POLICY ON

BLOOD BORNE VIRUSES

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POLICY ON BLOOD BORNE VIRUSES

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1. Application of Policy

1.1 Definitions

Board Members – The Chairman, Deputy Chairman and Members of the Board appointed by the Secretary of State under the Probation Board (NI) Order 1982.

Employee – An employee is any person under a current contract of employment with PBNI, including temporary and fixed term contracts.

Agency Worker – An Agency worker is any person supplied to work with PBNI through an employment agency.

Secondee – A secondee is any person working with PBNI under a formal secondment agreement between the Board and another organisation.

Student – A student is any person working with PBNI on the basis of a formal agreement between Board and his/her university, college or other course provider.

Volunteer – A volunteer is any person working with PBNI under the Board's Volunteering Policy.

Partnership worker – A partnership worker is any person working with PBNI on the basis of a formal partnership agreement between the Board and another organisation.

1.2 Application of this policy

Except where the context otherwise requires, references in this policy to an employee should read as referring also to the other categories to whom the policy applies.

The application of this policy to any of the categories above who are not employees of the Board does not in any way confer on them employee status.

It is recognised however that in some respects including arrangements for investigation of incidents, training and support services the application of the procedures may be subject to variation in line with agreements governing the relationship between PBNI and those not under a current contract of employment.

In line with responsibility under legislation the Board recognises its health and safety obligations to persons other than persons at work in the matter of risks to health and safety arising out of or in connection with the Board's work activities.

2. Background

2.1 PBNI is obliged through health and safety legislation to have a health and safety policy, and to comply with that policy. A policy on blood borne viruses (BBV) is one aspect of the organisation's Policy on Health and Safety at Work (Main).

2.2 Legislation on controlling hazards such as blood borne viruses in the workplace is covered by the Control of Substances Hazardous to Health (COSHH) (NI) Regs 2000 (and subsequent amendments). Under COSHH there is a legal duty to assess the risk of infection for employees and others affected by their work. Suitable precautions should be taken to protect the health of employees and others affected by their work. This will include information, instruction and training to employees on any risks they may face to their health in the course of their work.

2.3 The main blood borne viruses of concern are:

- Human Immunodeficiency Virus (HIV) which causes Acquired Immune Deficiency (AIDS).
- Hepatitis B Virus and Hepatitis C Virus which cause hepatitis; a disease of the liver which in a proportion of cases can lead to cirrhosis and liver cancer.

2.4 Blood borne viruses are spread by direct contact with the blood of an infected person. Certain other body fluids may also be infectious.

2.5 Research to date suggests that blood borne viruses are not spread by normal social contact and daily activity.

3. Policy Aim

To secure, as far as is reasonably practicable, the health, safety and welfare of employees and protect others affected by their work against risks to health and safety from exposure to blood borne viruses arising out of connection with the Board's work activities.

4. Policy Objective

PBNI will ensure that guidance and procedures in relation to blood borne viruses are provided to all employees.

5. Policy Outcome

PBNI employees will be fully aware of and comply with guidance and procedures in place in the organisation.

6. Policy Statement

Principles

- PBNI will promote standards of safety, health and welfare which comply with all the relevant statutory provisions and codes of practice.

- PBNI will maintain safe and healthy workplaces to protect employees and others, including the public, in as far as they come into contact with foreseeable work hazards.

- Employees will be provided with the information, instruction, training and supervision they need in relation to blood borne viruses to work safely and effectively.

- All spillages of blood or body fluids in the workplace will be treated as potentially infectious.

- All information in respect of employees or clients who have contracted a blood borne virus will be dealt with as set out in the Arrangements to the Policy on Health and Safety at Work (Main) and in the Guidance on Blood Borne Viruses and/or the Policy for the Management of Sick Absence as appropriate.

7. Linkages

This Policy links to the Human Resources:

- Policy on Health and Safety at Work (Main)
- Organisation and Key Responsibilities for the Policy on Health and Safety at Work (Main)
- Arrangements for the Policy on Health and Safety at Work (Main)
- Guidance on Blood Borne Viruses

This Policy links to the Human Resources Policy on the Management of Sick Absence including provisions made in respect of the Disability Discrimination Act 1995 as extended by the Disability Discrimination Act 2005 with respect to HIV infection.

