HUMAN RESOURCES BRANCH

HEALTH AND SAFETY UNIT

Blood Borne Virus Policy

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Personnel Branch
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INTRODUCTION

What are blood borne viruses (BBV's)?

BBV's 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 BBV’s can spread to another person, whether the carrier of the virus is ill or not.

The main BBV's of concern to GMP staff are:

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

These viruses can be found in blood and body fluids.

Emergency Treatment

Following a needlestick injury or similar, please obtain immediate attention from the nearest Accident & Emergency Department, preferably within one hour of potential contamination.
1.0 POLICY STATEMENT

In accordance with Greater Manchester Police’s Health and Safety Policy, we recognise it is our duty, as far as is reasonably practicable, to prevent all our police officers, support staff, special constables and any other person affected by our activities, in particular contractors working on our premises, from becoming infected at work through a blood borne virus (BBV).

1.1 Policy document on BBV

This policy document has been produced to detail the control measures currently in place to reduce the risk of infection through a BBV. Experience within GMP shows that the risk of BBV infection is very low.

However, even with this low level of risk, GMP wants to ensure all staff have access to appropriate levels of training, support and advice in relation to BBV.

1.2 Divisional and branch commanders

Divisional and branch Commanders have a crucial role to play by ensuring this policy is circulated to all staff and setting up local procedures for dealing appropriately with BBV’s.

1.3 Assessing the risk

Whilst recognising that the risk of BBV infection within GMP is low, there is a need to protect the significant number of staff who, during the course of their duties, may come into contact with blood or body fluids. These include;

- Police officers
- Special constables
- Drivers
- Cleaning and janitorial staff
- Vehicle cleaners
- Scientific support staff
- Detention officers
- Property officers
- Designated and appointed first aiders
- Traffic wardens
- Enquiry counter assistants
- Police community support officers

This list is by no means exhaustive and the policy will apply to any other staff who may be exposed to blood or body fluids along with those detailed above.

At the pre-employment stage, all those staff who may come into contact with blood/body fluids will need to be immunised against Hepatitis B before starting work with GMP.
1.4 **Vulnerable staff**

Certain staff within GMP may be placed at increased risk due to their personal health condition or reduced immune levels. The member of staff or line manager should contact the Occupational Health Team who will undertake an appropriate risk assessment and recommend control measures.

1.5 **Pregnant workers**

In accordance with GMP policy, all managers should undertake a risk assessment on the pregnant worker. Work which may bring her into contact with blood or body fluids should be avoided. Managers should refer to GMP’s ‘Guide to risk assessment for new and expectant mothers’.

1.6 **Responsibility of all staff who may come into contact with blood/body fluids**

All staff who come into contact with blood and body fluids must read and understand this policy. All other GMP staff must know about, and promote safe working practices, in relation to blood and body fluids.

If, when carrying out your duties, you find yourself in a situation where there is a possibility of contracting BBV, you can substantially reduce the risk by following the advice within this policy.

By following this advice you can protect your health and that of your colleagues.

1.7 **Aims of the BBV Policy**

- To ensure that GMP maintain an effective education programme, in particular for those who come into contact with blood and body fluids to reflect current medical knowledge in relation to BBV, and to promote the requirement for these staff to be immunised.

- To ensure that all staff are aware of the action to be taken in relation to:
  - Universal precautions
  - Immunisation
  - Emergency first aid following needle stick injury, puncture wound or other significant contamination
  - Accident reporting and follow up procedure.

- To have in place a system to record the immune status of staff whose job may bring them into contact with blood and body fluids and as appropriate ensure that the vaccination programme is maintained. Following completion of the immunisation programme, the Occupational Health Team will contact all staff and invite them for a blood test to check their level of immunity. If the member of staff has already undertaken this test, he or she will be requested to provide documentary evidence to the Occupational Health Team.

- To arrange, at five yearly intervals, for all staff who have been immunised to be requested in writing to arrange a blood test through Occupational Health, to check their level of immunity.

