



Hepatitis B Policy

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Introduction

Hepatitis B infection is caused by a virus and causes a short term acute infection some cases of which might be serious and even life threatening but others may have a very mild infection and not even suffer any symptoms or be aware that they have been infected.

In some cases people develop chronic Hepatitis which may not produce symptoms (they may be unaware) and many of these people they carry the virus and have the potential to pass in onto others unbeknown to themselves.

Hepatitis B is very infectious. It can be passed on sexually, sharing needles to inject drugs and from mother to baby and in some countries (not UK) it has been transmitted though blood product transfusions.

Some individuals with chronic Hepatitis may eventually develop liver failure or cancer of the liver. Thus it is important to where possible treat the disease and if that was

not possible to monitor closely the person who is infected to try and limit the complications.

It is unknown exactly how many people in the UK are infected and may be carriers, but it is estimated approximately 1 in 350 individuals.

Whilst the incidence in the UK is low compared to other parts of the world there are an increasing number of children and families, including asylum seekers, arriving in the UK from high incidence areas and may not be known if they are infected.

As a result carers and their families are advised to check their status and if they do not have immunity to consider being immunised. This would be done by their General Practitioner first via a blood test and if they are found to be at risk then immunisation could be offered.

Occasionally, but rarely, those tested may be found to be carriers themselves and be unaware of this. Such individuals will receive appropriate advice, support and follow up via experienced medical teams. All medical information is confidential and shared between the individual, their General Practitioner, the medical adviser and specific members of the social care team on a need to know basis. This will only be shared with the individuals consent.

Being a Hepatitis B carrier is not a contraindication to fostering.

Social Workers should be aware of the contents of the appendixes document which provides more information.

Responsibility of Assessing Social Worker/ Supervising Social Worker

1. To have read the document related to Hepatitis B infection and policy and be aware of the potential problems and risks.
2. When interviewing new applicants to explain the policy and hand them information. To explain that when they have their medical assessment with their General Practitioner the Hepatitis B immunisation status will be documented. If they have no record of being immunised then the medical advisor recommends they have this offered. This should be mentioned to the applicant/present carers before attending for medical assessment with their General Practitioner. A letter plus leaflet (app 1) should be given.

Outcome to be sent directly to the medical adviser. This will not adversely affect the application or their continuation of fostering.

3. Should they decline then the Social Worker should document this on waiver form. It is important they understand that children could be carriers unbeknown to social services and could be then placed with them.

4. Social Workers role to ensure that it would also be in the carer's best interest and the children and families themselves that children are placed with carers whose status is known.

Note- Carers who turn out to be carriers may still foster but will be advised on safe practice.

5. Should blood tests on carers turn out to be positive a discussion will be held between them and the medical adviser and the implications before information is shared with social care. This should be explained to the carers before they attend the medical assessment with their GP.

6. If applicant declines, the social worker should document that she or he had the discussion with them, that they have read the information and have declined. Again this should not impact negatively on their application to foster, but merely have their status documented and the fact they declined even though it was offered.

It is important that this practice is not seen to be discriminatory. It is there to protect carers as well as children.

Responsibility of the Medical Adviser

1. To receive and store the completed health reports on carers and prospective foster parents.

2. To provide a summary of the health status to social care looked after children's team.

3. To correspond directly with General Practitioners regarding any queries including those associated with Hepatitis status.
4. Where carers decline to have their status checked medical advisers will advise the social worker to encourage them to do so.
5. Where testing of the applicant indicates chronic infection the medical adviser is to liaise with the GP and offer the applicant an appointment if deemed appropriate.
6. Medical adviser will advise social care LAC Team generally and on individual basis but bearing in mind confidentiality. This should not be a matter to be shared and discussed routinely with the foster/adoption panel as information regarding Hepatitis B status is on a need to know basis and will be kept confidential between the applicant/carer, social worker, GP and medical adviser. Should it be necessary to share with panel, this will be discussed with the carer.

Social Care Fostering Supervision Team

The following needs to be addressed prior to placement of children with carers.

1. Child who is a known carrier should be placed with families that are immunised or carriers themselves. One should avoid placing where the status is unknown.
2. If the child's status is unknown and there is increased risk of carriage being an asylum seeker originating from a high incidence area, then careful consideration as

to where the child/teenager should be placed should be made. Immunisation status check will be advised by the Doctor carrying out the Initial Health Assessment but several weeks may pass before an answer is available. Social Worker should document that she has explained the risks to the carers originally and prior to the placement of the particular individual concerned.

3. In view of the above it would be helpful for the team to have documented status in the department to make it easier for them to know whom to allocate as carers and who to protect where status unknown.

Responsibility of Looked after Children's Nurse

Looked after Children's Nurse may be asked to obtain updated information regarding the children themselves and their immunisation status if this is available. It is important that this information is available prior to the Initial Health Assessment.

It is important for the Looked after Children's Nurse to know whether a child placed in care is a Hepatitis B sufferer/carer as she would need to ensure that appropriate medical follow up is provided as well as ongoing review health assessments.