

HEALTH AND SAFETY POLICY



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Title: THE PREVENTION AND MANAGEMENT OF OCCUPATIONAL EXPOSURE TO BLOOD, BODY FLUIDS & BLOOD-BORNE VIRUSES			

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Prepared by: B. MacArthur-Williams	Approved for Issue by: Corporate Health & Safety Forum
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1.0 INTRODUCTION

- 1.1 Under the Health and Safety at Work etc Act 1974 and the Management of Health and Safety at Work Regulations 1999, employers have a legal duty to protect the health of their employees and anyone else (e.g. contractors, visitors and members of the public) who may be affected by the work that they carry out or who may be on the premises at any time.

2.0 LEGISLATION

- 2.1 Specific legislation on the hazards that may arise due to working with biological agents such as blood or body fluids, is contained in the Control of Substances Hazardous to Health Regulations (COSHH). The COSHH Regulations require employers to assess the risk of infection to employees and others who may be affected by their work and, when the risk is known, implement suitable measures to protect their health. Employees should also be given adequate information, instruction and training on any risks to their health which might arise from their work.

3.0 BLOOD BORNE VIRUSES - DEFINITION

- 3.1 Blood-borne viruses (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.
- 3.2 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) - which affects the immune system of the body
- 3.3 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.

NB: Care should still be taken as the presence of blood is not always obvious.

4.0 HOW BBVS ARE SPREAD IN THE WORKPLACE

- 4.1 The risk of infection by blood or body fluids is low for the majority of occupations, as direct contact with blood or body fluids does not occur regularly. The nature of the exposure is of crucial importance when deciding on the likelihood of infection occurring and not all exposures will result in infection. BBVs are mainly transmitted by direct exposure to infected blood or other body fluids contaminated with infected blood. They may also be transmitted sexually.
- 4.2 In the workplace, exposure can happen through accidental contamination with infected blood or body fluids by a sharp instrument, such as a needle or broken glass. Infection may also spread if open wounds, skin abrasions, patches of eczema or the eyes (via splashes) become exposed to infected blood or body fluids

5.0 EMPLOYERS' RESPONSIBILITIES

- 5.1 Managers are responsible for consulting their employees and safety representatives on the risks identified for working with BBVs (see 6.0) and the measures needed to prevent or control these risks (see 7.0). This should be documented as a risk assessment.

6.0 ASSESSING THE RISK

- 6.1 It is the Manager's responsibility to ensure that a risk assessment is undertaken when an employee will regularly work in an environment where contact with a blood borne virus is known or suspected. The steps that need to be taken in order to assess the risk of infection are as follows:
- a) Identify the hazards – establish where blood or body fluids may be present in the working environment. The main microbiological risks that may be present are listed at 3.2. For the definition of a 'sharp' and for typical locations where discarded hypodermic needles have been found, see Appendix 1
 - b) Decide who might be harmed and how – find out which employees and others may be exposed to blood or body fluids and how this might occur. Exposure could occur through dealing with accidents or through cleaning up after an accident. For a list of the types of work where there may be a risk of contact with blood or body fluids, see Appendix 2
 - c) Assess - how likely it is that exposure to any blood or body fluid could cause ill health and decide if existing precautions are adequate or whether further measures need to be taken. Consider factors such as:
 - i) The frequency and scale of contact with blood or body fluids

- ii) The size of the population with which contact is made
 - iii) Any existing information on injuries reported in the workplace
 - iv) The quality of the control measures used
- d) Record the findings
- e) Review the risk assessment and revise it, if necessary

7.0 PREVENTING OR CONTROLLING THE RISK

7.1 Specific procedures to be followed in the workplace include Dealing with a Blood / Body Fluid Spillage (Appendix 3); Collection of Sharps / Needles (Appendix 4) and Personal Protective Equipment (Appendix 5)

7.2 There are basic precautions that employees should observe whenever there is a risk of contact with blood or body fluids. Employees can help to protect themselves by following safe working practices – such as carefully assessing every situation and remembering to:

- a) Never eat, drink, smoke or apply cosmetics in working areas where there is a risk of contamination
- b) Avoid working practices that could result in them receiving puncture wounds, cuts or abrasions, particularly in the presence of blood or body fluids
- c) Where possible, avoid the use of, or exposure to, sharps such as needles, glass, metal etc, or if unavoidable take care in handling and disposal
- d) Ensure that all breaks in any exposed skin are covered with waterproof dressings and that the appropriate gloves are worn
- e) Protect the eyes and mouth by using appropriate personal protective equipment – such as goggles and mask, or face visor, where splashing is possible
- f) Avoid contamination by using water-resistant protective clothing
- g) Wear rubber boots or plastic disposable overshoes when the floor is likely to be contaminated
- h) Use good basic hygiene practices such as washing their hands
- i) Control the contamination of surfaces by containment and by using the appropriate decontamination procedures (Appendices 4 and 5)
- j) Dispose of contaminated waste safely (Appendices 4 and 5)

