and document their telecommunications capacity and identify in advance an appropriate location to set up a large helpline. They should also ensure that their telecomms contracts cover the potential need for the setting up of helpline capability outwith normal working hours.

5.3 Staffing

- NHS systems should agree in advance with Human Resource Departments and relevant staff representatives a payment policy for any work carried out by staff which is outwith their normal responsibilities e.g., examining medical records, manning a helpline, providing 'counselling'.

- Early thought should be given, and every effort made, to avoid the possibility of staff having to review their own medical record or those of close friends or colleagues. It is recognised however that this may be difficult in smaller Boards.

- Local Incident plans and procedures should include a register/database of NHS staff willing and able to assist with helplines. Such staff should be trained and helplines regularly exercised.

- Part of the pre-planning for such incidents should include the identification of specialist counsellors and documented procedures for accessing these people at short notice.

- Ensure that sufficient numbers of appropriately skilled staff are available to set up and maintain databases for such large incidents.

- Consider the arrangements for any babies or children involved in lookback incidents.

- NHS Boards should have formal, written mutual aid arrangements with neighbouring Boards and relevant national agencies to ensure adequate surge capacity is rapidly available when required.

5.4 Communications

- Ensure that any helpline numbers are made widely and rapidly available to the relevant groups of staff and the public.

- To avoid confusion and ensure any enquiries come through on the helpline number only, remove any normal letterhead telephone numbers from correspondence to patients involved in a lookback.

- Crosscheck addresses of patients in any potentially exposed groups with as many different sources as possible to maximise accuracy before sending any correspondence.

- Ensure that HIV tests are readily available to women who want them and that mechanisms are in place for the rapid communication of the results.

- Where 2 or more centres are involved in a lookback incident, ensure that early and frequent communications occur between these centres, utilising video and teleconferencing if face to face contact is not feasible.

- All communication with the media should be based on a presumption of openness.

- Cascade fax facilities should be available to all Incident Control Teams.

6. REFERENCES

1. **AIDS/HIV Infected Health care Workers: Guidance on Management of Infected Health Care Workers and Patient Notification. A Consultation. Scottish Executive 2002**

2. **Policy of the Management of Infected Health Care Workers. Highland NHS Occupational Health Service. September 2000**

3. **HIV Post-Exposure Prophylaxis: Guidance from the UK Chief Medical Officers' Expert Advisory Group on AIDS. UK Health Departments. July 2002.**

4. **AIDS/HIV Infected Health care Workers: Guidance on the Management of Infected Health Care Workers and Patient Notification. Scottish Office Department of Health. March 1999**

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6. **Serious Communicable Diseases. General Medical Council 1997**

7. **HIV Infected Health Care Worker Incident. December 1994**
   Report and Recommendations. Greater Glasgow Health Board and Scottish Centre for Infection & Environmental Health. March 1995

8. **HIV Infected Health Care Worker Incident. May 1993**
   Report and Recommendations. Scottish Centre for Infection & Environmental Health. March 1994

7. LIST OF APPENDICES

1. **Members of Incident Control Team**
2. **Initial Action Checklist**
3. **Exposure Prone Procedures: List of Obstetric & Gynaecological Procedures**
4. **Review of patient records: Templates for data collection**
5. **Letter to General Practitioners of exposed patients**
6. **Letter to local General Practitioners without exposed patients**
7. **Information for General Practitioners**
8. **Factsheet for patients (also enclosed with General Practitioner letter)**
9. **Letter to exposed patients**
10. **Reply sheet for exposed patients**
11. **Letter to patients who were found later to have moved**
12. **Follow-up letter to patients who did not respond to initial letter**
13. **Letter to CPHMs/CCDSs elsewhere**
14. **Briefing pack contents for helpline operators**
15. **Information for general helpline operators**
16. **Special Helpline Call Record**
17. **Protocol for HIV incident helpline staff**
18. **General Helpline Call Record**
19. **Additional information for helpline staff: Possible FAQs**
20. **Protocol for evaluation of a patient found to be HIV positive in the course of the lookback exercise**
21. **Health care worker clinical, occupational and sexual history check list**
22. **Contingency Press Statement if the story leaked in advance**
23. **First Press Release**
24. **Statement for the initial Press Conference**
25. **Press conference pre-prepared Questions and Answers**
26. **Lessons Learned at Review meeting**
27. **Numbers of staff involved in the incident**
28. **Thought for the Day – Raigmore Hospital Chaplain**
29. **Acknowledgements**

APPENDIX 1

MEMBERS OF INCIDENT CONTROL TEAM

Mr Steve Bell, Health Promotion Manager, Highland NHS Board

Dr Hazel Campbell, Highland Sexual Health, Highland Acute Hospitals NHS Trust

Mr Richard Carey, Chief Executive, Highland Acute Hospitals NHS Trust

Mrs Ruth Carlton, Press & Communications Officer, Highland Acute Hospitals NHS Trust

Mr Brian Devlin, Communications Manager, Highland NHS Board

Dr Roger Gibbins, Chief Executive, Highland NHS Board

Professor David Goldberg, Scottish Centre for Infection and Environmental Health

Mr George Gough, Emergency Planning Officer, Highland NHS Board

Dr Alison Graham, Medical Director, Highland Acute Hospitals NHS Trust

Dr Andrew Hay, Consultant Microbiologist, Highland Acute Hospitals NHS Trust

Dr Rob Henderson, SpR in Public Health Medicine, Highland NHS Board

Dr Darrel Ho-Yen, Consultant Virologist, Highland Acute Hospitals NHS Trusts

Dr Russell Lees, Consultant Obstetrician & Gynaecologist, Highland Acute Hospitals NHS Trust

Ms Helen Macdonald, Public Health Infection Control Nurse, Highland NHS Board

Dr Ken Oates, Consultant in Public Health Medicine (CD & EH), Highland NHS Board (Chairman)

Ms Carolyn Ross, Occupational Health Nurse, Highland Acute Hospitals NHS Trust

Dr Lesley Ann Smith, Clinical Risk Manager, Highland Acute Hospitals NHS Trust

Ms Marjorie Smith, Medical Records Officer, Highland Acute Hospitals NHS Trust

Dr Cameron Stark, Consultant in Public Health Medicine, Highland NHS Board

Dr John Wrench, Director of Public Health & Health Policy, Highland NHS Board

APPENDIX 2

INITIAL ACTION CHECKLIST

Tasks to be completed by end of Monday 13/5/02

1) Identify patients to be contacted, including those who are no longer resident in the region and those who are deceased.

2) Call centre locations/telecommunications in place.
   - Counselling Helpline – 8 'lines in the LA Emergency Centre.
   - General Helpline – 20 'lines identified within the HP dept.
   - Clarify the hours during which these 'lines will operate, for how many days they will run, and the freephone numbers.

3) Prepare briefing material for those staffing the above lines.

4) Identify individuals to staff the above lines. Arrange a shift rota for each line.

5) Brief staff assisting at the counselling helpline.

6) From patient database, generate two separate lists
   - List of all women who were inpatients in the obstetric department during the period 3/2/99 – 1/2/00.
   - List of all women who are deemed to require F/U. For each of these women, will require to have the name and address of their GP.

7) Identify locations for F/U clinics.
   - Identify staff for these clinics. Formulate clinic protocols/procedures. Clarify opening hours, and for how long these special clinics will remain in operation. Clarify their 'phone numbers.

8) Clarify lab testing procedures, and the "turnaround" time for test results.

9) Formulate protocol/procedure for dealing with any patients with special circumstances (eg./ outstanding complaint against the trust, babies also exposed.)

10) Brief Board staff.

11) Get advice on legal injunction from the Scottish Executive and arrive at a decision whether or not to apply for one.

Tasks to be completed by end of Tuesday 14/5/02

1) General help-line and counselling help-line staff briefed.

2) Send letters by first class post to exposed patients & GPs. To arrive morning of 15/5/02.

3) Clarify venue and time for press conference, due to be held on 15/5/02.
   - Identify people to be on the panel.
   - Prepare material for use/issue at the conference.
   - Identify time and dates for future press conferences.

4) Prepare press release and material for media briefings.

Tasks to be completed on Wednesday 15/5/02

1) Contact all those who are to be invited to attend the press conference.

2) Brief local councillors/MSPs/MPs.

3) Press release.

4) Fax/e-mail all GP surgeries with information.