- To give advice on operational precautions to protect the health of GMP staff against possible occupational exposure to blood borne virus; (BBV).

- To give advice on the safe disposal of clinical waste.

- To promote a greater awareness amongst all GMP police officers, support staff and Special Constables of blood borne viruses, for example. HIV, AIDS, Hepatitis B and C, and so reduce unnecessary fear.
To provide guidance to all divisional and branch commanders, enabling local safe practices and procedures to be established in relation to situations which may present a risk of infection from BBV's.

1.8 Advice and guidance

The advice and guidance within this document is based on the recommendations of the expert Government Advisory Group on HIV and Hepatitis.

There may be some Police officers, support staff and special constables who have specific concerns or questions about HIV, AIDS, Hepatitis B, Hepatitis C and BBV's which are impossible to answer fully in this document. For this reason, divisional or branch commanders should be asked to channel all such enquiries to either the Health and Safety Unit or the Occupational Health Team, depending on the nature of the enquiry as detailed below.

Health and Safety Unit, Tel. 62386
The Health and Safety Unit will be available to give advice and guidance on all safety procedures.

Occupational Health Team, Sedgley Park, Tel. 60555
The Occupational Health Team will be available to give advice and guidance on any medical and health related issue and will undertake a programme of vaccinations.

Police Federation/Unison
Advice to staff is also available from the Police Federation/Unison Health and Safety Representatives.

1.9 Confidentiality

If during your employment with GMP you receive information from a colleague about their health this is very sensitive information and should not be disclosed to others without the express consent of the individual concerned.

Should you require advice in relation to any medical condition and it's potential effects in the workplace, confidential help is available from the medical staff within the Occupational Health Team.
2.0  **VIRAL HAZARDS EXPLAINED**

In general, occupational risks of transmission of BBV arise from the possibility of exposure to blood and, exceptionally, to certain other body fluids or body tissues from an infected person.

2.1  **HIV infection and AIDS**

HIV - Human Immunodeficiency Virus  
AIDS - Acquired Immune Deficiency Syndrome

HIV has been found in blood, semen, vaginal secretions, saliva, tears, urine, breast milk, and cerebrospinal, synovial and amniotic fluids. However, only blood products, semen, vaginal secretions, donor organs, tissues and breast milk have been found to transmit infection.

The main ways in which people contract HIV are:

- By unprotected penetrative sexual intercourse (anal or vaginal) with an infected person;
- By inoculation of infected blood, mainly by sharing drug injecting equipment;
- By an infected mother passing the virus to her baby during pregnancy, childbirth or through breast feeding.

There is good evidence that HIV is not spread by close social contact including touching, sharing toilets or cutlery and crockery. At present, no case has been reported where a person has contracted HIV from tears, saliva, urine or faeces. Nor has there been any confirmed case of HIV being contracted as the result of a bite. HIV cannot be contracted by a blood donor when he or she gives blood.

**How does HIV cause AIDS?**

HIV attacks the cells of the human immune system. This makes the body more prone to certain infections and cancers which cause illness and death. Collectively, these are called AIDS. At the present time, there is no known vaccine to prevent HIV infection, nor is there a cure for AIDS. However, drugs are available which may slow down the progress of HIV infection and the development of AIDS.

**How long does it take to develop AIDS?**

It is now estimated that approximately 50% of people infected with HIV will develop AIDS within 10 years of infection, if untreated. During this time the infected person may have no signs of infection or even know they are infected.

2.2  **Hepatitis B virus (HBV)**

Hepatitis B is an inflammatory condition of the liver.

The Hepatitis B virus (HBV) may be found in blood and virtually all body fluids of patients with acute Hepatitis B and carriers of the virus; but the spread of HBV infection is mainly carried through blood, semen and vaginal fluids.

