






BLOOD BORNE VIRUSES (BBV)

	Blood borne viruses (BBV) are viruses that some people carry in their blood which may cause severe disease in certain people and few or no other symptoms in others. The main BBV concerns are Hepatitis B, Hepatitis C and HIV.
	Where there is a risk of exposure to BBV's, a suitable and sufficient risk assessment will be undertaken.
	The risk can be significantly reduced by ensuring good hygiene practices and wearing suitable personal protective equipment (PPE).
	Managers must ensure that the disposal of waste has been considered as part of the risk assessment process and suitable control measures implemented.
	Specific procedures must be followed for dealing with soiled or infected linen/laundry.

Key Changes (Summary):

This policy has been reviewed and Point 10 added

POLICY

Advance recognises the duty to assess the risk of infection to employees and others who may be affected. Suitable precautions will be implemented to protect health and adequate information, instruction and training will be provided. The following applies not only to customers with infections but also to employees.

Blood borne viruses (BBV) are viruses that some people carry in their blood and may cause severe disease in certain people and few or no other symptoms in others. The virus can spread to another person, whether the carrier of the virus is ill or not. The main BBV concerns are Hepatitis B, Hepatitis C and HIV. The viruses can also be found in body fluids other than blood including semen, vaginal secretion, breast milk, urine, faeces, saliva, and sputum. Sweat, tears and vomit carry out a minimal risk of BBV infection unless they are contaminated with blood.

PROCEDURE

1. RISK ASSESSMENT

1.1 Managers and supervisors will ensure that a suitable and sufficient risk assessment is carried out where the potential of BBV exposure has been identified.

1.2 The risk assessment will consider:

Identification of the potential hazard	Who may be harmed?
Frequency and scale of contact with blood or bodily fluid	Any existing information on injuries/ill health
Nature of exposure	Controls in place

2. PREVENTION

2.1 The risk of exposure to BBV's can be significantly reduced by following the guidance in this policy and by:

- ✓ Ensuring good hand washing facilities
- ✓ Wearing the Personal Protective Equipment (PPE) provided
- ✓ Covering broken skin with plasters

2.2 No food or drink shall be consumed in any area where there may be a risk of exposure to BBV.

2.3 Managers will ensure that adequate information, instruction and training is provided to employees who are potentially exposed to BBV's.

3. PPE

3.1 Managers will provide suitable PPE as determined by the relevant risk assessments.

3.2 Disposable gloves must be worn when handling body fluids or materials which may have been contaminated with body fluids. Gloves must be a suitable type of the activity being undertaken.

3.3 Glove wearing does not replace the need for hand washing – hands must be washed after wearing gloves.

4. SPILLAGES

4.1 If a spillage occurs, action should be taken to isolate the area until the spillage has been cleared.

4.2 Spillages will be cleared by an authorised person who should use personal protective equipment to prevent direct skin contact and skin splashes.

4.3 Spillages of blood or other bodily fluids must be cleaned using suitable disinfectants and disposable paper towels or cloths.

4.4 Further information can be found within the Infection Control Policy and Procedure.

5. SOILED LAUNDRY

5.1 Procedure for soiled and foul linen:

- ✓ Soiled laundry should be cleaned at a 65°C temperature for a minimum of 10 minutes within the wash cycle or 71°C for not less than 3 minutes.
- ✓ Mixing time must be allowed to ensure heat penetration and assured disinfection. A sluice cycle must be added into the cycle when dealing with foul linen.

5.2 Procedure for disinfection of infected linen:

- ✓ Linen in this category should not be sorted, other than in a red, water soluble bag; this is then placed in an outer polyester or nylon carriage bag. Please note that infected linen may be stored in different bags in other parts of the UK and local policy should be checked and adhered to.
- ✓ Inner bag should be removed from the outer bag only at the point of transfer to the washer-extractor, followed by the outer bag.
- ✓ Storage of the infected lined must be done in a secured area, prior to washing.
- ✓ The same wash profile as used for soiled and foul linen.