8. Guidance

This policy is supported by the Guidance on Blood Borne Viruses document**.**

9. Complaints

Complaints will be dealt with in accordance with the Board's Complaints Policy, Guidance and Procedures.

Internal complaints may be raised through normal management or supervision arrangements or under the Board's Grievance Policy and Procedures.

10. Breach of Policy Provision

Breach of the Board's policy and procedures by employees may merit consideration under the Board's Disciplinary Policy.

11. Review

PBNI will review this policy three years following Board approval.

GUIDANCE ON BLOOD BORNE VIRUSES (BBV)

The most common blood borne viruses are HIV, Hepatitis B and Hepatitis C

The prevalence of all of these conditions is lower in Northern Ireland than in most other countries:

- HIV is less than 1 in 7000 of the population in Northern Ireland.
- Hepatitis B carried by 1-1600 of the population in Northern Ireland
- Hepatitis C by less than 1-5000 of the population in Northern Ireland.

These infections are not passed on by normal social contact or domestic contact such as shaking hands, kissing, sharing cups, sneezing or coughing.

The most common risk factors for these infections include:

- Direct blood to blood contact through an open wound
- Injecting drug use
- Unprotected sexual intercourse between men or partners from countries with high levels of infection eg:
  - Sub Saharan Africa
  - South Asia
  - South East Asia and South America
- In the past – blood transfusions
- Use of non sterilised equipment, eg for medical procedures, tattooing, acupuncture or body piercing
- In childbirth (before or during birth or through breast feeding)

Less common means of transmission are:

- Through contamination of open wounds and skin lesions such as eczema etc
- Through splashing the mucous membranes of the eye, nose or mouth
- Through human bites when blood is drawn

WHAT IS HIV

HIV is an infection that attacks the body's immune system. This leaves a person prone to serious infections, which would not affect someone with a healthy immune system. A person with HIV may remain healthy with no symptoms for up to ten years.

WHAT IS HEPATITIS B AND HEPATITIS C

Hepatitis means inflammation of the liver. Viruses such as Hepatitis B and Hepatitis C can cause this by infecting the liver.

Symptoms:

- Mild 'flu-like illness
- Mild to severe fatigue
- Nausea or loss of appetite

- Weight loss
- Depression or anxiety
- Pain in the area of the liver (right side of the stomach)
- Itchy skin
- Joint pains
- Poor memory or concentration
- Alcohol intolerance

Some people will remain well throughout their life.

One in five will develop severe liver damage.

Some can lead to liver cancer or liver failure.

Treatments:

HIV - No cure but drugs are now available to keep HIV under control, they do not get rid of the virus.

Hepatitis B - Vaccine available from GP to protect from Hepatitis B.

Hepatitis C - Treatment is available and is improving all the time. Drug therapy is available that can cure the infection in about half of the people treated.

A simple blood test from your GP or at local sexual health clinic (GUM) clinic can be done if you think you are at risk.

SOURCES OF INFECTIONS

(All blood or body fluid should be treated as potentially infectious)

Infected people – the public, clients, employees

Experience to date has shown that transmission to workers or the public does not occur through everyday social contact with cases of BBV infection. Transmission is associated invariably with direct exposure to blood or body fluids.

Contaminated Objects

Any article contaminated with blood must be regarded as a potential source of infection for those handling it. Examples include sharp objects, discarded dressings, contaminated clothing, linen and furnishings and damaged vehicles. Although BBV do not remain infectious indefinitely at ambient temperatures or when exposed to sunlight and humidity, it must be assumed that there is a risk of infection unless the item concerned has been decontaminated by an effective means. Hepatitis B is particularly hardy and may remain infectious for some months in dried materials. HIV in dried blood may retain its infectivity for three weeks or more under suitable conditions.

Sharps

These are any item that cause lacerations or puncture wounds. They present a special hazard if there is contamination by blood and although they may not be visibly soiled they should be handled with care if contamination is known or suspected.

Examples include: Discarded hypodermic needles, instruments used in invasive operations, broken glass and jagged metal. For security these should be placed in sharps disposal containers or otherwise suitably contained or guarded until decontamination or incineration.