5) E-mail all CPHMs (CD/EH)

6) Hold press conference. Give details of future media briefings.

7) Patients receive letters.

8) Help-lines open.

9) Set up database of exposed group to monitor F/U, test results, etc.

10) Testing clinic staff briefed.

Tasks to be completed by end of Thursday 14/5/02

1) Follow-up clinics open.

2) Identify and attempt to contact non-responders who warrant F/U.

APPENDIX 3

EXPOSURE-PRONE PROCEDURES: LIST OF OBSTETRIC & GYNAECOLOGICAL PROCEDURES

Obstetrics:

- Caesarian Section
- Scalpel injury to baby to be recorded as an EPP to the baby
- Use of foetal scalp electrode or foetal scalp sampling
- Perineal suturing (following episiotomy or tear)
- Artificial Rupture of Membranes using amni hook
- Assisted vaginal deliveries (forceps and ventouse) because perineal suturing is usually carried out by the operator
- ERPOC (following spontaneous miscarriage)

Gynaecology:

- All open abdominal procedures
- Hysterectomy
- Cone biopsy
- Excision of vulval cysts
- Repair operations

APPENDIX 4

REVIEW OF PATIENT RECORDS: TEMPLATE FOR DATA COLLECTION

OBSTETRICS

Name of Reviewer		
Surname		
Case Record Number		
Type of Procedure	FORCEPS	
	SPONT MISCARRIAGE	
	ARM	
	C/S	
	EPISIOTOMY/TEAR	
	FETAL SCALP ELECTRODE	
	FETAL BLOOD SAMPLING	
	VENTOUSE	
Date of Procedure		
Doctor as first operator	yes	no
Doctor as second operator	yes	no
Evidence from records		

Risk Category (High/Low)	

GYNAECOLOGY

Name of Reviewer		
Surname		
Case Record Number		
Type of Procedure **Open abdominal OR Other procedure**		
Date of Procedure		
Doctor as first operator	yes	no
Doctor as second operator	yes	no
Consultant		
Evidence from records		

Risk Category (High/Low)	

APPENDIX 5

LETTER TO GENERAL PRACTITIONERS OF EXPOSED PATIENTS

CONFIDENTIAL

Dear Colleague

We are writing to inform you that a health care worker who worked in the Obstetrics and Gynaecology Department at Raigmore Hospital between 3 February 1999 and 1 February 2000 has recently tested HIV positive.

Highland NHS Board and Highland Acute Hospitals NHS Trust have undertaken a look back exercise, in collaboration with experts at the Scottish Centre for Infection and Environmental Health, to identify all patients on whom the health care worker may have performed exposure prone procedures.

Your patient/s named overleaf has/have been identified as a result of this investigation. The risk of any patient being infected by a health care worker is very small. There have been only two incidents worldwide where patients may have acquired HIV from a health care professional, and no instance in the UK.

Every patient on whom the health care worker has performed an exposure prone procedure whilst working at Raigmore Hospital has been sent a letter informing them of this. They have been given the number of a specific freephone helpline **0800 838009** through which they can obtain further advice, counselling and the offer of an HIV test. The helpline will be staffed from **8am-10pm** on Wednesday 15 May, and from 8am-8pm on Thursday 16 May. After that calls will be taken by an answering machine until Monday 20 May. This helpline is specifically for those patients who have undergone exposure prone procedures by this health care worker. **Please do NOT give this number to other members of the public.**

You may also be contacted by other anxious patients. A separate helpline has been set up to deal with these enquiries on freephone **0800 652 2699.** This helpline number can be given to any concerned patient. In addition, the National AIDS Helpline freephone **0800 567123** is open 24 hours, 7 days a week and provides advice and counselling on the wider aspects of HIV infection.

To help you deal with any queries, we have enclosed the factsheet that we have sent to patients and an additional information sheet for yourself.

We regret that, because of the complexity of the task it has not been possible to inform you of this any earlier than your patients. Thank you for your understanding and co-operation.

Attached is a list of your patient(s) who have been identified as being in the exposed group. We would be grateful if you could let us know by return if any details are incorrect.

Yours sincerely

Director of Public Health and Health Policy
Highland NHS Board

Medical Director
Highland Acute Hospitals NHS Trust

APPENDIX 6

LETTER TO LOCAL GENERAL PRACTITIONERS WITHOUT EXPOSED PATIENTS

Dear Colleague

We are writing to inform you that a health care worker who worked in the Obstetrics and Gynaecology Department at Raigmore Hospital between 3 February 1999 and 1 February 2000 has recently tested HIV positive.

Highland NHS Board and Highland Acute Hospitals NHS Trust have undertaken a look back exercise, in collaboration with the Scottish Centre for Infection and Environmental Health, to identify all patients on whom the health care worker may have performed exposure prone procedures. Each of those patients has been contacted by letter, giving them a specific helpline number through which they can obtain further advice, counselling and the offer of an HIV test.

The risk of any patient being infected by a health care worker is very small. There have been only two incidents worldwide where patients may have acquired HIV from a health care professional, and no instance in the UK.

It appears that none of your patients has been identified as a result of our investigation. Nevertheless you may be contacted by anxious patients who have NOT been at any risk of exposure. A general helpline has been set up to deal with these enquiries on freephone **0800 652 2699.** This helpline number may be given to any concerned patient.

In addition, the National AIDS Helpline freephone **0800 567123** is open 24 hours, 7 days a week and provides advice and counselling on the wider aspects of HIV infection. We have also enclosed some background material for your information.

We hope that you will find the above information helpful.

Yours sincerely

Director of Public Health and Health Policy
Highland NHS Board

Medical Director
Highland Acute Hospitals Trust

APPENDIX 7

INFORMATION FOR GENERAL PRACTITIONERS

The purpose of this factsheet is to provide you with some additional information to that already included in the enclosed FACTSHEET FOR PATIENTS.

As already mentioned, any exposed patient(s) have been contacted by NHS Highland and asked to phone the helpline. However, you may be contacted by patients who are anxious or have specific issues they wish to discuss with you

How likely is it that my patient will have been infected with HIV from the HCW?
The risk that your patient will have been infected with HIV from the health care worker (HCW) is very small. In the world literature to date, there have only been two reported incidents where HIV-infected HCWs have transmitted the virus to patients. One, the case of a Florida dentist, involved transmission to six patients and there is a report of a French orthopaedic surgeon which involved transmission to one patient.

Other lookback studies of over 22,000 patients of HIV-infected HCWs have failed to show any evidence of HIV transmission to patients.

What are exposure prone procedures?
UK guidelines define exposure prone procedures (EPPs) as those where there is a risk that injury to the HCW may result in exposure of the patient's open tissues to the blood of the HCW. The circumstances where HIV may be transmitted from a HCW to a patient are restricted to exposure prone procedures. The majority of health care procedures pose no risk of HIV transmission from HCW to patient.

For this lookback, EPPs include all major operations (e.g. hysterectomy, caesarean section) and other procedures involving suturing or sharp instruments (such as forceps delivery, episiotomy/laceration repair and application of fetal scalp electrode) where the operator's hands are not visible at all times.

Procedures considered to pose NO risk of exposure include normal deliveries, dilatation and curettage, termination of pregnancy, cystoscopy, examination under anaesthesia and manual removal of placenta.

What is the process for counselling and testing my patient*?*
Patients considered to have had an EPP will be offered counselling and an HIV test. An appointment will be made with a counsellor to explore with them all the issues involved and arrange the test. The patient will receive the result as soon as is practicable.

Will I be informed of my patient's test result?
Not routinely, although your patient may choose to tell you the result.

What if my patient has a positive result?
It is possible that some people may test positive, although this may be unrelated to the HCW. In this instance, further investigations will be undertaken to assess whether the source of the patient's infection was the HCW. These further investigations may take over a month. Arrangements are being put in place to deal with this and counselling will be available.

APPENDIX 8

FACTSHEET FOR PATIENTS (also enclosed with General Practitioner letter)

Why have I been contacted?
We have learnt that an Obstetrics and Gynaecology health care worker has recently been shown to be infected with HIV (the Human Immunodeficiency Virus). As a result of an immediate review of the hospital records, we have identified that the health care worker was involved in your care while you were in the hospital and we want to inform you directly about this.

What is the risk that I may have been infected by this health care worker?
The risk that you could have been infected is very small. No patient in the UK has been infected in this way. Worldwide there have been only two incidents where this has occurred, and neither of these was in obstetrics and gynaecology.