Transmission usually occurs:

- by unprotected sexual intercourse;
- by injecting, drug misusers sharing blood contaminated injecting equipment; or
- prenatally and perinatally from an infected mother to her baby.
Up to 90% of babies infected at birth and around 5-10% of those infected as adults develop chronic carrier status.

Like HIV, HBV is a potentially fatal condition, but unlike HIV, there is a vaccine which protects against HBV. GMP will request all whose job brings them into contact with blood/body fluids to be vaccinated against Hepatitis B.

**HBV schedule of vaccination**

During pre-employment screening, all staff in the ‘At risk’ group will be advised by the Occupational Health Team to have the vaccination before starting work with GMP.

- **First vaccination** - following letter of appointment and prior to starting employment
- **Second vaccination** - one month after date of the first vaccination
- **Third vaccination** - six months after date of the first vaccination

Approximately six weeks following the last vaccination, it is necessary to have a blood test which shows if antibodies have been produced against the Hepatitis B virus. This test is called a sero-conversion test and it is the only way of knowing if sufficient protection has been achieved.

All staff who have been immunised will be advised to obtain a sero conversion test, this be undertaken by Occupational Health.

If the antibody response is above a certain level, a further blood test will be recommended in approximately five years time, which will indicate if a further booster is required. If the antibody response does not fall within certain parameters, either further boosters or blood screening will be advised.

The Occupational Health Team will contact all staff whose job brings them into contact with blood/body fluids, at five yearly intervals to remind them of the need to have a booster.

In the occasional event of a member of staff not producing an adequate antibody response, advice should be sought from the Occupational Health Team regarding universal precautions as a means of protection.

GMP requires all staff whose job brings them into contact with blood/body fluids to arrange an appointment at Occupational Health who will undertake the vaccinations and sero conversion tests.

The Occupational Health Team have a system in place to record the sero conversion result of staff who have been immunised and will ensure that an appropriate vaccination programme is maintained.

**Emergency treatment following needlestick injury if you have not been vaccinated against Hepatitis B.**

**Do not delay!**

If you have not been previously vaccinated against Hepatitis B, a post exposure (immunoglobulin) injection can be given, if medically advisable, depending on other issues affecting your health. This injection must be given **within 48 hours** of the incident. It is not effective after 72 hours. It is important to seek advice as soon as possible. It is likely that a full accelerated vaccination course would also be recommended.

The risk of contracting Hepatitis B from blood or body fluids is greater than that of contracting HIV. If you are at risk of contact with blood or body fluid, then you should have the Hepatitis B vaccination.

Immunisation is not a substitute for good infection control practice, because it provides no protection against infection with other BBV's.
2.3 **Hepatitis C virus (HCV)**

HCV is the main cause of what was previously known as non-A non-B Hepatitis. HCV is most frequently transmitted by direct blood to blood contact and the commonest mode of transmission in the UK is the sharing of blood contaminated injecting equipment by injecting drug misusers. Both sexual and prenatal transmission can occur, but in general these are less efficient modes of transmission.

There is at present no vaccine to prevent HCV infection. However the adoption of universal precautions will significantly reduce the risk of infection.

2.4 **Hepatitis D virus (HDV)**

HDV causes infection only in those who have active HBV infection. HDV infection can occur either as co-infection with HBV, or as super infection of a HBV carrier. Since HDV depends on a HBV-infected host for replication, prevention of HBV infection by immunisation will also prevent HDV infection.

2.5 **GB virus- type C (Hepatitis G virus)**

Recently a further BBV has been described, provisionally designated either as GBV-C agent or Hepatitis G virus. The full clinical significance of infection with this virus, and its natural history, are as yet unknown.

3.0 **RISK OF TRANSMISSION OF BBV**
The risk to GMP employees for each virus is proportional to the prevalence of that infection in the population served, the infectious status of the individual source, (which may or may not be known), and the risk of a significant occupational exposure occurring during the procedures undertaken. Essentially, the risk to GMP staff will be higher if required to work with high risk groups, such as injecting drug users, where by there is an increased likelihood of suspects being carriers of BBV and an increased likelihood of exposure from needle stick or sharps injuries.