- k) Employees should also refer to any method statements that have been drawn up for the procedures that are carried out in their particular area of work and should ask for help from their manager/supervisor if they be unsure of how to deal with a particular situation

8.0 EMPLOYEES DUTIES

- 8.1 Employees have a legal duty to take care of their both own health and safety and that of others affected by their actions. Employees must make full use of any control measures put into place by the employer and should co-operate with the employer so that the employer can comply with any legal duties placed upon them
- 8.2 Individuals with a BBV should be able to work normally unless they become ill and are no longer fit enough to do their job. If they do become ill they should be treated in the same way as anyone else with a long term illness.
- 8.3 If an employee is known to have a BBV then this information is strictly confidential and must not be passed on to anybody else without the employee's permission. Generally there is no legal obligation on employees to disclose that they have a blood borne virus.

9.0 IMMUNISATION

- 9.1 The need for vaccination will depend on the risk of exposure and is determined by undertaking a risk assessment. Medical advice from the Council's Occupational Health Unit may be sought when carrying out a risk assessment (01244 973388).
- 9.2 Where an employee regularly deals with blood or blood borne products then vaccination will be given. For example – an employee in regular contact with needles / sharps (and their disposal) will be eligible for vaccination, as will an employee who works with Special Needs young people who bite their carers. Employees who will not require vaccination include Refuse Collectors and lone workers. If vaccination is appropriate, this will be offered, at the Council's cost, through the Occupational Health provider.
- 9.3 It should be noted that if vaccination is deemed to be necessary as a result of the risk assessment, then this measure should only be viewed as being a supplement to the other control measures that will also be necessary.

10.0 DECONTAMINATION PROCEDURES

- 10.1 Decontamination procedures are detailed in Appendices 3 - 4. The Human Immunodeficiency Virus (HIV) causes Acquired Immune Deficiency Syndrome (AIDS) which affects the immune system of the body. HIV can remain infectious in dried blood and liquid blood for several hours and the Hepatitis B virus can remain active for even longer. The following of appropriate decontamination procedures is therefore vitally important should an employee find areas or equipment contaminated with blood or body fluids.

11.0 WASTE DISPOSAL

- 11.1 A risk assessment should be carried out on any waste that arises. Certain waste is classified as clinical waste and as such must be collected, stored and disposed of in the correct manner. 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, could present a hazard to any persons coming into contact with them. The procedures to be followed are laid down in Appendices 3 and 4.
- 11.2 Human hygiene waste which is generated in places like schools, offices and factories (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.

12.0 REPORTING INCIDENTS

- 12.1 Any incidents involving possible infection from contact with blood or body fluids must be reported by the employee to their manager / supervisor and an Accident / Incident Report Form completed. A copy should be forwarded to the Corporate Health & Safety Team in order that a centralised record of the incident is maintained and so that any necessary notifications to the HSE can be made.
- 12.2 The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) place legal duties on the Council to report certain incidents and dangerous occurrences to the Health & Safety Executive. Incidents such as a puncture wound from a needle known to contain blood contaminated with a blood borne virus should be reported as a dangerous occurrence. Further information can be found at www.hse.gov.uk/riddor.

13.0 ACTION TO BE TAKEN AFTER POSSIBLE INFECTION WITH A BLOOD BORNE VIRUS

13.1 If an employee is contaminated with blood or other body fluids then they should take the following action without delay:

- Wash any splashes off their skin with soap and running water
- If the skin is broken or punctured, encourage the wound to bleed (**do not** suck the wound) and rinse thoroughly under running water
- Wash out any splashes to the eyes using tap water or an eye wash bottle and any splashes to the nose or mouth with plenty of tap water – do not swallow the water
- Record the source of contamination
- **CONTACT THE OCCUPATIONAL HEALTH UNIT IMMEDIATELY.** The employee will be advised to either visit an Occupational Health clinic local to their location, visit their GP as an emergency case, or to attend the local accident and emergency centre promptly - for advice and any treatment that may be necessary. This is particularly important in the case of needle stick injuries or where contact has been made with open wounds.
- Report the incident to their supervisor / manager

13.2 Prompt medical advice is important. The circumstances of the incident will need to be assessed and consideration given as to any medical treatment that may be required. Treatment may be necessary following infection with a blood borne virus but in order to be effective it must be started quickly.