Under no circumstances should needles be deliberately bent or broken before discarding them. They and other contaminated sharps such as lances, broken glass or sharp metal should be placed promptly in disposal containers. Makeshift containers such as drink cans, bottles or cardboard boxes should NEVER be used for sharp disposal. They are not adequate for the purpose and may find their way into domestic waste and present a hazard to refuse workers and members of the public.

Equipment

Medical, dental, laboratory or other equipment that has been in contact with blood or body fluids which has not been decontaminated adequately may present a risk of infection for both users and patients.

Vehicles

Vehicles involved in traffic accidents are commonly contaminated with blood. Sharp metal and broken glass presents potential risk for those dealing with recovery and repair work although there are no reports of infection. Discarded hypodermic needs are sometimes found in upholstery and glove compartments in cars sent for repair or servicing. Precautions are essential in all cases.

Environmental Contamination

Blood and body fluids may contaminate the site of industrial and road traffic accidents, playgrounds and sporting events. Provided there is no direct contact, there is no risk for those in the vicinity.

The use of simple personal protective measures, avoidance of sharps injuries and appropriate decontamination will minimise the risk for those dealing with the contamination. After cleaning up it is essential to dispose of contaminated waste safely.

BASIC PRECAUTIONS RELATED TO PREVENTION, HYGIENE AND FIRST AID

The essential protective measures applicable to all occupations are listed below. These precautionary measures with any necessary adaptation to local circumstances must also take account of any potential exposure of employees, clients, members of the public and the employees of contractors.

1) Use good basic hygiene practices including hand-washing and avoid hand-to-mouth/eye, etc contact.
2) Protect all breaks in exposed skin by means of waterproof dressings and/or gloves.

3) Avoid contamination of the person or clothing by use of waterproof/water-resistant protective clothing, plastic apron, gloves, etc.
4) When putting on or removing gloves, do not use your teeth. Wash the gloves in hot soapy water after use and then wash your hands in hot soapy water. Pull gloves off inside out. This keeps any contamination inside the gloves.
5) Prevent puncture wounds, cuts and abrasions in the presence of blood and body fluids.
6) Avoid use of, or exposure to, sharps (needles, glass, metal, etc) when possible but if unavoidable, take particular care in handling and disposal.
7) Towels, face-flannels, razors, toothbrushes and any other implements or articles which could become contaminated with blood must not be shared. Towels and face-flannels should be hung up individually without touching each other.
8) Crockery, glasses and cutlery should be cleaned by hand-washing with hot, soapy water, or may be cleaned in a dish-washer or steriliser where these are available.
9) Control surface contamination of blood and body fluids by containment and appropriate decontamination procedures.
10) Disposable gloves should be work when carrying our First Aid. Artificial respiration should only be attempted by staff who have received appropriate First Aid Training. If artificial respiration is necessary and whilst providing this the first-aid person is exposed to blood/body fluid they should report immediately to the nearest Accident & Emergency Department. Vent aids shall be provided to all first aid staff to prevent cross-contamination.
11) Dispose of all contaminated waste safely.

How to get vaccinated

Staff who are in regular contact with clients and feel they are at risk of contracting Hepatitis B should contact the Health & Safety Officer to discuss the suitability of vaccination. If the pre-exposure vaccine is considered appropriate staff should then contact their GP, explain the nature of their work and request the vaccine. If requested by the GP a letter can be supplied from the Health & Safety Officer to confirm the position. The receipt should be forwarded to the Health & Safety Officer for reimbursement and recording purposes.

There are no vaccines at present for other BBV.

ACTION AFTER EXPOSURE TO POSSIBLE INFECTION

Immediate Action

In the event of a sharps injury involving blood or body fluids or other significant contamination (eg broken skin or mucous membranes) the following action should be taken with out delay:

- Wash off splashes on skin with soap and running water.
- Encourage bleeding if the skin has been broken.
- Wash out splashes in the eye, nose or mouth with copious amounts of tap water (if unavailable – sterile water).

- Record source of contamination (name/type of fluid/type of injury).
- Notify incident to line manager and Health & Safety Officer.