The risk of transmission from an infected source has been shown to be around:

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‘Sharps’, in this context, are needles, sharp edged instruments, broken glassware, or any other items which may be contaminated in use by blood or body fluids and which may cause laceration or puncture wounds.

Transmission of BBV may result from contamination of mucous membranes of the eyes or mouth or of broken skin, with infected blood or other infectious material. The transmission risks are lower with this type of exposure, less than 1 in 2000.

BBV is potentially transmissible by a human bite through mucous membrane exposure if the bite breaks the skin of the person bitten. The likely risk of transmission by this route is exceedingly small.

There is no evidence that BBV can be transmitted by blood contamination of intact skin, by inhalation or by faecal oral contamination.

Not all individuals infected with BBV have had their infections diagnosed. It is therefore important that all blood, body fluids and tissues are regarded as potentially infectious. Wherever possible contact with them should be avoided.

The adoption of Universal Precautions is essential and will significantly reduce the risk of infection.

4.0 OPERATIONAL PRECAUTIONS
For all occupational groups, the risk of becoming infected with HIV through an accident at work is substantially less than the risk of infection from sexual activity.

The main operational risk to police officers, special constables and support staff occurs if blood or body fluid from an infected person comes into contact with an open wound, rash or sore; or if the skin is punctured by a contaminated hypodermic needle or other sharp object. This is most likely to occur when searching people, property and premises; at a road traffic accident; whilst recovering a body; or when handling violent or disorderly people.

All blood, tissues and body fluids should be regarded as potentially infectious. Avoidance of direct contact with such materials is referred to as, ‘Universal Precautions.’

4.1 **Universal Precautions explained**

Officers and support staff should adopt the following measures to reduce the risk of occupational exposure:

- Existing wounds, skin lesions and all breaks in exposed skin should be covered with waterproof dressings. If hands are extensively affected, gloves should be worn.

- Uniform leather gloves will give some protection where there is a risk of being cut, grazed or pierced. For example, at road traffic accidents, or when searching vehicles or property for hypodermic needles. Disposable (Nitrile) gloves should be worn underneath leather gloves if there is a heavy risk that leather gloves might become sodden.

- Disposable Nitrile gloves should be worn whenever there is likely to be contact with another person’s blood.

- Great care should be taken when handling sharp instruments, in particular hypodermic needles or weapons which have been contaminated with blood. The Ampel Probe should be used when searching or removing these items. If the Ampel Probe is not available, a simple pair of tweezers will be effective, in particular when placing the hypodermic needles in the appropriate sharps container.

- Spillages of blood or body fluids should be cleared up promptly. (See page 14 for information on cleaning)

- Safe procedures for disposal of contaminated waste should be followed. These should be carried out under established division or branch local arrangements.

4.2 **Personal protective kit**

Certain operational situations may present a risk of infection from BBV. It is essential that all officers, support staff and special constables who may come into contact with spilled body fluids should have protection immediately available to them. To that end, the force has issued a small kit, worn as a belt, which contains the following:

- Pair of disposable gloves (Nitrile);

- Resuscitation face mask;

- Antiseptic wipe, to mop any body fluids which may have come into contact with the officer’s own skin;

- Plastic bag, for the safe disposal of contaminated material;
The kit is personally issued to all operational police officers. Divisional or branch administration units should also identify members of support staff who will need the kits. These would usually be all frontline uniform members of staff who come into contact with the general public and may, during the course of their duties, be required to provide emergency first aid treatment. Also included would be designated first aids and appointed persons.

Training in the use of the protective kit is given to all police officers and special constables during the first week of their appointment.

Local managers should ensure that those members of support staff issued with the kit receive adequate instructions regarding its safe use, either during the appointment induction or on a one to one basis.

Central Stores will supply a stock of the contents to divisions and branches so that used items can be replaced.