If the infected health care worker assisted with the delivery of my baby, could the baby be infected?
There have been **no** reported cases in the world of any baby being infected in this way.

What is HIV?
HIV is a virus which can result in an infected person developing AIDS (Acquired Immune Deficiency Syndrome). It is present in the blood, semen or vaginal fluid of an infected person and is usually passed on:

- through unprotected sex with an infected person or
- by sharing needles and syringes with an infected person.

It is unlikely that the virus could be passed on from an infected health care worker to a patient unless there was injury to the health care worker by a sharp instrument during a procedure. This may allow the health care worker's blood to enter the patient's bloodstream. The chances of this happening are very small and with most procedures, for example, a normal delivery, it could not occur.

HIV is not passed on through ordinary, everyday contact at home or at work. It cannot be passed on by kissing or shaking hands with an infected person or sharing eating or cooking utensils, towels, stationery, etc.

What will happen when I call the helpline?
Your call will be answered by skilled and experienced staff and will be completely confidential. Most of these staff are women, and should your call be answered by a man, you may ask to speak to a woman if you prefer.

So that we can help with your enquiry, you will be asked to confirm your name and address**.** The staff will give you further information and if you wish you will be offered an appointment for special counselling with a trained counsellor. An HIV test can also be arranged within the week.

The counselling and testing are offered completely free of charge and are totally confidential.

What does the test involve?
A small blood sample is taken and tested for antibodies to the virus. These antibodies are produced by the body in response to infections.

The test will only be performed with your full consent and after you have received full counselling. We will make the results available as soon as is practicable but this may take a few days.

Please note that:

- having an HIV test as part of this investigation does not affect your life insurance prospects
- you are under no duty to inform your employer that you have been tested.

The likelihood that you are infected is very small so, while waiting for the test result, you do not have to alter your day-to-day activities in any way, or take additional precautions such as practising safer sex or avoiding breast feeding.

What can I do now?
Please feel free to call the **helpline on 0800 838009.** It is staffed on Wednesday 15 May from **8am-10pm** and from **8am-8pm** on Thursday 16 May. From 8pm on Thursday until 9am on Monday 20 May your details will be taken by an answering machine and you will be contacted by an experienced member of staff. You can call as many times as you want if you have further questions or worries.

Your general practitioner has been informed that we have written to you and may be able to give you additional reassurance. There are also national organisations like the **National AIDS Helpline, freephone 0800 567123**, which may be contacted 24 hours a day and offer confidential advice on all aspects of HIV infection.

APPENDIX 9

LETTER TO EXPOSED PATIENTS

Dear

It has come to our attention that a health care worker who worked in Obstetrics and Gynaecology at Raigmore Hospital from 3 February 1999 to 1 February 2000 is infected with HIV (Human Immunodeficiency Virus). The health care worker no longer works or lives in the Highlands.

Our records indicate that the health care worker was involved in your care while you were in hospital. We want to contact you directly about this rather than let you hear it through the media. Our reason for writing is to reassure you that the risk of infection to you is very small but we acknowledge that you may be anxious and wish for further reassurance.

We have set up a special freephone telephone helpline on **0800 838009** so that you can discuss any concerns. It is staffed on Wednesday 15 May from **8am-10pm**, and on Thursday 16 May between **8am-8pm.** From then until 9am on Monday 20 May there will be an answering machine in operation and your call will be returned by an experienced member of staff. The line is completely confidential and operated by professional staff who are trained to answer your questions. If you wish, further counselling and a confidential HIV test can also be arranged.

We would like to stress that the risk of any patient being infected by a health care worker during an obstetric or gynaecological procedure is very small. No patient in the UK has ever been infected by exposure to someone undertaking health care duties. Worldwide there have only been two such incidents in the past 18 years and neither of these were in obstetrics and gynaecology.

Enclosed is a factsheet with more detailed information which you may find helpful. In addition, you can contact the National AIDS Helpline on **freephone 0800 567123** which can provide confidential counselling and advice on the wider aspects of HIV infection.

Your general practitioner has also been written to in confidence about this matter.

We need to be sure that you have received this letter and would be grateful if you would sign the attached form and return it in the stamped addressed envelope enclosed.

We recognise that the news in this letter may cause you distress and hope if this is the case that you will be able to contact the helpline. Although the risk of any patient contracting HIV from this health care worker is very small, we do feel that everyone has the right to be informed about this small risk and should be offered further support.

Yours sincerely

Director of Public Health and Health Policy
Highland NHS Board

Medical Director
Highland Acute Hospitals Trust

APPENDIX 10

REPLY SLIP FOR EXPOSED PATIENTS

CONFIDENTIAL

Please complete this form and return as soon as possible in the envelope provided.

IT IS IMPORTANT THAT YOU FILL IN YOUR PERSONAL DETAILS SO THAT WE CAN BE SURE THAT EVERYONE HAS BEEN CONTACTED.

Your full name

Date of birth

Present address

Telephone No.

I confirm that I have received your letter dated ……. and that I (please tick one)

- have already contacted the helpline for advice and counselling ☐
- will be contacting the Helpline for advice and counselling ☐
- do not wish to contact the Helpline at the present time ☐
- have been counselled and/or tested by my GP ☐
- have been counselled and/or tested elsewhere ☐

Signed .....

Date .....

APPENDIX 11

LETTER TO PATIENTS WHO WERE FOUND LATER TO HAVE MOVED

Dear

I am sure by now that you have heard about the health care worker who worked in Obstetrics and Gynaecology at Raigmore Hospital from 3 February 1999 to 1 February 2000 and who is infected with HIV (Human Immunodeficiency Virus).

It appears from our records that the health care worker was involved in your care while you were in hospital. I wanted to inform you directly of this rather than let you hear it through the media. Unfortunately, you have changed address since you were in hospital and it has taken me until now to trace your whereabouts. I want to apologise for this delay.

I would like to stress that the risk of any patient being infected by a health care worker during a surgical procedure is very small. There have been no reported cases in this country.

A special helpline has been set up on ..... so that you can discuss any concerns. The line is completely confidential and operated by professional staff who are trained to answer your questions. Further counselling and a confidential HIV test can also be arranged.

Enclosed is a factsheet with more detailed information which you might find helpful. In addition, you can contact the National AIDS Helpline on **freephone 0800 567123** which can provide counselling and advice on the wider aspects of HIV infection.

Your general practitioner has also been written to in confidence about this matter.

I need to be sure that you have received this letter and would be grateful if you would sign the attached form and return it in the stamped addressed envelope enclosed.

I recognise that the news in this letter will cause you distress and hope that you will be able to contact the helpline. Although the risk of any patient contracting HIV from this health care worker is very small, I do feel that everyone should be informed about this small risk and should be offered counselling.

Yours sincerely,

Consultant in Public Health Medicine
Highland NHS Board

Medical Director
Highland Acute Hospitals Trust

Encs.

cc: GP

APPENDIX 12

FOLLOW-UP LETTER TO PATIENTS WHO DID NOT RESPOND TO INTIAL LETTER

Dear

I am writing to follow-up on a letter sent to you on 14 May 2002 and enclose a copy of this. You should by now have heard about the health care worker who worked in Obstetrics and Gynaecology at Raigmore Hospital from 3 February 1999 to 1 February 2000 and who is infected with HIV (Human Immunodeficiency Virus).

Many of the women we wrote to, and some others who thought they may have been treated by this health care worker, have contacted us.

Our records show that the health care worker was involved in your care, but that you have not yet contacted us. You may have decided not to telephone the helpline or have sought advice from your GP or another source. However, we wanted to be sure that you are aware of the problem hence this second letter.

We would be grateful if you would complete the sheet attached and return it in the stamped addressed envelope enclosed. This will help us check that you have received our letter.

We would like to stress again that the risk of any patient being infected by a health care worker during an obstetric or gynaecological procedure is very small. No patient in the UK has ever been infected by exposure to someone undertaking healthcare duties.

The special helpline number has now been changed to 0800 652 2699. This is now available Monday 20 – Friday 24 May 2002 during office hours only. Confidential counselling and a HIV test can still be arranged if you wish.

Enclosed is a factsheet with more detailed information which you might find helpful. In addition, you can contact the National AIDS Helpline on **freephone 0800 567 123** which can provide counselling and advice on the wider aspects of HIV infection.