Report to your nearest Accident & Emergency Department immediately who will carry out an assessment of the risk and significance of the incident by interviewing the staff member involved considering the following:

- The source of contamination including the type of body fluid involved.
- The extent of injury and the type of sharp (if any) causing the injury – determine if all skin layers are breached.
- The likelihood of BBV infection in the source – if possible test blood of the source, with fully informed consent.
- The vaccination history – determine, by enquiring and examination of records, if the injured party has been vaccinated against Hepatitis B.
- Request the injured party's consent to take a blood specimen – for storage against the need to test for evidence of pre-existing blood-borne infection.
- Arrangements for counselling the injured party whether a member of staff, visitor or employee of a contractor.

Follow-up action

- The Board will provide post-exposure counselling and support of staff member.

- Completion of Accident/Ill-Health at Work Report Form, Report of an Injury or Dangerous Occurrence Form NI2508 and report from line manager to Health & Safety Officer.

- The Area Manager and Health & Safety Officer shall review the circumstances leading to the incident and the procedures in use.

DECONTAMINATION

Spillage

Each office should hold a Body Fluid Spillage Kit which should be used in the event of a spillage of body fluid (potentially infectious saliva, spillages of blood, urine and vomit).

The following directions should be adhered to when dealing with a spillage:

- Put on protective gloves and apron.
- Sprinkle granules all over spillage (this will solidify the liquid).
- Scoop up the gelled spillage and dispose of scoop.
- Spray spill area with disinfectant. Wipe clean (using paper towels). Dispose of spray bottle.
- Dispose of anything that has been handled during operation ie bottles, scoop, gloves and apron into the yellow bag. This should be sealed and stored in a safe place awaiting disposal. Wash hands. Contact the Health & Safety Officer to arrange disposal of 'clinical waste'.
- Order replacement supplies from Accommodation & Supplies.

Chemical Disinfection

Examples of when chemical disinfectants should be used are:

- Before re-issue of personal protective equipment eg footwear, goggles, etc (supplied by Acc & Supp)
- Body fluid spillages (as per above) using Body Fluid Spillage Kit.

Key points in the use of disinfectants are:

- Disinfectants must be used at not less than the concentration recommended for the purpose by the supplier.
- If compatible with operator safety, simple cleansing should take place before a disinfectant is used.
- Only freshly prepared dilutions should be used as many disinfectants begin to loose their power when mixed with water and left to stand.
- A disinfectant will be effective only if sufficient time is allowed for it to act.
- The presence of other chemicals may reduce the effect of disinfectants and/or react violently with them presenting a hazard to those in the vicinity eg acids or acidic fluids such as urine, with hypochlorite preparations (eg household bleach) generate chlorine gas.

Carpets and Upholstery

Where there are likely to be blood or body fluid spills, carpets and soft furnishings may be damaged by most chemical disinfectants suitable for routine use.

Carpets and upholstery should be avoided in areas where there are likely to be blood or body fluid spills.

If contamination does occur detergent cleaning should be followed by steam clean (carpets) or laundering or dry cleaning and hot pressing (curtains, loose covers, etc) or decontaminate using spillage kit. Failing this it will be necessary to incinerate soft furnishings if there are grounds for believing that the contaminating material is infectious.

Contaminated Clothing and Linen

Laundering – Washing with detergent using the hot wash cycle of a domestic washing machine which reaches a temperature of at least 80ºC for at least 1 minute (reference should be made to the machine handbook or to the manufacturer to confirm the operating temperature). The use of detergent and the dilution effect of the washing process are sufficient to eliminate the possibility of transmission and this assurance is further increased by the use of elevated temperatures. Contaminated clothing and bedding should only be handled by staff wearing disposable gloves and aprons.

DISPOSAL OF WASTE

BBV contaminated waste must be regarded as a hazardous substance and, depending on its origin, will be classified as 'clinical waste' which is categorised into five groups:

Group A - all human tissue, including blood, animal carcasses and tissue from veterinary centres and all related swabs and dressings.

Waste materials from infectious disease cases. Soiled surgical dressings, swabs, and other soiled waste from treatment areas.

Group B - Discarded syringe needles, broken glass and any other contaminated sharps.

Group C - Microbiological cultures and potentially infected waste from pathology departments.

Group D - Certain pharmaceutical products and chemical wastes.

Group E - Items used to dispose of urine, faeces and other bodily secretions or excretions assessed as not falling within Group A.