Local management should have in place a monitoring system to ensure the contents are replenished in accordance with their shelf life.

The disposal of contaminated waste should be carried out under established local divisional/branch arrangements.

### 4.3 Sharps collection box in vehicles

At GMP we recognise that, whilst undertaking operational duties involving searching detainees, or generally within the community as a public safety issue, staff may encounter hypodermic needles and syringes. To ensure that these items are safely disposed of, divisional and branch Commanders should ensure that sharps collection boxes are made available.

As a minimum requirement, it is recommended that within each operational police building a sharps collection box is available.

Depending on the level of risk, consideration should be given to the feasibility of sharps boxes within certain police vehicles.

In the event of an emergency, and in the absence of a suitable sharps container, hypodermic needles and syringes should be placed into an empty can of the kind used for soft drinks or a screw top bottle.

Any staff likely to be involved in the disposal of sharps should receive the appropriate level of training in relation to safe disposal techniques and be made aware of local disposal points.

Divisional and branch commanders should establish and maintain a system to monitor the effectiveness of these clinical waste disposal receptacles, and if required, should make any necessary adjustments, for example, arrange for additional containers to be provided.

### 4.4 Searching

Detailed guidance in relation to searching is contained within the document entitled, 'A guide to risk assessment for police and support staff when undertaking searching duties.' Any member of staff who is required to undertake a search should follow this guidance. The information contained within it will supplement this information in relation to BBV. Intensive training is given to all police officers during their two year probationary period in relation to safe searching techniques. This training will include active demonstrations and role play.

Reference is continually made to the possibility of contamination from blood or body fluids, when carrying out a variety of searches.
Searching people

Police officers, special constables and detention officers should exercise extreme caution when searching people, particularly if they are violent or refusing to co-operate, and should seek assistance if necessary. Gloves should be worn and officers should ask the detainee if they have any syringes or hypodermic needles in their possession, then get the suspect to empty their pockets and turn them inside out so that the linings are visible. Staff should take great care and first feel garments to ensure that they do not contain unguarded and possible contaminated syringes, hypodermic needles or razor blades.

4.4.1 Searching premises and vehicles

When searching premises, vehicles, drawers and other receptacles, officers and support staff should wear gloves and first check areas visually before using their hands. They should take particular care when handling hypodermic needles, or other items which might be contaminated and cause injury. It is recommended that the Ampel Probe is used when it is impossible to perform a visual inspection, for example down the back of a sofa etc.

4.4.2 The Ampel Probe can be purchased through Oracle Purchasing and the current supplier is Racehill.

4.5 Storage of hypodermic needles or sharps for forensic and evidential purposes

Hypodermic needles or sharp blades of any kind coming into police possession which are needed for forensic or evidential purposes should be stored in suitable sharps containers. When considering the storage of hypodermic needles as evidence, the officer in the case should undertake a detailed risk assessment of the viability due to the potential serious risk involved.

4.5.1 Storage of contaminated items in the Property Store

Any items coming into police possession which have been contaminated with blood or body fluids should be bagged in a yellow plastic bag with ‘biohazard’ adhesive tape affixed. These items should be stored in a suitable location in the Property Office.

Once again, if any hypodermic needles, syringes or sharps are to be stored in the Property Store they should be in suitable sharps containers or they will not be accepted.

Divisional commanders should ensure that all property staff have received sufficient training in relation to the storage of items marked with a biohazard tape. This is in accordance with the ‘Best practice guide for property officers’ issued by the Health and Safety Unit.

4.6 Use of forensic drying cabinets

Forensic drying cabinets are situated throughout GMP and should be used as the only safe system of work for drying bloodstained clothing which is to be retained for evidential purposes.

A detailed safe system of work, which will include the cleaning arrangements, has been formulated by the Scientific Services Unit. Advice can be obtained from the local crime scene investigator.

Under no circumstances should bloodstained items of clothing be allowed to dry out in offices, on desks or over radiators.

