Isle of Anglesey County Council

Blood Borne Viruses Policy and Guidance

Version 1.0 November 2017

About this policy

This Policy and Guidance is provided to cover workplace situations where exposure to blood-borne viruses (BBV) has been deemed possible within Isle of Anglesey County Council. It also provides information to all Isle of Anglesey Council employees.

The acronym BBV (blood borne viruses) will be used in this guidance for brevity. When blood is mentioned it should be taken to include high risk body fluids unless stated otherwise.

The Policy is supported by resources on the Council's website.

Revision history

Version	Date	Summary of changes
1.0	November 2017	
1.0	May 2019	No change
1.0	January 2021	No change

Date of next review	
This policy will be reviewed in:	May 2021
The review will be undertaken by:	Corporate Health and Safety

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We are happy to provide this policy in alternative formats on request. Please use the above contact details.

Mae'r ddogfen yma ar gael yn y Gymraeg.

This document is available in Welsh.

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1.0 Background

BBVs are viruses that some people carry in their blood and which may cause severe disease in certain people and few or no symptoms in others. The virus can spread to another person, whether the carrier of the virus is ill or not.

The main BBVs of concern are:

- hepatitis B virus (HBV), hepatitis C virus and hepatitis D virus, which all cause hepatitis, a disease of the liver;
- human immunodeficiency virus (HIV) which causes acquired immune deficiency syndrome (AIDS), affecting the immune system of the body.

These viruses can also be found in body fluids other than blood, for example, semen, vaginal secretions and breast milk. Other body fluids or materials such as urine, faeces, saliva, sputum, sweat, tears and vomit carry a minimal risk of BBV infection, unless they are contaminated with blood. Care should still be taken as the presence of blood is not always obvious.

Due to the nature of some Services within the Ynys Mon County Council there is the possibility of workers being exposed to blood or other body fluids.

Types of work where there may be contact with blood/body fluids:

- Care homes and support services
- Education - Dealing with blood spillage from pupils with latent infection. Staff may also come across discarded needles from trespassers on educational premises.
- Cleaning Services
- First aid
- Street Cleaning
- Park Maintenance
- Refuse disposal
- Public Toilet Maintenance
- Housing Maintenance and Inspection
- Social Services
- Vehicle recovery and Repair
- Pest Control

(This list is not intended to be comprehensive)

In the workplace, direct exposure can happen through accidental contamination by a sharp instrument, such as a needle or broken glass. Infected blood may also spread through contamination of open wounds, skin abrasions, skin damaged due to a condition such as eczema, or through splashes to the eyes, nose or mouth.

Ynys Mon County Council has a duty to its employees to protect them from the risks present by this work.

2.0 Statutory Requirements

The **Health and Safety at Work etc Act (1974)** places a legal duty on employers to protect their employees from hazards associated with their work.

The **Control of Substances Hazardous to Health (COSHH) Regulations 2002 (as amended)** require employers to carry out an assessment of any work which is liable to expose employees to substance hazardous to health before any such work is started. The Regulations apply to biological hazards. The Regulations also require control measures to be put in place to prevent or where this is not practicable, to adequately control exposure of employees to substances hazardous to health.

It is the duty of the employer to ensure that no work shall be undertaken which is liable to expose employees to any substance which is hazardous to health, unless an assessment of the risk has been conducted.

The **Management of Health and Safety at Work Regulations 1999 (as amended)** requires employers to carry out suitable and sufficient risk assessments for all activities.

The **Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)** requires employers to notify their enforcing authority in the event of an accident at work to any employee resulting in death, major injury or incapacity for normal work for seven of more days.

3.0 Control Methods

Assess the risk

Where hazards of blood borne viruses are identified and are work related, the Council must assess any associated risks. Where risk is seen as significant, steps should be identified with a view to preventing or controlling them. Managers may consider the following questions when assessing the risk to an employee from blood-borne viruses:

- Is regular contact with blood or body fluids likely in the course of work activities?
- Does the employee undertake high risk procedures involving skin penetration, e.g blood sugar tests for diabetics?
- Do any service users with whom the employee works have a known deficiency in their immune system?
- Are the service users in a high–risk group and/or have unsafe lifestyle practices (such as drug addiction or unsafe sexual practices)?
- Is there a high risk of the employee receiving contamination injury from discarded or hidden needles?