We are sorry if this further letter causes you distress. Although the risk of any patient contracting HIV from this health care worker is very small, we do feel that everyone should be informed about this small risk and should be offered counselling. I'm sure you will understand it is important that we know everyone concerned has been made aware of the situation.

Yours sincerely,

Director of Public Health and Health Policy
Highland NHS Board

Medical Director
Highland Acute Hospitals NHS Trust

APPENDIX 13

LETTER TO CPHMs/CCDCs ELSEWHERE WHO HAD WOMEN FROM THE EXPOSED GROUP LIVING IN THEIR AREA

Dear Colleague,

HIV LOOKBACK EXERCISE

Last week we were informed that a health care worker who worked in the Obstetrics and Gynaecology department at Raigmore Hospital between 3 February 1999 and 1 February 2000 has recently tested HIV positive.

In conjunction with Highland Acute Hospitals NHS Trust and the Scottish Centre for Infection and Environmental Health we have undertaken a lookback exercise to identify all patients on whom the health care worker may have performed exposure prone procedures. All patients in this potentially at risk group have today been notified in writing. They have been given the telephone number of a helpline where they may obtain further counselling and arrange to undergo an HIV test.

Obviously there will be a larger group of women who were in-patients in the department during the relevant period of time but who did not undergo exposure prone procedures by this health care worker. In order to assist in allying their anxiety we have a freephone helpline **0800 652 2699** and this number has been publicised extensively in the media.

Please find attached a list of exposed patients who reside in your health board area. All women in the exposed group and their GPs were posted letters yesterday by first class mail. Exposed women have received in their letter details of a dedicated helpline separate from the above number. Also enclosed are copies of the information that we have sent to patients and GPs.

Yours sincerely

Consultant in Public Health Medicine

APPENDIX 14

BRIEFING PACK CONTENTS FOR HELPLINE STAFF

1. Briefing Note
2. Flow Chart
3. Questions and Answers
4. Letter to Exposed Patients
5. Letter to GPs of Exposed Patients
6. Letter to GPs of Unexposed Patients
7. Press Release

APPENDIX 15

HIV Incident Helpline

Notes for Helpline Workers

Thank you for agreeing to work on the helpline.
These notes provide a note of the briefing you have received.

The Incident

A health care worker (HCW) who worked in Obstetrics and Gynaecology at Raigmore Hospital from 3rd February 1999 until 1st February 2000 has proved to have an HIV infection. They have also worked in Hull, and a similar exercise is being conducted there. The HCW does not wish to be identified, and NHS Highland supports their right to anonymity. We do not intend, therefore to identify the person concerned. If you are aware of their identity, please be careful not to use any language on the helpline that might lead to them being identified (e.g. gender, occupation).

The person concerned was unaware of their HIV status. Raigmore Hospital had followed standard procedures, and the person concerned had no risk factors for HIV infection that would have raised any concerns. They have no other blood borne infections.

There are only two recorded instances of an HIV infected health care worker transmitting HIV to a patient. There have been no cases in the UK, although there have been other look back exercises after identification of HIV positive health care workers. In all, apart from the two cases above, around 20,000 patients have been screened in cases like this, and no one has been found to have acquired HIV. Transmission from patient to HCW is much more frequent. The risk to patients is low, therefore, but not non-existent.

The procedures that might put someone at risk are only those in which the infected HCW might have hurt themselves and bled while in contact with an open wound. In practice, this is mainly likely to happen when a person's hands are out of sight, and a sharp instrument is being used. There is therefore no risk from, for example, routine vaginal examination or venupuncture. The HCW had no history of injury while working in Raigmore Hospital.

A review of a combination of theatre records and medical case notes has allowed the Trust to identify people who may have been exposed.

The women who have been identified as being potentially exposed have been sent a letter, which should have arrived. NHS Highland has established a helpline for this group of people, and arranged a series of out-patient clinics at which counselling can be offered. It is possible that some people will not have been at home to receive their letter, or will have changed address. We anticipate very few calls from this group of people, but if you identify someone in this group, you should obtain their details and we will arrange for someone from the other helpline to call them back as soon as possible.

Confidentiality

All information obtained during your work on the helpline must be regarded as confidential, and cannot be discussed with anyone else.

Purpose of the helpline

We expect calls to be from women who are not in the potentially exposed group. As noted above, however, it is not impossible that a woman identified as being in the potentially exposed group could call the helpline, and we need to be prepared for this. In the main, however, the purpose of the helpline is to offer reassurance. It is therefore extremely important that people have a positive experience of the helpline, and we look to you to make this so.

Some people will be anxious, but information from previous helplines indicates that most people will be interested in the facts. A group of people may remain concerned, and their records can be re-checked if necessary. As noted above, we are confident that the checks are accurate, but we have arrangements to re-check notes. This will be arranged by the duty administrative staff, and the person will be called back. The same arrangements would apply to someone who believed their obstetric records should have been reviewed. This can be done, and again they will be called back.

Previous experience in the UK suggests that up to 40% of the group who attended the hospital in the time period will call the helpline. 80% can be expected to call in the first two days. We can also expect about the same number of calls again from people who were not in the Hospital in the time period. The number of telephone lines for this incident are limited by the physical capacity of the current NHS telephone system, but we hope to operate at least 20 lines in the first two days. We have arranged a larger number of workers, to allow for breaks.

Procedures

You have been briefed on the flow chart to be used. You have two lists which you can check – the short list of people who have had Exposure Prone Procedures (EPPs) conducted by the HCW, and the longer list of people whose theatre records and case notes have been checked and found not to have been exposed. Forms will be collected and entered onto a database, in order that we can keep track of calls. Please complete the form before proceeding to your next call. In the early hours of a helpline calls come in very quickly, and it can be tempting to leave the form to be completed later. It is not usually possible to find the time to do this, so please complete them at the time.

You will have been provided with a Helpline Worker number: please use this, as it will allow us to get back to you with any questions on actions to be taken.

Helpline Arrangements

Materials

Desks are in the Health Promotion Department in Assynt House. Each desk has a telephone; an information pack; a laminated algorithm; details of the women who are in the group who had Exposure Prone Procedures (EPPs) and details of the women whose theatre records and case notes were reviewed and found to have no EPP involving the Health Care Worker. Most telephones have headsets available.

Breaks

We expect to be able to offer regular breaks. The staff room in Assynt House can be used for breaks, and coffee and tea are available. We will make arrangements for meals for helpline staff. Please return at the scheduled time, as we need to use the relief workers to give other staff a break.

Administration

Administrative staff will collect your routine forms, and provide you with any materials you need. If you have a form for a person who needs to be called back, please put this in the **'Action'** tray. A shift supervisor is also available, who can help in cases of uncertainty.

Silent/Malicious Calls

Previous helplines have had a few silent or malicious calls. You should hang up obscene calls straight away, and record them on the form in order that we can keep track of any problem. Once you are satisfied that a silent call is unlikely to be anyone hesitating to speak, you should proceed as with an obscene call.

Payment

Details of payment will be provided at the briefing.

Confidentiality on the Helpline

Some people may telephone on behalf of a friend or relative. You can provide them with general details of the incident, but you cannot confirm for them if their friend or relative is on either list. Before confirming a person's status on the lists, you should check their date of birth. If you feel there is a good reason why a person cannot call themselves, e.g. because of ill-health, then obtain GP details and we can ask the practice to contact the person concerned directly.

Stress

Working on helplines can be stressful. We do not want you to experience any distress as a result of the helpline. If at any time you feel that you need a break, please let either the administrative staff or the Shift Supervisor know, and they will arrange a break as soon as possible.

Press Access

The press may wish access to the helpline. You will be told in a advance that they will be coming: please make sure that no named information is visible during their visit. A media officer will accompany them, and should deal with any problems. If they want to speak to you, but you do not wish to talk to them, there is no need to feel obliged to do so. In some cases, the press have called helplines either as themselves, or without revealing their identity. This emphasises the need to observe the guidelines on confidentiality. If a media representative identifies themselves as such on the helpline, please ask them to call Brian Devlin (telephone 01463 717312).