4.7 Handling the deceased - including attendance at post mortem examinations
When attending a crime scene which is contaminated with blood or body fluids, protective clothing must be worn. This will include disposable overalls, gloves, overshoes and face protection as appropriate.

When attending a post mortem examination, unless in the viewing gallery, protective clothing as described above should also be worn. This will usually be provided by the local hospital. However, if it is not readily available, divisional or branch commanders should make sure appropriate items are made available from our own stocks. The hospital’s local mortuary rules should be followed at all times. See GMPs risk assessment ‘Attendance at post mortem’.

Whenever a person who is known or suspected to be infected with a BBV dies, it is the duty of those with knowledge of the case to ensure that those who need to handle the body are aware that there is a potential risk of infection. Making those who may be at risk aware of a known or suspected hazard is statutory duty under The Health and Safety At Work Act (HASAWA). Although the diagnosis should be kept confidential, the discreet use of ‘danger of infection’ or similar labelling is appropriate, always making clear what type of precautions are needed.

Attending the scene of a suspicious death the senior investigating officer and the Home Office pathologist will share information which may establish the potential risk of infection of the deceased. Based on this assessment, the Home Office pathologist will conduct the post mortem in such a way as to limit any potential contamination, for all those GMP staff who may be in attendance.

The senior investigating officer will ensure only essential GMP staff are in attendance. The Home Office pathologist and GMP staff in attendance will follow the hospital’s local mortuary rules.

If a member of staff has any concerns regarding the cause of death and risk of infection, advice and reassurance can be obtained from the Occupational Health Team.

4.8 Forensic blood / tissue samples held in divisional fridge or freezer

Divisional or branch commanders should have in place an appropriate safe system of work for the storage of such items. Such safe systems would include:

- dedicated members of staff with responsibility for these items, preferably based within the building where the item is being stored;
- regular checks to monitor the integrity of the packaging of these items and temperature of fridge or freezer;
- arrangement of appropriate weekly cleaning regime for the fridge or freezer;
- adequate arrangements for the safe disposal of any clinical waste as well as a mechanism to ensure that safe disposal has been achieved;
- security in the form of a locking mechanism on the fridge freezer so items cannot be tampered with and preventing the unauthorised use of the fridge or freezer;
- checks undertaken with the Estates Branch as to the arrangements for back up power in the event of a mains failure; and
- adequate arrangements preventing the fridge or freezer from being switched off by mistake.

4.9 First Aid
Resuscitation

Current medical research indicates that the risk of HIV transmission during direct mouth to mouth resuscitation is regarded as negligible. The most common reason for resuscitation is cardiac arrest, which requires resuscitation without delay. In these circumstances, mouth to mouth resuscitation should not be withheld. It is essential that resuscitation attempts are not delayed.

Where blood is present in the mouth or is visible in the saliva the risk of infection is higher, in theory. In such cases, the use of a resuscitation face mask which prevents direct contact between the rescuer and victim should be used.

4.10 Safe use of disposable gloves

For some time now there has been a growing concern over the use and potential reaction to the wearing of latex gloves. In an attempt to safeguard the health of all GMP staff and members of the public who we come into contact with, we are in the process of gradually replacing latex gloves with a safer alternative, namely Nitrile.

When removing your disposable gloves, peel off from the wrist down to the fingers, effectively turning them inside out thereby enclosing any contamination. It is vitally important that you do not allow them to ‘snap off’.

Never re-use disposable gloves and never rinse or wash them before removing. Place all used gloves in the appropriate yellow clinical waste container.

4.11 Cleaning and disinfection

The cleaning and janitorial staff working within divisions and branches are familiar with the correct procedures when cleaning areas which have been contaminated with blood or body fluids. A safe system of work has been established in this area.

Additional advice and information on this subject can be obtained from the Cleaning Operations Manager, Business Services, Tel. 60716.

Should a contamination occur out of office hours, the Business Services Branch operates an on-call service. Contact should be made through the duty officer at the AOR.