Reduce the risk

The main method of protection is the application of infection control measures and good hygiene practices. Employees should follow safe working practices when dealing with blood or body fluid spillages.

Where there is a risk of exposure to BBVs, the following measures to prevent or control risks apply, but you may need to adapt them to your local circumstances in ensuring a safe system of work:

- prohibit eating, drinking, smoking and the application of cosmetics in working areas where there is a risk of contamination.
- prevent puncture wounds, cuts and abrasions, especially in the presence of blood and body fluids.
- when possible avoid use of, or exposure to, sharps such as needles, glass, metal etc, or if unavoidable take care in handling and disposal.
- consider the use of devices incorporating safety features, such as safer needle devices and blunt-ended scissors.
- cover all breaks in exposed skin by using waterproof dressings and suitable gloves.
- protect the eyes and mouth by using a visor/goggles/safety spectacles and a mask where splashing is possible.
- avoid contamination by using water-resistant protective clothing.
- wear rubber boots or plastic disposable overshoes when the floor or ground is likely to be contaminated.
- use good basic hygiene practices, such as hand washing.
- control contamination of surfaces by containment and using appropriate decontamination procedures.
- dispose of contaminated waste safely.

Vaccination against Hepatitis B

Immunisation (vaccination) is available against HBV but not other BBVs. The need for a worker to be immunised should be determined by the risk assessment. It should only be seen as a supplement to reinforce other control measures. As an employer, you should make vaccines available free of charge to employees, if they are needed. It is recommended that a vaccination record is kept.

Hepatitis B Immunisation Consent/Refusal Form and request Letter appears in **Appendix 1 and 2**.

Further information on immunisation can be found in publications by the Advisory Committee on Dangerous Pathogens and UK Health Departments (see ‘Further reading’).

Employees cannot be compelled to undergo vaccination. In situations where a member of staff chooses not to undergo vaccination, this may not prevent him/her from undertaking normal duties.

When employees refuse to undergo vaccination, they will be required to complete and sign a Hepatitis B Immunisation Consent/Refusal Form, see **Appendix 1**. This form must be countersigned by their Line Manager and placed on their personal file.

Similarly, after undergoing a course of vaccinations against Hepatitis B, a small percentage of staff may be advised (following testing) that the immunisation has not been effective. In such circumstances, Occupational Health in conjunction with their line manager and HR staff will advise individuals on the best course of action.

Record Keeping

Where the Council's risk assessment identifies immunisation to be an appropriate control measure:

- Any 'high' risk work activity where immunisation is recommended should be recorded.
- Employees should receive advice from the immunisation provider (usually General Practitioner), on any risks associated with immunisation.
- Immunisation is to be arranged for the employee in work time and at no expense to the employee. It should be noted that there is normally a cost implication to the Service as this vaccination programme is not available free of charge.

Managers should maintain records of:

- risk assessments of work activities and areas that require vaccination of the employee
- disclaimer forms for employees that refuse the vaccination program
- immunisation status and diary for repeat immunisation for employees.

The manager must inform the employee of the level of risk in their work area and provide information, training and instruction on how to work with this risk of exposure. The employee should complete the agreed immunisation programme and inform his/her manager of any reason why this has not been completed.

4.0 Management of accidental exposure to blood/bodily fluids

Despite safe procedures, accidents may occur which require first aid, post accident assessment and, if indicated, immunisation. Post accident immunisation can prevent some infections occurring after there has been a significant exposure to infected bloods or body fluids. In these circumstances the decision to immunise will be made in consultation with a General Practitioner or local Emergency Department.

In view of the fact that immunisation is not available for viruses such as HIV and Hepatitis C, it is essential that safe working practices, good hygiene and correct use of PPE is adopted at all times where a hazard has been identified to avoid significant exposures from occurring.

Definition of a significant exposure includes the following:

- Blood on laceration/abrasion - When an open cut or abrasion is contaminated with the blood of another individual (e.g. wound caused by a sharp instrument such as a razor or needle which is contaminated with blood).
- Blood on mucous membrane - When the mucous membrane (i.e. the lining of the eyes, nose or mouth) is contaminated with blood from another individual.
- Body fluid on laceration/abrasion - When an open cut or abrasion is contaminated with body fluid (saliva, urine, semen) of another individual (e.g. bite which draws blood).

