

**POLICY AND GUIDANCE
ON BLOOD BOURNE DISEASES**

EXAMPLE ONLY

Policy & introduction

It is our policy to take positive action to minimise the risk of infection from infectious diseases, to all personnel, during the course of their employment.

Employers have a legal responsibility under the Health and Safety at Work Act 1974, and the following acts to protect staff whilst carrying out their work

- The Management of Health and Safety at Work Regulations 1992
- The Health and Safety (First Aid) Regulations 1981
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)
- The Control of Substances Hazardous to Health 1998 (COSHH)
- The Environment Protection Act 1990

The Objectives of this Policy are to:

- identify and assess the risks of infection
- ensure that all personnel comply with safe working practices in particular the use of personal protective equipment.
- ensure all personnel understand the terms:
 - control of infection
 - routes of transmission
 - personnel at risk
 - body fluids
 - safe working practices
 - decontamination
 - clinical waste
 - personal protective equipment
- ensure all personnel know what to do in the event of contact with potentially infectious items
- ensure all staff know how to correctly dispose of clinical waste

General Principles

The main infectious diseases of concern are:

- Hepatitis B Virus (HBV)
- Hepatitis C Virus (HCV)
- Human Immunodeficiency Virus (HIV)

The main risk occurs if blood, or body fluids come into contact with an open wound, dermatitis or sore or is splashed into the eyes or mouth; or if a contaminated needle or other sharp object punctures the skin.

Immunisation

Immunisation programmes exist for many identified types of infection i.e. tetanus; polio and tuberculosis. However the main occupational risk is Hepatitis B.

Vaccinations are administered in case of accidental exposure but not as a substitute for safe systems of work.

It is the responsibility of the employer to request the Hepatitis B immunisation, and Tetanus status of new employees at pre-employment.

All staff who have been identified as being at risk should be immunised. The individuals General Practitioner may provide immunisations free of charge; they may charge a fee which should be reimbursed by the company.

Safe Working Practices

Health Awareness

Everyone at work should be made fully aware of the identified hazards in their work activities. All personnel must be informed of the risk of infection, routes of transmission and methods of control and prevention.

Hand care

The skin is a natural barrier to infection. However, when the skin is grazed, chapped or cut (including dermatitis, eczema, psoriasis and other skin conditions) bacteria and viruses can enter the body, causing infection.

The single most effective procedure in the control of infection and decontamination is hand washing. Particular attention should be paid to finger nails, between fingers, wrist areas and the top of the hand.

Hands should be washed:

- after using the toilet
- before eating drinking or smoking
- after handling animals
- after physical contact with blood or body fluids

Universal Precautions

Whilst at work:

- cover all cuts, grazes or abrasions with a sterile waterproof plaster
- wash off blood or other body fluids which are splashed onto their skin, with plenty of water, as soon as possible
- wear disposable nitrile gloves under kevlar gloves whenever there is likely to be contact with blood or other body fluids
- remove disposable gloves by peeling off from the wrist down to the fingers i.e. turning them inside out to enclose any contamination.
- never re-use disposable nitrile gloves

Contamination of surfaces

If the contamination is slight, cleaning can be undertaken using a 'body fluid cleaning kit.'
This kit contains:

- pair of gloves
- biohazard Bag
- trigene Disinfectant 20ML
- trigene 20GM ABS Granules
- wipes
- polythene Apron
- scoop
- spatula
- towellettes

Nitrile gloves and a disposable apron must be worn and excess fluid should be soaked up with granules and then gathered up with disposable towels. Local assessments should determine if the area can be cleaned using this method.

Disposal

- soft clinical waste should be disposed of in strong polythene bags that should never be more than three quarters full. The bag should be closed by twisting the neck and sealed with tape. Bags must never be pierced or stapled.
- the bag should be held away from the body whilst it is carried.
- the polythene bag should then be placed in a yellow clinical waste sack and secured
- all used latex gloves and resuscitation aids should be disposed of as soft clinical waste

Action to be taken involving exposure to blood or body fluids

The risk of Infection can only occur if infected blood or body fluids enters the body through a cut or open wound; or is splashed into the eyes or mouth; or the skin is penetrated by a sharp object such as a used needle or blade

The skin should be washed immediately with running water and /or the mouth and eyes thoroughly rinsed with cold water. If the injury is superficial (with no object embedded) but the skin is broken, the wound should be encouraged to bleed by squeezing on either side of the wound (but not by sucking) and rinsed under running water as soon as possible. It should then be covered with a waterproof sterile dressing.

If an object is embedded in the skin, or the wound is bleeding profusely, medical attention should be sought immediately. Any object embedded in the skin should not be removed until medical attention is sought. It should be covered with an appropriate sterile dressing, avoiding any direct pressure on the embedded object.

The individual should attend the nearest A&E Department for assessment of risk and appropriate advice or treatment.

The injury must be reported to your manager to enable them to complete an accident report

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