APPENDIX 16

CALL RECORD - HIV INCIDENT SPECIAL HELPLINE

DATE …… Time	Hours	Minutes	Number (admin only)

Caller details: **Caller Wishes to remain anonymous** ☐

Surname _____ **Forename** _____

Sex **Female** ☐ **Male** ☐ **DOB** ____ ____ ____

Address _____

_____

Tel Number _____

Is the Caller on the EPP List? **Yes** ☐ **No** ☐ → **Ask the caller to phone the general help-line number on**

0800 652 2699

↓

Continue

The caller is calling about: Please tick			
Self	**Friend**	**Relative**	**Other (Please specify)**

↓ ↓

If the caller is the patient, the following may be offered: ➢ General Advice ➢ Counselling ➢ Appointment		Ask the patient to be put on the phone themselves, or get a phone number and a time when the patient can be contacted. If this is not possible, you may ➢ Answer general (non-patient specific) questions about the incident and HIV. ➢ Arrange a clinic appointment for the patient.

General Advice (Please enter a summary of the discussion)

Counselling (Please enter a summary of the discussion)

Appointment (Patients should be OFFERED an appointment, and NOT recommended one).

Does the patient wish a clinic appointment?

No ☐ Unsure ☐ If so, does the patient require a follow up call?

Yes ☐ Details

Raigmore Clinic Appointment Thursday of Friday - (Please refer to Clinic Rota)

Appointment Date **Thursday 16 May** **Friday 17 May** (Please circle)

Appointment time

Advise the patient that this can be taken as a confirmation of appointment

Other Clinic Appointment (Please refer to Clinic List)

Raigmore ☐

Aviemore ☐

Fort William ☐

Wick ☐

Prefer to see their own GP ☐

Please write in any details/preferred times etc

Advise the patient that we will confirm the appointment details with them

Ask if the patient has any other questions or issues to raise. Please make a note of any points discussed.

Help-line Use Name	Help-line Number

Confirmed By

PROTOCOL FOR HIV INCIDENT HELPLINE STAFF

Hello, this is the HIV Incident helpline. How may I help you? Are you phoning on behalf of yourself or someone else?
Decide whether and how to proceed eg because of language difficulties etc.

Can I have your name and address? If given, enter on sheet. Callers may prefer not to give their name, date of birth and address at this stage. *Point out that you may need these later to check further details.*

Callers who:

- wish to confirm whether or not they may have been infected by the healthcare worker
- want reassurance on the risk to themselves or somebody else

Callers who want general information on HIV/AIDS

↓

Refer to National AIDS Helpline.

0800 567 123

Callers who have other worries about unrelated health matters.

↓

You cannot deal with these. Refer back to GP or elsewhere as appropriate.

Check:

Ask Question…		Action	Reason
A. Have you been in Raigmore Hospital at any time?	**NO** →	**Reassure. Terminate call.**	Only inpatients or daycase patients at Raigmore Hospital are potentially involved.
B. When were you a patient in Raigmore Hospital? (3rd Feb 1999-1st February 2000) If person is not sure of dates, please check list.	**NO** →	**Reassure. Terminate call.**	The healthcare worker was not employed in the Highlands outside of those times
C. Which department were you in? In Obstetrics & Gynaecology	**NO** →	**Reassure. Terminate call.**	The healthcare worker was only employed in Obstetrics & Gynaecology.

If NO to any of the above Reassure – If YES to A) B) and C) please see over

If YES to A) B) and C)

You can confirm that they were in hospital during the period the health care worker worked at the hospital.

Relevant theatre lists, and medical records, have been checked.

You need to take their details now - as they were at the time of admission to hospital - you cannot proceed if you don't have them. Enter details on the sheet provided for the purpose, if not already entered.

CHECK LIST of people identified, reassure if not on list.

OTHER OPTIONS

Caller on list of people with Exposure Prone Procedures:	
Tell them that they have had a procedure conducted by the healthcare worker. Reassure them that the risk of infection is very low. If they have not received a letter, it may be in the post to them. We will arrange for them to be called back personally.	Check contact details are correct. Obtain contact number and pass information sheet to helpline administrator.
Caller wants dates confirmed:	
Check lists on desk. If not on list but believe should be on list then proceed as shown.	Obtain contact number and pass information sheet to helpline administrator.
Caller not on admission lists but believe notes should have been checked:	
Will check case notes and call them back.	Obtain contact number and pass information sheet to helpline administrator.
Callers notes have been checked, but still believes at risk:	
Raigmore hospital will check notes and call them back.	Obtain contact number and pass information sheet to helpline administrator.

ON LIST OF PEOPLE WITH EPPs

Say that they have had a procedure conducted by the healthcare worker and that they should have received a letter. **Reassure them that the risk of their being infected is low, but do NOT get into a detailed discussion with them.**

If NOT received a letter:
it may be in the post to them or we may not have their correct details.

↓

Obtain number, we will arrange a call back.
Complete form and pass to admin staff.

If they HAVE received a letter:

↓

Obtain number, we will arrange a call back.
Complete form and pass to admin staff.

NOT ON LIST PEOPLE WITH EPPs

(May or may not have been attended by the health care worker).

Check list of people whose case notes have been screened.

If ON screened list: inform them that their case notes have been reviewed. Reassure them that they have not been exposed to any risk of infection.

If NOT on screened list: check dates and other details (eg name change). If person is certain they were in during the period, mark on form. Tell them that their records will be checked, and their call will be returned as soon as possible. Please ensure that you have a contact number.

Give form to helpline administrator who will arrange for Raigmore Hospital to check and call them back.

If on list, but insist that they feel they may be at risk, proceed as above. Tell enquirer that their notes have been checked, but that they will be reviewed. Please ensure that you have a contact number. Pass form to helpline administrator. Thank them for calling. Complete form and pass to admin staff.

APPENDIX 18

CALL RECORD – HIV INCIDENT HELPLINE

Date: _____ Time	Hours	Minutes	Number (admin only)

Callers details: **Caller wishes to remain anonymous** ❑

Surname		Forename	
Sex	Female ❑ Male ❑	DOB	day / month / year
Address			
Tel No			

Calling on behalf of: ***(please tick)***			
Self	**Friend**	**Relative**	**Other** *(please specify)*

Reason for calling ***(tick as many as apply)***

1. More information about the incident ❑
2. Want to know if they are in infected group. ❑
3. Want to complain. ❑
4. General enquiry about HIV/AIDS. ❑
5. Calling re unrelated problem. ❑
6. Silent/malicious call ❑
7. Media query. ❑
8. Other *(please state)* _____

Exclusion Questions:	Yes	No		
Raigmore Hospital	❑	❑		
Time Period	❑	❑		
Obstetrics & Gynaecology	❑	❑		
If Obstetrics & Gynaecology please specify *(tick)*			Obstetrics	Gynaecology

Status *(please tick one box)*	
On exposed list	❑
In obstetrics in time period, not exposed	❑
In Gynaecology in time period, not exposed	❑
Outside potentially affected group	❑

Advice offered:	**Yes**
Information about the incident	❑
Whether or not in group	❑
Complaints procedure	❑
Referred to GP	❑
National AIDS Helpline	❑
Needs call back	❑

Action required:	
Not in exposed list, but believe record should have been checked.	Needs record checked ❑
Caller not on exposed list but believes may be at risk	Wants record re-checked ❑
On exposed list	Need URGENT call back ❑

Comments

Helpline Operator Name:	Number	

For the attention of the Helpline Supervisor		
Name	Date	Time
Action required:		
Checked by:		

This form faxed to:	FTAO	Fax number
Sender	Date	Time

Action Result completion by person allocated		
From	Date	Time
Result of Action:		
Any further action recommended:		

Completed Action checked by:	Date	Time

APPENDIX 19

ADDITIONAL INFORMATON FOR HELPLINE STAFF: QUESTIONS AND ANSWERS

General Helpline
Possible FAQs

What happened?

A healthcare worker who worked in Raigmore hospital from 3rd February 1999 – 1st February 2000 has proved to have an HIV infection. The healthcare worker worked only in Obstetrics and Gynaecology. No other time periods, hospitals or specialties in Highland are involved.

The healthcare worker worked mainly in obstetrics. Relevant theatre records and case notes have been reviewed.

What risk is involved for the women identified?

No healthcare worker in the UK has ever been found to have transmitted HIV to a patient. Only two instances of a health care worker transmitting HIV to a patient have been reported in the world. The risk is therefore very low.

Is anyone who saw this healthcare worker at risk?

No. The risk is very low and is confined to women who had a procedure in which an accidental injury could have occurred to the healthcare worker.

How is HIV transmitted?