14.0 FIRST AIDERS

14.1 The risk of a first aider being infected with a BBV while carrying out their duties is small. There has been no recorded case of HIV or the HBV being passed on during mouth-to-mouth resuscitation. The following precautions can be taken to reduce the risk of infection:

- Cover any cuts or grazes on the skin with a waterproof dressing
- Wear suitable disposable gloves when dealing with blood or any other body fluids
- Use suitable eye protection and a disposable plastic apron where splashing is possible

- Use devices such as face shields when giving mouth-to-mouth resuscitation, but only if training has been received in how to use them
- Wash hands after each procedure

14.2 It is not normally necessary for first aiders in the workplace to be immunised against HBV, unless the risk assessment indicates that it is appropriate.

15.0 TRAINING

15.1 All employees who are likely to be regularly exposed to blood and body fluids (and Supervisors of users) should receive information, instruction and training in dealing with the hazards arising from exposure to blood and body fluids and to blood borne viruses.

15.2 This includes understanding what the hazards, knowing the types of work where exposure to BBVs may occur and how they are spread; the type of personal protective equipment which should be worn when dealing with blood and body fluids and the action to take after possible infection from a BBV.

15.2 Training / refresher training should be run on a regular basis and records of attendance should be kept on each employee's personal file.

16.0 EVALUATION AND REVIEW

16.1 This policy shall be monitored and reviewed biennially to evaluate its effectiveness. The document shall be revised as necessary, and in light of such evaluation.

17.0 REFERENCES

- Blood Borne Viruses in the Workplace – Guidance for Employers and Employees INDG342 HSE.
- Needlestick Injuries – Local Government and Entertainment Services National Interest Group sheet no 1.
- Control of Substances Hazardous to Health Regulations 2002 (as amended)

END OF POLICY

SHARPS

A 'sharp' is defined as anything that can puncture the skin. Examples include hypodermic needles, syringes attached to hypodermic needles, razors, blades, scissors, ampoules, glass shards, sharp bones and teeth.

A used or contaminated sharp is any sharp that may be contaminated with blood or other body substances (British Medical Association 1995). Sharps can also be contaminated with medicines, chemicals and other substances.

A penetrating injury with a used sharp can facilitate the transmission of a wide range of diseases, the most significant being HIV, Hepatitis B and Hepatitis C. As it is not possible to be certain which micro-organism may be present in any body substances, it is important that employees exercise extreme caution at all times when handling used sharps.

Possible locations where hypodermic needles may be found

- Toilets (including waste bins)
- Litter bins
- Refuse sacks
- Temporary accommodation (settees, mattresses, rubbish)
- Disused / vacated buildings
- Parks
- Lift shafts
- Stolen cars / abandoned vehicles
- Sewers, gullies
- School playing areas
- Post boxes
- Bedding, clothing
- Concealed on person
- Public playgrounds
- Shrubberies

END OF APPENDIX 1

**TYPES OF WORK WHERE THERE MAY BE CONTACT WITH BLOOD /
BODY FLUIDS**

- Residential services (centres /homes)
- Education
- Embalming and crematorium work
- First aid
- Local authority services:
 - Street cleaning
 - Park maintenance
 - Refuse collection and recycling
 - Public lavatory maintenance
- Needle exchange services
- Health care
- Plumbing
- Sewage processing
- Vehicle recovery and repair
- Emergency services
- Hairdressing and beauticians work
- Social services
- Laboratory work (e.g.: in schools)

END OF APPENDIX 2

BLOOD / BODY FLUID SPILLAGE

A 'spillage' is defined as an uncontained escape of blood or body fluids. This method of working should be adopted for dealing with spillages on premises owned, leased or occupied by the Council.

Spillages of blood or body fluids can present a potential cross infection hazard. Some micro-organisms can survive in blood and body fluid spillages for a significant period of time. Spillages should be dealt with immediately following the methods outlined below. Managers must ensure that all staff working in areas where there is a potential for the escape of blood or body fluids have knowledge of the contents of these guidance notes and have access to the equipment listed below.

The equipment required in dealing with spillages of blood and body fluids is as follows:

- Disposable plastic aprons and non-sterile vinyl gloves. If splashes are likely then further protective clothing will be required e.g. face visors or goggles and a face mask;
- Disposable cloth or paper towels and a yellow clinical waste plastic sack;
- A chlorine releasing disinfectant e.g. Titan Sanitizer powder or Sodium Hypochlorite liquid (bleach).