It is essential that, regardless of any medical knowledge about a particular detainee, that universal precautions are applied to any situation in the custody area when in contact with blood or body fluid.

4.12 Contaminated clothing

Any item of clothing which has been contaminated with blood or body fluids can be safely cleaned. Clothing can be safely washed in a washing machine on the hot cycle, as this process on standard washing machines exceeds the Department of Health recommendation of 71°C for not less than three minutes. The temperature and the use of detergent will inactivate any virus there is no need to add disinfectants.

Staff within GMP should not take items of clothing home to wash, especially when they have been significantly contaminated with blood or body fluids. Such items should be dry-cleaned or if not appropriate, a replacement supplied.

The dry cleaning of items such as jackets and trousers will also inactivate any virus due to the effect of the chemicals used in this process.
Any contaminated item of clothing which is to be dry cleaned should be placed in a yellow bag so that it may be identified by the laundry as a biohazard. Once the clothing has been through the cleaning process it is safe to wear and there is no risk of infection.

Staff should be reminded to wear disposable gloves when removing any contaminated clothing.

Blankets should be placed in laundry basket or, if contaminated, they should be placed in a yellow biohazard bag for disposal.

**Decontamination of operational equipment**

All operational and training equipment such as batons, quick cuffs, shields, footwear, helmets and visors contaminated with blood or body fluids must be cleaned as soon as possible with antiseptic wipes.

Supplies should be maintained by the divisions and branches in the event of such cases.

### 4.13 Transfer of prisoners’ property bags

It is essential when prisoners’ property bags are being transferred to prisons that all hypodermic needles and syringes, whether used or unused, are removed and disposed of. There have been a number of incidents where prison reception officers have been injured by needle sticks from hypodermic needles placed in property bags.
5.0 **WHAT TO DO IF YOU HAVE AN ACCIDENT**

**ACCIDENT REPORTING PROCEDURE IN THE EVENT OF POSSIBLE CONTACT WITH INFECTED BODY FLUIDS.**

5.1 **Advice and treatment**

Following a needlestick injury or similar, please obtain immediate attention from the nearest Accident & Emergency Department, preferably within one hour of potential contamination.

When should I attend A&E to seek medical advice?

Detailed below are the following circumstances when attendance should be made to your nearest A&E:

- the skin has been punctured with a hypodermic needle of other sharp and contaminated instrument;
- blood has been splashed over part of the body which has cuts or abrasions;
- blood has been splashed into the eyes or mouth; or
- biting has resulted in a break in the surface of the skin.

5.2 **What will happen when I attend A&E?**

A full history regarding the incident will be taken. You will be asked to provide details of previous Hepatitis B immunisations you may have had. From all the information you provide, an assessment will be made regarding treatment. A Hepatitis B booster may be administered and you will be requested to provide a sample of blood. This will provide a baseline reading of your current immune status.

Please request that A & E staff indicate on the blood test request form that a copy of the result be forwarded to the Occupational Health Unit. This will assist in following up your treatment.

**What should I do immediately following the contamination?**

**First Aid information**

If skin is affected, the area should be thoroughly washed with soap and water but without scrubbing.

If there has been a puncture wound, free bleeding should be encouraged gently but the wound should not be sucked.

If the mouth or eyes are involved, they should be rinsed with copious amounts of water after first removing contact lenses if present. The water should not be swallowed.

**Do I keep the needle?**

No, you should not keep the needle, dispose of it safely. Medical staff may ask you the following questions:

- Where was the needle found?
- Is it an old needle?
• Did the needle contain fresh blood, or was the blood dry?
• Do you know who the needle belongs to?

Following a risk assessment, if the source of the needle is a patient in custody, the designated doctor or police surgeon may wish to obtain a sample of blood for testing from the individual. In order to do this, the individual concerned would have to give his or her fully informed consent to such a test.

**What should I do following my visit to A&E?**

You need to contact the OHU at the next available opportunity to inform them of the incident.