A non significant exposure would include:

- Body fluid on a mucous membrane - When a mucous membrane becomes contaminated with the body fluid from another individual, there is theoretical risk of transmission. However, transmission after such an incident are considered non significant in view of the fact that no transmissions have been confirmed following such an exposure.

Note, however, if the body fluid is visibly blood stained then the incident should be categorised as a significant exposure.

In the event of a significant exposure to a blood borne virus the following steps need to be followed:

a) Apply appropriate first aid. The wound should be washed thoroughly with soap and water without scrubbing. If the mucous membranes of the mouth, nose or eyes have been splashed with blood or body fluids, they should be irrigated with plenty of water. If there has been a puncture wound, free bleeding should be encouraged but the wound should not be scrubbed.

b) Report as soon as possible to line manager in order that Part 1 of the Potential Exposure Record is completed. The Potential Exposure Record appears in the Appendix (**Appendix 3**)

c) As an employee and for your own health you should report as soon as possible (within 12 hours) to General Practitioner or the local Accident and Emergency Department if out of hours. If the injury has been caused by a needle/syringe, the needle/syringe should, where possible, be retrieved in a safe manner without risking further injury. Once safely retrieved the needle / syringe should be placed in a suitable container and transported with the employee to the Accident and Emergency Department and handed to the Casualty Officer / GP Practice for possible further analysis by hospital laboratory staff.

d) Complete an Accident Report Form (ADIR). Remember that despite exposure the likelihood of transmission is still low. However, there may be lessons to learn from the incident to avoid it occurring again such as Was it an isolated occurrence? Why did it happen? Were proper procedures in place and being followed? Are there inadequacies in current procedures?
(ADIR forms are available on Monitor or from you line manager)

e) The casualty department will determine if post exposure prophylaxis is required (in accordance with Department of Health guidance and recommendations).

It is advisable that field workers are supplied with copies of the 'Potential Exposure Procedure and Record' i.e. may be located in their council vehicles.

5.0 Disposal of waste

A risk assessment, as required by COSHH, should be carried out on any waste generated. Certain waste is classified as clinical waste and its collection, storage and disposal is subject to strict controls. Clinical waste includes waste consisting wholly or

partly of blood or other body fluids, swabs or dressings, syringes, needles or other sharp instruments, which unless made safe may be hazardous to any person coming into contact with it.

Human hygiene waste which is generated in places like schools and offices (as well as in the home) is generally assumed not to be clinical waste as the risk of infection is no greater than that for domestic waste. However, those carrying out the risk assessment may have local knowledge which means they cannot make this assumption.

6.0 Audit, Monitoring and Review

The effectiveness of this guidance will be assessed by trend analysis of local incident reporting (ADIR).

This guidance will be monitored and reviewed on an annual basis, or if legislation changes.

7.0 Further Information

Advisory Committee on Dangerous Pathogens Protection against blood-borne infections in the workplace: HIV and hepatitis The Stationery Office 1995 ISBN 978 0 11 321953 7

Consulting employees on health and safety: A guide to the law Leaflet INDG232 HSE Books 1996 (single copy free or priced packs of 15 ISBN 978 0 7176 1615 2) Web version: www.hse.gov.uk/pubns/indg232.pdf

Control of substances hazardous to health (Firfth edition). The Control of Substances Hazardous to Health Regulations 2002 (as amended). Approved Code of Practice and guidance L5 (Fifth edition) HSE Books 2005 ISBN 978 0 7176 2981 7

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995: Guidance for employers in the healthcare sector Health Services Information Sheet HSIS1 HSE Books 1998 www.hse.gov.uk/healthservices/information.htm

UK Health Departments Guidance for clinical health care workers: Protection against infection with blood-borne viruses Department of Health 1998

Department of Health Immunisation against infectious disease 2006 The Stationery Office 2006 ISBN 978 0 11 322528 6

Appendix

Appendix 1

Hepatitis B Immunisation Consent/Refusal Form

Please tick one:

Yes, I want to receive the Hepatitis B vaccine	

My questions were answered by the provider e.g GP or Emergency Department.