Each area should store these items together as a body fluids spillage kit and all staff should be aware of its location.

Other items such as bowls, buckets and mops may also be required, to assist in rinsing an area after a spillage has been dealt with.

Procedure

1. Isolate the infected area and inform the relevant manager/supervisor. Where the spillage occurs in a building then, where possible, open the windows and doors to provide a well ventilated area in order to facilitate decontamination of the spillage. When necessary, make arrangements to contain the spillage.
2. Wear disposable gloves and apron and consider the use of face masks when dealing with highly infectious waste.
3. If the spillage is on an impervious surface (e.g. a non carpeted floor), pour Titan Sanitizer powder on to spillage. If using sodium hypochlorite (bleach) which is a liquid, then cover the spillage with disposable paper towels in order to contain the spillage, before pouring the liquid onto

the spillage in accordance with the instructions on the bottle. Granules can be used as an alternative. Keep the disinfectant away from skin, metal and soft furnishings. Allow a contact time of 5 minutes.

4. Cover the spillage with paper towels to soak up excess and contain the contamination. Collect the material into a yellow plastic sack, seal and dispose of into the clinical waste stream.
5. After removing as much material as possible, wash the surface using hot water and detergent. If outside e.g. in a court yard, hose the area so that the spillage waste will drain into the nearest drain. Take care to avoid splashing.
6. Disinfect using an appropriate cleaner (e.g. sodium hypochlorite diluted one in ten with water, for impermeable surfaces). Ensure that all vertical surfaces nearby are also cleaned. In food preparation areas, use a hypochlorite that releases 500ppm of available chlorine. Wash any curtains or other materials in a hot wash. Shampoo or steam clean carpets using a carpet cleaning machine.
7. Use paper towels to dry the area and dispose of the towels.
8. The manager/supervisor/lavatory attendant (public lavatories only) should inspect the area and declare the area open when they are satisfied that it has been appropriately cleaned and dried.
9. Any mops or other cleaning equipment used should be washed in hot water and detergent then rinsed thoroughly before soaking in a one in ten solution of sodium hypochlorite for 20 minutes. Take care to avoid splashing.

When using the above procedure in a poolside area, care must be taken to ensure that no waste enters the pool. Where any bodily materials or fluids have entered the pool water then the appropriate operating procedure to deal with such events should be initiated.

Where proprietary spillage kits are used for small spillages then the manufacturers instructions should be followed.

NB:

Never use chlorine releasing agents i.e. Titan sanitiser or sodium hypochlorite on urine spills as toxic fumes may be released.

Never use chlorine releasing agents i.e. Titan sanitiser or sodium hypochlorite on a carpets or fabric furnishings - the chlorine will remove the colour from the fabric.

END OF APPENDIX 3

COLLECTING NEEDLES / SHARPS

1. Where a member of staff discovers any needles or sharps they should cover them if necessary and inform their supervisor/manager.
2. The supervisor / manager will ensure that a trained member of staff collects a sharps kit i.e. anti-syringe gloves (where required), collecting tool and approved sharps disposal box. If there are no trained members of staff present on site with the appropriate equipment, then Street Cleansing will come out and clear up the sharps/needles. Supervisors can be contacted as follows:
 - Crewe: 01270 537842 (or 07809586125 if out of hours)
 - Congleton: 01270 529590
 - Macclesfield: 01625 500500
3. The lid of the sharps disposal box should be opened before attempting disposal and the operative should ensure that their non-dominant hand is kept away from the aperture during disposal.
4. Where required, the operative should put on the anti-syringe gloves and then, using the collecting tool, place the sharp/needle into the sharps disposal box. **NB: SHARPS/NEEDLES SHOULD NEVER BE PICKED UP USING THE FINGERS.**
5. Between uses the aperture on the box should be closed to avoid accidental spillages.
6. Containers should be changed on a regular basis, when the contents become malodorous or when the contents reach the fill line (at $\frac{3}{4}$ full). The container should be locked following the manufacturers instructions. Once the container is locked it should be labelled in permanent ink with the date and name and the signature of the person locking it.
7. When a sharps disposal box is full or otherwise ready for disposal, the relevant Street Cleansing Supervisor (at 2 above) should be contacted in order for the box to be disposed of correctly.
8. Sharps containers must not be left unguarded in vehicles for reasons of public safety. The total time that containers are held in vehicles should be kept to a minimum as the heat in the car can soften the containers plastic.
9. Staff who are based in offices must keep their sharps containers in safe, secure, locked areas away from the public. Containers should be stored upright and should not be stored on crowded desks, on the floor or on the tops of filing cabinets.