When an office has clinical waste please contact Karen Andrews, Health & Safety Officer, telephone number 02890 262 416 who will assess the appropriate disposal procedure required.

PROCEDURES WHEN INFORMED OF CLIENTS INFECTED WITH BBV

1) Restricted access to those who are required to know this information for business or health & safety purposes.

2) Assess the health risks involved taking into consideration the infected person's: - Medical ability
- Suitability to carry out or take part in specific tasks/activities
Contacting the Area Manager and Health & Safety Officer if necessary.

a) When assessing a community service worker the PSO (CS), with the community services worker's consent, may decide it is appropriate to contact the community service worker's GP to assess the individual's suitability to perform community service tasks. The outcome of the assessment should determine the infected client's suitability to carry out or take part in specific tasks/perform community service activities.

b) In other cases involving for example projects/outdoor pursuits, etc similar procedures should be followed.

Where as a result of the Risk Assessment in exceptional cases it is considered unsafe to follow the requirement of the Court Order the matter should be referred through the Area Manager to line ACO for further consideration.

PROCEDURES IF YOU FEEL YOU MAY HAVE CONTRACTED A BBV

- Consult your doctor or seek counselling from a Genito-Urinary Clinic or contact the AIDS Helpline (NI) on 0800 137 437.

- You are under no obligation to inform your employer, although you may need to do so (in confidence) if illness due to the infection is beginning to affect your ability to cope with your job.

- If it became known that an employee has HIV infection/AIDS/Hepatitis restricted access as per (1) above will be maintained. Deliberate breaches of this by any other employee may constitute a disciplinary offence.

- Employees who are HIV antibody positive or have AIDS or Hepatitis are not required to inform the Authority.

- An employee infected with a Blood Borne Virus is not a ground for dismissal.

HEPATITIS A

HOW IS IT SPREAD?

The Hepatitis A virus is excreted in the faeces of an infected person. It is spread by eating or drinking food or water which is contaminated with the virus. Infection is easily spread by person to person contact within families, day care centres, among people living in close quarters, for example institutions for people with learning difficulties.

The virus is spread because of poor personal hygiene, for example people not washing their hands after using the toilet. In areas with substandard water supplies and sewage disposal, contamination of drinking water can occur, causing outbreaks. Salads, fruits and other uncooked foods washed in contaminated water are another source of infection.

WHAT ARE THE SYMPTOMS?

Some people may have no symptoms at all, but they can still be infectious and unknowingly pass on the virus. However others may develop a serious illness. There is an incubation period of between 2 – 6 weeks before symptoms develop.

Symptoms can include headache, fever, nausea, vomiting, abdominal pain and diarrhoea.

These symptoms may last for a week or more before jaundice develops (ie when the skin and whites of the eyes turn yellow, urine turns dark and stools become pale).

IS IT SERIOUS?

Most people recover in a few weeks and it is usual for people to be admitted to hospital. However, fatigue and debility may last for many months in some people. In a few the illness may be more prolonged and severe but eventually recovery does occur. It is not thought to cause long term liver damage. The severity of the disease increases with age and there is a small risk of death, particularly in people over the age of 60. In infants and young children the infection can be mild or even pass unnoticed. Once a person has recovered from Hepatitis A they are immune for life.

IS THERE A TREATMENT FOR HEPATITIS A?

As with most viral illnesses there is no specific treatment. Some people develop jaundice and itching and can be treated with a short course of tablets. People should try to eat and drink as well as possible. Light food may be easier to digest and there is no reason to omit fat from the diet. Alcohol and heavy exertion is best avoided.

CAN IT BE PREVENTED?

Hepatitis A can be prevented by vaccination which provided protection for up to ten years. Short term protection can be provided by a single injection of immunoglobulin which lasts for about 3 – 6 months. Protection is recommended for people who have been in close contact with Hepatitis A or travellers to areas where infection is more widespread, immediately prior to departure.

Vaccination is also recommended for injecting drug users and people whose sexual activities involve oral/faecal contact.

Not everyone will need vaccination. Some people may already have antibodies from a previous infection which they did not know about. This can be checked by a blood test. Recently a combined Hepatitis A and B vaccine has been introduced. Your doctor will advise you if this is more suitable for you.