I want to participate in the vaccination program. I understand this includes three injections at prescribed intervals over a 6-month period. I understand that there is no guarantee that I will become immune to Hepatitis B and that I might experience an adverse side effect as the result of the vaccination.

	Date Given	Administered By
1st Dose		
2nd Dose		
3rd Dose		
Date Due Next		

No, I don't want to receive the Hepatitis B Vaccine.	

I understand that due to my occupational exposure to blood or other potentially infectious material, I may be at risk of acquiring Hepatitis B Virus (HBV). I was given the opportunity to be vaccinated with Hepatitis B vaccine at no charge to me. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at an increased risk of acquiring Hepatitis B, a serious disease.

If in the future I want to be vaccinated with the Hepatitis B vaccine, I understand that I can receive the vaccine series at no charge to me.

Employee Name :	
Employee Number:	
Service :	
Section :	
Signature:	
Date :	
Line Manager:	
Line Manager Signature :	
Date:	

A copy of this form must be supplier to HR and kept in personal file.

Appendix 2 Immunisation Request Letter

CYNGOR SIR YNYS MÔN /
ISLE OF ANGLESEY COUNTY COUNCIL
SWYDDFA'R SIR / COUNCIL OFFICES
LLANGEFNI
YNYS MÔN / ANGLESEY
LL77 7TW
ffôn / tel: (01248)
ffacs / fax: (01248)
E-Bost – E-mail:
Ein Cyf – Our Ref.
Eich Cyf – Your Ref.

Dear Doctor

Re: Occupational Exposure to Blood borne Virus

Name :

Address:

Job Title:

The above named individual has been identified following a risk assessment, as being at high risk of occupational exposure to blood borne virus.
I would be very grateful if arrangements could be made to immunise against Hepatitis B Virus.

Any cost associated with this treatment will be paid by Isle of Anglesey County Council. Please send the invoice for any charges directly to **Finance Department**, Isle of Anglesey County Council at the above address.

(Note: if an invoices is not provided payment can be reclaimed by the employee on display of receipt of payment)

Thank you for your help.

Head of Service

Appendix 3

BLOOD BORNE VIRUSES - POTENTIAL EXPOSURE RECORD
Section A (to be completed by Line Manager)
1. DETAILS OF EMPLOYEE EXPOSED

Name		Male		Female		Date of Brith					
Job Title		Place of Work				Tel no.					
Previous HB Jab?		Unsure/No		1 dose		2 dose		3+ dose			
Date of last dose											

2. DETAILS OF INCIDENT

Exposure type:					
Skin wound/abrasion		Needlestick/other sharp object/bite			
Other					
Mucous Membrane		Eyes/nose/mouth			
Other					
Material involved:					
Blood:		Saliva:		Urine:	
Other:					
Brief details of incident including location:					

3. DETAILS OF SOURCE PERSON (person who is the source of the body fluid/blood)

Name and contact details of source-person (if known):

4. DETAILS OF LINE MANAGER

Name		Tel No.	

SECTION B (to be completed at hospital by Casualty Officer/Medical Attendance)
This employee has been advised to attend their GP or local A&E Department in order that current guidance and recommendations on blood-borne infection post-exposure prophylaxis can be followed*. To ensure effective occupational follow-up of this case, please complete details below and return this form to the patient. Your co-operation will be greatly appreciated. If further information is required, please contact the Line Manager identified in Section A Part 4 of this form.

5. POST-EXPOSURE PROPHYLAXIS ADVISED

MANAGEMENTAL ADVICE GIVEN BY							
Name :							
Hospital :							
HB Vaccine HBIG HIV PEP COUNSELLING							
HB Vaccine		**HBIG**		**HIV PEP**		**COUNSELLING**	
Accelerated course		1 dose		Not indicated		BBV risks discussed	
Booster dose		None		Indicated and given		Counselling arranged	
2 doses 1/12 apart				Offered but declined		None	
None							
If HBIG issued:	Batch:		Dose:				

6. FOLLOW UP

A & E:		GP:		Occupational Health Service:	

7. COMMENTS

* Immunisation against infectious diseases 1992 HMSO ISBN 0-11-321815-X
* Exposure to hepatitis b virus: guidance on post-exposure prophylaxis: PHLS Sub Committee: CDR Review, Vol 2 Review no. 9 1

A copy of this form must be supplier to HR and kept in personal file.