HIV is a virus which can result in an infected person developing AIDS (Acquired Immune Deficiency Syndrome). It is present in the blood, semen or vaginal fluid of an infected person and is usually passed on:

⇒ through unprotected sex with an infected person or

⇒ by sharing needles and syringes with an infected person.

It is unlikely that the virus could be passed on from an infected health care worker to a patient unless there was injury to the health care worker by a sharp instrument during a procedure. This may allow the health care worker's blood to enter the patient's bloodstream. The chances of this happening are very small and with most procedures, for example, a normal delivery, it could not occur.

HIV is not passed on through ordinary, everyday contact at home or at work. It cannot be passed on by kissing or shaking hands with an infected person or sharing eating or cooking utensils, towels, stationery, etc.

Which procedures are identified as risky?

Only procedures where it is possible that the healthcare worker could have cut themselves are potential risks. Having blood taken by a healthcare worker would not involve any risk. Similarly, an internal examination would prove no potential hazard.

How do we know who might have been exposed?

Theatre records and relevant case notes for this time period have been reviewed.

If the infected healthcare worker assisted with the delivery of my baby, could the baby be infected?

There have been no reported cases in the world of any baby being infected in this way.

Who is the healthcare worker? Is it a doctor or a nurse?

I don’t know the identity of the healthcare worker. The person no longer works in the health service in Highland.

Could this have been prevented? Why aren’t healthcare workers tested for HIV?

Health care workers have a duty to tell their employers if they believe they are at risk of an HIV infection. National guidelines are decided by the Scottish Executive health department, and NHS Highland followed these.

How did the hospital find out the healthcare worker was HIV positive?

We were informed by the East Riding and Hull Health Authority where the person was working.

APPENDIX 20

PROTOCOL FOR EVALUATION OF A PATIENT FOUND TO BE HIV POSITIVE IN THE COURSE OF THE LOOKBACK EXERCISE

A designated clinician (……..) should be identified at the beginning of the Patient Notification Exercise who should be appraised of the method of investigation (outlined below) to determine whether this patient's infection could have been acquired iatrogenically.

1.1 Immediate patient support

The designated clinician should meet the patient and take over the co-ordination of and responsibility for their care.

Medium term counselling arrangements, suitable for the patient, should be in place. At this point it will be necessary to explain the initial reactive result and the need for a further blood sample. They should also be counselled that a positive result is unlikely to be associated with exposure to the infected health care worker (HCW).

The normal arrangements for relevant partner notification and contact tracing should operate if the patient receives confirmation of a positive result.

1.2 Confirmation of infection

If a reactive result is obtained on the first sample, the testing laboratory should confirm this result using their usual confirmatory method on that initial sample and inform Public Health immediately.

A second sample of blood should be obtained from the patient after explanation and counselling. Prior to obtaining this second sample of blood, the Reference Laboratory should be contacted to arrange transfer, receipt, storage and rapid testing of the sample. This sample should be sufficient to perform confirmatory tests at VRD, in the local laboratory if desired and also to carry out the additional molecular tests described below if necessary i.e. 20mls of blood in appropriate containers.

The Public Health Department should also be kept abreast of all developments.

1.3 Molecular virology

If HIV infection is confirmed, specimens suitable for virus isolation should be obtained from the patient. Tests and specimen collection should be discussed in advance with the Reference laboratory. Two fresh 5ml specimens in EDTA will be needed and rapid transfer to the laboratory, preferably in a taxi, is necessary.

Specimen storage should be secure so that difficulties in specimen retrieval will not subsequently be experienced. It may be advisable to arrange for duplicate samples to be lodged at a second laboratory. The specimens need to be stored at -70^{o} C.

1.4 Confirmation of exposure

In order to ensure that the patient was definitely exposed to the HIV-infected HCW, the primary evidence for exposure (operating theatre record, operation note in the patient's chart) should be located and personally examined by the CPHM and a member of the Incident Control Team. Safe copies should be made and securely stored. In a previous evaluation exercise in the UK, a person who was diagnosed HIV positive had not been exposed to the infected HCW. This action should occur after confirmation of infection and contem- poraneously with the molecular studies.

1.5 'No identified risk interview'

The counsellor/clinician should liaise with staff at Reach Out (??) who have experience in counselling HIV-infected people who have 'no identified risk', to ensure that arrangements are made to explore, in depth, the patient's life history and identify all possible other exposures to risk of infection with HIV. Outcomes of this interview may include the location of previous blood tests taken from the patient for various reasons and testing these for HIV. It may be that the counsellor working with the patient would like Reach Out to assist with this interview and follow-up or may equally be happy to undertake this themselves. The patient's views about another person being involved in their care are paramount. The timing of this interview will obviously be determined by the patient.

Key players needing to be identified in each district

- Clinician to be responsible for future care of the patient
- Counsellor for on-going support of the patient
- Local laboratory where testing will occur. The local virologist/GUM clinic, as appropriate, needs to update the CPHM or other designated person of the number of tests done and the results.
- In addition, Dr. Darrell Ho-Yen needs to be contacted regarding further culture and sequencing of all positive specimens. The laboratory should be contacted prior to sending specimens, to arrange transport and ensure safe receipt of these.
- Public Health

APPENDIX 21

HEALTHCARE WORKER CLINICAL, OCCUPATIONAL AND SEXUAL HISTORY CHECK LIST

I. PREPARATION

It needs to be agreed who will interview the Health Care Worker (HCW) for the purpose of obtaining a clinical and occupational history (the CCDC, DPH, Occupational Health Physician, GUM/HIV physician etc.)

If the identified person is not a member of the Incident Management Team (IMT), a member of the IMT who will be the principal point of contact for them needs to be identified.

The HCW's agreement to the identified person being the conduit between them and the Incident Management Team should be obtained or confirmed.

II CLINICAL HISTORY

Objective: To establish the earliest date at which the HCW may have been HIV infected, in order to define the exposed patient population.

1. Enquire into:

   - HCW's impression of when infection was most probably contracted
   - Clinical history up to present time, especially as regards any indications of progressive HIV disease.
   - Risk behaviours
   - Whether worked or lived abroad, with dates.
   - HCW's recollection of any blood specimens that have been taken from them in the past e.g. for hepatitis or rubella serology or whether they have ever been a blood donor. If so, dates of when specimens were taken and where.

2. Confirm when and where first HIV-positive specimen was collected, also date and place of last negative HIV test. Obtain details of place of treatment, CD4 count and other relevant tests and results.

3. Seek HCW's permission to investigate any archived and current sera for HIV (testing, virus isolation and typing).

III OCCUPATIONAL HISTORY

Enquire into:

1. All training and posts since infection was likely to have been acquired. Locum posts and any private practice should be included.

   - dates for each post
   - grade/responsibilities in each post
   - details of procedures performed during training and subsequent employment
   - location of each post

2. Any gaps between posts in the occupational history.

3. Any occupational injuries:

   - type of injury
   - whether a patient's open tissues may have been exposed to his/her blood
   - date
   - whether reported to the Occupational Health Department: when and in which hospital

IV. SEXUAL HISTORY

1. Remind the HCW of their responsibilities to sexual partners.

2. The HIV/GUM Physician should enquire as to whether there are sexual contacts who should be informed and whether any of them are themselves HCW's who perform exposure prone procedures.

V. MISCELLANEOUS

1. Review the HCW's current wishes as regards confirmation of his/her infection status publicly. The Health Authorities are willing to avoid this and fully prepared to accede to the HCW's wishes in this regard, but it can be helpful to exposed patients if the HCW agrees to his/her infection status being confirmed by the Health Authority.

2. Contact with the HCW will need to be maintained over the coming weeks, to ask them supplementary questions which may arise or to keep them informed of developments. Therefore obtain details of where and how they can be contacted.

3. Consider whether other investigations should be carried out e.g. hepatitis B serology.

APPENDIX 22

CONTINGENCY PRESS STATEMENT IF THE STORY LEAKED IN ADVANCE

DRAFT MEDIA RELEASE

USE:DRAFT not for Publication
ISSUE DATE: after authorisation by

Health care worker infected with HIV (contingency statement number 1)

Precautionary action is being taken by NHS Highland after it emerged that one of its former staff who worked in the Obstetrics and Gynaecology department in Raigmore hospital, Inverness between February 1999 and February 2000 has been reported as being HIV infected.