5.3 Procedure for disinfection of heat liable linen:

- ✓ These items need to be washed at 40°C so the wash temperature is insufficient to disinfect and chemical alternatives are required.
- ✓ The addition of hypochlorite may be possible, but it is only reliable if the linen can tolerate its addition and if the sodium hypochlorite is added during the penultimate rinse of cycle.
- ✓ A final concentration of 150ppm available chlorine must be achieved for a minimum of 5 minutes exposure time.

5.4 The practice of bleaching articles is not permitted and alternative arrangements should be made.

5.5 Procedure for disinfection in a community setting without access to specialist services:

- ✓ Washed with detergent using a hot wash cycle of a domestic washing machine to temperature of at least 80°C or
- ✓ Dry cleaned at elevated temperatures or
- ✓ Incinerated if items cannot be effectively washed as described above

5.6 There may be situations where the domestic washing machine does not have an 80°C or above setting. If this is the case, if the contamination is not excessive, all potentially contaminated linen should be washed at the highest possible temperature recommended for that particular fabric.

6. IMMUNISATION

6.1 If a risk assessment shows that there is a risk of exposure to biological agents, and effective vaccines exist, then provision should be made to determine whether an employee is already immunised, and vaccination should be offered to those not already immunised. The advantages and disadvantages should be explained when making an offer.

6.2 Where immunisation is recommended as a result of risk assessment, Advance will cover the cost. A Human Resources Business Partner should be notified prior to an

employee proceeding with a vaccination in order for the correct paperwork to be issued and for recording purposes.

7. FIRST AID

- 7.1 The risk of being infected with a BBV whilst carrying out first aid duties is minimal. Standard hygiene precautions should be adopted including wearing the disposable gloves provided within the first aid kit.
- 7.2 First aid kits at each location contain disposable gloves. Regular checks on the first aid equipment will be undertaken to ensure that adequate stocks are maintained.

8. DISPOSAL OF WASTE

- 8.1 Clinical waste includes waste consisting wholly or partly of blood or other bodily 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.
- 8.2 Managers should ensure that the disposal of waste has been considered as part of the risk assessment process and suitable control measures implemented.
- 8.3 All sharps must be placed in a designated plastic puncture proof sharps container for disposal by incineration. Further information is available in the Needle-sticks and Sharps Policy and Procedure.

9. ACTION TO TAKE AFTER POSSIBLE INFECTION WITH A BBV

- 9.1 If you are contaminated with blood or other bodily fluids, take the following action without delay:
- ✓ Wash splashes off your skin with soap and running water
 - ✓ If your skin is broken, encourage wound to bleed, do not suck the wound – rinse thoroughly under running water
 - ✓ Wash out splashes in your eyes using tap water or eye wash bottle and your nose or mouth with plenty of tap water – do not swallow the water
 - ✓ Record the source of the contamination
 - ✓ Report the incident to your supervisor, line manager or HR department
- 9.2 Treatment might be appropriate following potential infection with a BBV, but to be effective, it may need to be started quickly. Contact your GP or nearest Accident and Emergency department immediately.
- 9.3 Managers will ensure that any affected employees are provided with access to appropriate support, advice and reassurance.

10. ACTION TO TAKE IF AN EMPLOYEE HAS AN INFECTION

- 10.1 An employee should notify their line manager immediately if they are aware that they suspect or have a blood-borne virus. The Line Manger should then investigate whether the employee can continue to undertake their normal duties in these cases.
- 10.2 If the employee continues to undertake their normal duties then an individual risk assessment must be undertaken and suitable controls put into place. It may be necessary to inform other employees of the situation with the permission of the infected person.
- 10.3 Normal Infection Control and the above procedures will apply whether the infected person is a customer or employee.

Policy owner:	Head of Human Resources
Date written:	November 2013 (V2)
Reviewed:	July 2017
Approved by:	GMT
Date of approval:	August 2017
Who was consulted:	Head of Human Resources H&S Business Partner
Related Documents/ Forms:	