10. Staff transporting sharps containers to secondary storage or for incineration must wear heavy duty gloves and closed robust footwear. They must check that the containers are locked and safely assembled before attempting to remove them. Unlabelled containers must not be taken. Staff must be informed that the containers require labelling.
11. Containers should be carried by the handle only and held away from the body.
12. Staff should never carry more than one container in each hand.
13. All staff handling clinical waste are strongly advised to be vaccinated against Hepatitis B.
14. All adverse incidents involving sharps/needles should be reported immediately to the relevant supervisor/manager and an accident/incident form completed.

DEALING WITH A MAJOR SPILLAGE OF USED SHARPS

1. Where there is a danger that there may be a major spillage of used sharps, e.g. if the contents of a sharps box are accidentally spilt, then managers must ensure that the areas concerned have access to the following equipment in order to deal with such a spillage:
 - Anti-syringe gloves (in a range of sizes if needed)
 - Dust pan
 - Rigid piece of straight edged cardboard or plastic
 - A spare sharps container (assembled)
 - A sharps container larger than the one in use in the area (unassembled). The container must be large enough to place the type of sharps containers used in that area inside it

These items should be stored together as a clearly marked sharps spillage kit. Managers must ensure that staff have access to it all times and are aware of its location.

2. For a major spillage of sharps, the following procedure must be followed:
 - (a) A member of staff should stay by the spillage and clear the area of other personnel.
 - (b) The Senior Manager available should be informed and should take charge of the situation.
 - (c) The Senior Manager should ensure that the sharps spillage kit is available or, if there is no kit present or there are no trained

personnel available, then the Street Cleansing Supervisor (as detailed at no. 2 on page 13) should be contacted and they will come out to clear up the sharps.

- (d) Wearing Anti-syringe gloves, the trained employee collecting the sharps, should gently ease the loose sharps onto the dustpan using the rigid piece of cardboard or plastic. These should then be carefully placed in the spare sharps container. This procedure must be carried out with extreme caution. Care should be taken not to come into contact with the floor e.g. by kneeling on it as there may be a possibility of contamination or of kneeling/sitting on a used sharp.
- (e) If a sharps container has been over-filled and cannot be closed, items must not be retrieved from it. Instead it should be placed in the larger unassembled container in the sharps spillage kit. The outer container should then be carefully assembled and locked. It is advised that anti-syringe gloves are worn for this.

END OF APPENDIX 4

PERSONAL PROTECTIVE EQUIPMENT**Gloves**

1. Where a risk assessment has identified that there is a risk of coming into contact with hypodermic needles or other sharp objects e.g. when investigating loose bags full of rubbish or when collecting sharps from areas such as shrubberies, then anti-syringe gloves must be worn.
2. Where the risk assessment has identified that there is a risk of contact with blood or body fluids then medical gloves should be worn. The gloves should be worn as a single use item and put on immediately before carrying out the activity and then removed as soon as the activity is complete. They should then be disposed of as clinical waste.
3. Powdered latex gloves should not be worn as some individuals can have an allergic reaction to them. Nitrile or vinyl gloves all provide an alternative to powdered latex gloves.
4. Medical gloves should not be worn longer than is necessary as this may increase skin irritation.
5. After removing protective gloves the hands should always be washed.

Aprons

1. Where there is a risk of splashing with body fluids then as well as medical gloves, disposable plastic aprons should be worn. Aprons should be stored clean and dry and be readily accessible. They should be worn as single use items and should be discarded promptly at the end of the task and treated as clinical waste. The hands should then be washed.

Facial Protection

1. In the unlikely event of there being a risk of splashing then facial protection that covers the eyes, nose and mouth and that prevents lateral as well as direct splashing must be worn.
2. Separate face masks and goggles or all-in-one visors should be stored and available for use. Face masks should be close fitting, moisture repellent and filter particles of 1-5 microns in size. Face masks should be disposed of after use and any goggles or visors used decontaminated. The hands should be washed after handling used protective equipment.

Footwear

1. In areas where body fluids or sharp items are likely to be present staff must wear wipeable, closed, robust footwear. Plastic disposable overshoes can also be used where the floor is likely to be contaminated.
2. If fabric parts of footwear become contaminated e.g. the inner lining of a boot then the footwear must not be re-used and should be disposed of as clinical waste.
3. Always wash the hands after handling protective footwear.

END OF APPENDIX 5

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