The risk to patients of contracting HIV from this health care worker is very low. The person involved is no longer in the area. However, the Trust is now examining all of its relevant records to identify any patients who may have undergone certain procedures by the health care worker involved. All those people will be contacted later on this week by letter offering them reassurance and, if they want it, details where they can be tested for HIV.

An Incident control team was called on Friday 10th May to discuss the issue and, following that, Consultant in Public Health Dr Ken Oates, who chaired the meeting said,

"There is no record anywhere in the U.K. where an infected healthcare worker has passed on HIV infection to a patient. However we have a duty to reassure people who might be worried – even though the risk is very low. That is why we are conducting this look back study and will make contact with the appropriate patients this week."

At this time, until we complete our investigations there is no further specific information on this case other than what has been said in this statement. However a general information line has been set up at NHS Highland in the meantime. The number is ……..
END

APPENDIX 23

MEDIA RELEASE

USE: STRICTLY EMBARGOED 10.30 a.m. WEDNESDAY 15th MAY 2002
ISSUE DATE: 15th May 2002

HEALTHCARE WORKER INFECTED WITH HIV

NHS Highland has taken very prompt action to contact 116 hospital patients who may have been exposed to a very low risk of HIV infection from an infected health care worker who worked in the Obstetrics and Gynaecology department of Raigmore hospital, Inverness from February 1999 to February 2000. The health care worker in question no longer works or lives in the Highlands.

Yesterday letters were sent to the 116 women explaining that they have had a procedure carried out by the infected health care worker. The risk of them having been infected with HIV is very low, but they have been offered counselling and HIV testing if they wish it for further reassurance.

Richard Carey, Chief Executive of the Trust said,

"I want to pass on my sincere apologies to the women affected for the anxiety that has undoubtedly raised.

It is important to stress that there have been no cases of transmission of HIV from an infected health care worker to a patient reported in the UK. However as a precautionary measure over the weekend, staff in Raigmore looked through the relevant theatre lists and medical records of around 4300 patients who had undergone treatment in the Obstetrics and Gynaecology departments between February 1999 and February 2000. They have identified the 116 women from among that list who may have undergone specific treatment by the infected health care worker. Those women have all been written to and offered the appropriate advice. All GPs in Highland have also been informed."

The Consultant in Public Health heading up the NHS Highland response is Dr Ken Oates. He said:

"I have no doubt that women will be concerned to hear this news but I want to reassure them that the infection risk really is very low. This incident only affects women who have undergone specific types of treatment in Obstetrics and Gynaecology involving the health care worker in Raigmore between the dates of February 1999 and February 2000. If women have received a letter then they have been offered advice and guidance about possible testing and counselling. Women who attended hospital outside those dates will not have been written to by us and are at absolutely no risk. Equally, if they did attend in those dates and were not given specific treatments by the health care worker in question they will not have been written to because they are at absolutely no risk"

Commenting on the health care worker, Dr Oates said:

"The person concerned has asked that their name is not disclosed. We are bound by medical confidentiality and will respect the person's wishes."

NHS Highland has set up a helpline for anyone who is concerned. The number is 0800 652 2699 and it will be open for the next few days between 11.00am and Midnight today and 9.00am and 11.00pm tomorrow.

It is stressed that the line should only be used for patients who feel that they may have been put at some risk and require additional information or support. Patients are asked not to phone Raigmore hospital directly.

Notes to editors

1. Confidentiality

NHS Highland has a general duty to preserve the confidentiality of medical information and records. Breach of this duty is very damaging for the individuals concerned and it undermines the confidence of the public and of health care workers in the assurances about confidentiality which are given to those who come forward for examination or treatment. All individuals who have been examined or treated in confidence are entitled to have their confidence respected.

2. Exposure Prone Procedures from UK Advisory Panel Guidance

"Exposure prone procedures are those invasive procedures where there is a risk that accidental injury to the health care worker may result in the exposure of the patient's open tissues to the blood of the health care worker. These include procedures where the health care worker's gloved hands may be in contact with sharp instruments, needle tips or sharp tissues 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."

APPENDIX 24

STATEMENT FOR PRESS CONFERENCE
WEDNESDAY 15 MAY 2002 AT 10.30AM

Present: Mr Richard Carey, Chief Executive, Highland Acute Hospitals Trust
Dr Ken Oates, Consultant in Public Health Medicine
Dr Russell Lees, Consultant Obstetrician & Gynaecologist, Raigmore Hospital

Richard Carey

Ladies and Gentlemen – thank you very much indeed for attending our media conference this morning at such short notice. We want to inform you, and through you, the Highland population, that it has come to light that a healthcare worker who worked in the Obstetrics & Gynaecology Department at Raigmore Hospital from February 1999 until February 2000 has been infected with HIV (the AIDS virus). The individual hasn't worked in Scotland since February 2000. The healthcare worker concerned does not wish to be identified and NHS Highland supports that person's right to anonymity.

The news that a healthcare worker who worked here is infected with HIV will undoubtedly cause anxiety amongst women who attended the hospital during that period.

However, we are confident that the risk to women having been infected by this healthcare worker is very low indeed.

Nevertheless over the weekend we have conducted research of all of the records of any women who could possibly have been treated by this person and have written to those who may have been exposed to procedures carrying a low risk. I will ask Dr Ken Oates now to update you on the public health nature of this incident and what measures have been taken to contact the women concerned and what onward steps we have planned.

Then I will pass onto Dr Russell Lees from Raigmore Hospital to say a few words.

Ken Oates

I want to start by saying that there have been no cases in the United Kingdom of a healthcare worker who has been infected with HIV transmitting the virus to a patient. Indeed, throughout the world there have only ever been 2 cases where this has occurred (a Florida dentist; Orthopaedic Consultant Paris). In all, apart from the two cases that I have just mentioned around 20,000 people have been screened in situations like this and no-one has been found to have acquired HIV from their healthcare worker.

The message I want to stress here is that the risk to women who attended Raigmore Hospital and who were treated by the healthcare worker between February 1999 and February 2000 is very low indeed. However, as Richard has said, we take the concerns

and anxieties that this case will undoubtedly have raised very seriously and will now outline to you what we've been doing to address those concerns.

This morning we will be opening a Freephone helpline for any person who feels that they may have any reason to be concerned over this issue. The Helpline No. is 0800 652 2699. I will now ask Dr Russell Lees, Consultant in Obstetrics and Gynaecology from Raigmore Hospital to say a few further words.

Russell Lees

The healthcare worker was involved in a fairly restricted number of procedures. The person will have assisted in, for example, caesarean sections, hysterectomies (few more examples from Russell). The healthcare worker was involved in very few gynaecological operations. These were all in theatre and we have identified every time this worker has been involved in operations through our recording system. We have written to all of the women who have encountered this healthcare worker in such a way that they may have been exposed to a low risk of infection.

We are taking this incident very seriously indeed but we also need the media to get across the message that we have repeated in each of our statements; that the risk to women is very low. Women who have been contacted by us through a letter have been told how, if they wish, they can access clinics for counselling and support, and for further HIV testing. That will be entirely a matter of their choosing and we will offer them all the support that we can.

Richard Carey

Thank you very much indeed to both of my colleagues. We, as Russell has said, are taking this matter extremely seriously. We have worked throughout the whole of the weekend right up until today to ensure that systems are in place, including a Helpline which will offer support and recognise the anxieties that this announcement may have raised amongst people.

So, let me recap on the main points that have been made this morning:

- The incident happened some time ago. There is no risk to current users of services.
- We have undertaken a thorough examination of lists and records of patients and have identified 116 women who are at low risk. These women have been written to. All letters were posted 1st class Tuesday (yesterday). Anyone not in receipt of a letter has nothing to be concerned about.
- We recognise that some people will be worried despite all of our reassurances and we have set up a helpline to offer support.

I want to end this press conference by asking the media to pass on my sincere apologies to all women in the region from NHS Highland for this incident.

Handover to Brian Devlin

APPENDIX 25

PRESS CONFERENCE PREPARATION: QUESTIONS AND ANSWERS

PRE-PREPARED NOTES FOR RESPONDEES

Anticipated Media Questions & Suggested Answers

1. **When did the Health Board know that the healthcare worker was HIV positive?**

   Answer: On Thursday evening when we were informed by the Health Authority where he was working.

2. **Why did you not announce this immediately to protect the public from risk?**

   Answer: This healthcare worker is not an ongoing risk to any members of public in the Highlands. The ceased working here in February 2000. Our first priority has been over the weekend to work ceaselessly to identify any patients who have undergone a specific set of procedures which may have exposed them to a very low risk of HIV transmission. This has been completed now and we have contacted the patients concerned.

3. **Why was this healthcare worker or any healthcare worker not tested for HIV infection?**

   Answer: This a matter of national policy. The healthcare worker in question was put through normal Occupational Health practice when the person started employment with us in February 1999.

4. **Will your hospital be tightening up its recruitment or screening procedures even to the point of introducing your own policy or testing?**

   Answer: No, that would be unwise. These issues are covered by national policy. I want to stress that the risk of HIV transmission from a healthcare worker to a patient is extremely small. There are other reasons why testing of healthcare workers would be thought unwise. This includes the fact that testing procedures only show an individual's HIV status at that particular time. For any comprehensive testing policy to take place staff would have to undergo tests every 3 months or so. Clear infection control policies are in place throughout the hospital and every member of staff is aware of the need to practice these to prevent infection being passed from staff to patient or patient to staff.

5. **This healthcare worker may well have had sexual contact with men or women when in the area. Surely you should name this person in order to identify any possible sexual contacts that may have occurred?**

   Answer: This is a difficult issue and we recognise this but the NHS as an employer cannot control the private lives of its staff. Healthcare staff are very aware of the risk of transmission of HIV and other sexually transmitted disease and this case only

underlines the lessons about safer sex which we constantly promote to the public in Highland.

6. What are you going to do if you find out that there is someone who has been infected by this healthcare worker?

Answer: Clearly we will be offering counselling and testing to patients who have been treated by this healthcare worker if they want that as a matter of reassurance for themselves. However, we again are stressing that the risk is very small. Nonetheless, if someone is HIV positive then we will conduct further tests at that stage to identify the cause of that person's infection. Procedures are in place now whereby it is possible to more closely identify the specific virus which a person has contracted. It may be that their infection has been as a result of another risk factor and has not been transmitted from the health care worker.

7. Why are you not identifying this healthcare worker?

Answer: We have a duty of care both to the community and to the individual concerned. This healthcare worker has asked that their identity is not divulged in any circumstances. We will ensure that confidentiality is maintained whilst at the same time contacting everybody who may have been put at even the smallest potential risk form the virus.

8. You use the term health care worker, do you mean "doctor".

"Health care worker" is a general term for anyone operating in a clinical setting. It is the term that we are asked to use in national guidance about managing such incidents.

9. Are there any babies who may be at risk from this procedure?

A healthcare worker has never passed HIV to a baby during birth. However, any woman receiving a letter will be able to discuss any concerns about this issue with one of our trained counsellors on a one-to-one basis.

APPENDIX 26

LESSONS LEARNED AT REVIEW MEETING

1. **Don't stand down systems until incident completely finished.**
2. **Theatre recording system and procedures to be amended to ensure that all operators present in theatre are recorded.**
3. **Number of staff required to enter data to be considered earlier.**
4. **Account should be taken of the fact that staff may potentially review their own record or records of colleagues.**
5. **All staff should be reminded about confidentiality, especially Board administrative staff who may not normally handle patient specific information.**
6. **Early thought should be given to the most appropriate way to inform staff who are in "exposed" group**
7. **Relevant information should be widely disseminated to all appropriate staff in the acute and primary care trusts and all relevant units.**
8. **Need to ensure that sufficient staff are available with skills to set up databases.**
9. **Need to ensure that PAS, CHI and Primary Care data are compatible and up-to-date. Final mailing addresses should be confirmed with Practitioner Services.**
10. **Consider marking envelopes to GP practices "open only by GP".**
11. **The number of lines required may need modified.**
12. **Duty Managers should be used again.**
13. **A tracking system for responding to actions arising from calls is needed.**
14. **Briefing sessions may need to be for a minimum number of staff.**
15. **Call back to patients should be made from the hospital by senior medical staff if it is necessary to have access to patient records.**
16. **Library at Assynt House is not suitable for use when a helpline of this size is required and another area should be identified.**
17. **Communication network between Raigmore, Assynt House, RNI and New Craigs should be reviewed.**

18. **A communications/telecomms person at the Board office should be identified or a formal arrangement with the Board/Trust for expert assistance established.**
19. **Draw up policy with regard to overtime payments for staff manning helplines in advance.**
20. **Organise a training event for helpline operators.**
21. **Establish a Register of staff willing to man helplines.**
22. **The use of two numbers (special & general) for helplines was good practice.**
23. **Ability to offer specific clinic appointments to callers was good and should be done again.**
24. **Rapid blood tests and results was what the vast majority of women wanted.**
25. **Be aware of the clinic setting and name in future.**
26. **Note should be taken of the need to arrange clinic appointments outwith Highland.**
27. **Special arrangements for babies are required.**
28. **Access to early clinic appointments and quick turn-around for results was essential.**
29. **Access to legal advice out-of-hours is important and face-to-face liaison would be preferable.**
30. **Legal injunctions are not helpful in this kind of situation. The media will find out an individual's identify if they wish. The public health issues here did justify releasing the speciality, hospital and time period, and the decision to challenge the interim interdict was the right one.**
31. **Action plan boards at each ICT are helpful.**
32. **Board Room at Assynt House should be used as control room and designated in the Major Incident Plan.**
33. **Need for assistance from other Health Boards and organisations outwith Highland – mutual aid arrangements to be formalised.**

APPENDIX 27

NUMBERS OF STAFF INVOLVED IN THE INCIDENT

Incident Control Team

20 people

General Helpline

93 people (NHS Highland, NHS Grampian, SCIEH, University of Stirling)

Special Helpline

21 people (NHS Highland, NHS Grampian, SCIEH, Reach Out Highland, Brook Advisory Service, Sandiford Initiative, Brownlee Centre, Glasgow)

Medical Records Review

35 people (Highland Acute Hospitals NHS Trust)

Supervisory, Administration or Data Input to General Helpline

17 people (NHS Highland))

Laboratory and Clinic Staff

APPENDIX 28

Thought for the Day - Used by Raigmore Hospital Chaplain - 16/5/02

Good morning!

This Christian Aid week we find that it is not just Christian Aid that is concerned with the world widespread of HIV/AIDS. This week's news at Raigmore Hospital brings this issue very close to home, as a healthcare worker who used to be employed at Raigmore has been diagnosed as HIV positive.

Not only is this a very worrying diagnosis for the worker in question, but it obviously raises concerns for those who received care from this individual while they were at Raigmore.

And, while I share the worry of all those involved in this situation, and understand the anxiety that it may cause people, let me describe another part of the story.

Since the situation became known a few days ago, I have seen my colleagues literally working round the clock in order to identify those who may see themselves as having been at risk of contracting the HIV virus from this healthcare worker. They have worked tirelessly and selflessly to ensure that people are informed accurately, and quickly, and that adequate support is given in the form of clinical tests and telephone helplines. Also, this support has been offered confidentially, because these are sensitive and urgent issues.

The chances of any patient having been infected with HIV by this healthcare worker are extremely slim, but still the very real concerns of patients are to be treated with sympathy, seriousness, and respect.

We simply cannot guarantee in healthcare that nothing will ever go wrong. What we can hope for is the honesty and integrity with which we are dealing with this difficult situation; and the sense of co-operation and efficiency that places the patients' concerns at the top of the agenda.

We simply cannot guarantee in life that nothing will ever go wrong. What we can hope for is the courage and the honesty to face up to our problems. And more than that, we can also have a sense of God at work, even in the messy situations of life, and this work is often expressed in the swift, compassionate behind-the-scenes work of others.

APPENDIX 29

ACKNOWLEDGEMENTS

Sincere thanks are due to everyone who helped in the successful management of this incident. This included those who co-ordinated rotas, staffed helplines, trawled medical records, stuffed envelopes, or who offered words of encouragement during a period of intense activity and pressure for staff.

It was a huge team effort and many staff throughout NHS Highland responded above and beyond the call of duty.

In addition, considerable help was given from outwith NHS Highland particularly from Reachout Highland, Brook Advisory Services, NHS Grampian and NHS Glasgow, the Sandyford Initiative, the Brownlee Centre, East Riding Health Authority, the Central Legal Office, and the Scottish Centre for Infection and Environmental Health. Without all of these contributors this incident would not have been dealt with so professionally.