The OHU will then undertake the appropriate follow up on your behalf. They will also ensure that you receive appropriate advice and counselling.

The OHU will also advise you:

• not to have unprotected sexual intercourse;
• to avoid pregnancy;
• to discontinue breast feeding; and
• to avoid blood donation;

until your immune status is known.

GMP staff developing an illness following this exposure compatible with a diagnosis of acute hepatitis in the six months following the incident will be examined by the OHU.

Remember that the risk of HIV infection from an injury is very low. Recent studies of health care workers indicate that the risk of acquiring HIV infection as a result of a single sharps injury, (i.e. a needle stick injury involving an infected patient), is around 1 in 300. The risk from contact between body fluids and the eyes and mouth is even smaller.

### 5.2 The HIV test

The HIV test:

• detects antibodies which are produced by the body in response to the virus. It can take around three months or more to develop these antibodies so a negative test result within the first three months of exposure does not prove that a person is not infected;
• is not a test for AIDS and does not detect the presence of the virus in the body, only its antibodies.

The decision whether or not to be tested for HIV infection is finely balanced. There may be clinical advantages to the treatments.

Testing should only be carried out with the explicit informed consent of the individual concerned. They should be given full information about the implications of taking the test and provided with adequate counselling before and after the test by a doctor or other competent person.
5.3 **Accident reporting**

All related accidents and incidents should be reported on the form 700B ‘Accident report form’. A copy of this form will be returned to the Health and Safety Unit. The Health and Safety Unit will make contact with the OHU to ensure appropriate action has been taken and that the normal ‘Reporting of injuries, diseases and dangerous occurrences’ procedures are followed.
6.0 CARE OF PEOPLE IN CUSTODY WITH AN INFECTION

6.1 Introduction

In most cases, police officers, special constables and support staff will not know whether a person is infected with a BBV. Even if someone claims to be HIV positive, the information may not be reliable.

People who have been infected with BBV are in need of care and support. They must live continually with the fear of a life threatening illness which involves pain, disability and possible death. Police officers, special constables and support staff can help by being well informed about BBV and how it is transmitted and by dealing with infected persons confidently and sensitively.

BBV is not spread by ordinary social contact and there is no medical reason why a person should be isolated.

6.2 Confidentiality

Sensitive information about a person's health should be treated as confidential. It is unnecessary, insensitive and a serious breach of confidentiality to label or mark a prisoner's cell, cutlery, crockery or any other item to denote their medical status.

6.2.1 Advice from the Government's Chief Medical Officer-recording HIV information on police records

The police practice of recording HIV information on police records, including the Police National Computer (PNC) has been widely criticised as an ineffective way of protecting police officers against the risk of becoming infected with HIV. GMP, in an effort to protect all its officers and support staff, has acted on the advice of the Home Office and that of the Government's Chief Medical Officer and removed all HIV warning markers.

6.2.2 PNC warning signals

The practice of recording infectious warning on the PNC should not be permitted. This practice can sometimes lead to different standards in relation to infectious control being applied to detainees showing this warning marker. You may be dealing with a detainee whose medical status is unknown but who is infectious, and your safety could then be compromised if you apply a lower standard of precautions. The only way to ensure your safety when dealing with people in custody is to follow the universal precautions which are detailed below.

Universal precautions

- Cover existing wounds, skin lesions and all breaks in exposed skin with waterproof dressings. Wear gloves if hands are extensively affected.

- Wear uniform leather gloves to give some protection where there is a risk of being cut, grazed or pierced. For example, at road traffic accidents, or when searching vehicles or property for hypodermic needles. Wear disposable (Nitrile) gloves underneath leather gloves if there is a heavy risk that leather gloves might become sodden.

- Wear disposable Nitrile gloves whenever there is likely to be contact with another person’s blood.

- Take great care when handling sharp instruments, in particular hypodermic needles or weapons which have been contaminated with blood. Use the Ampel Probe when searching or returning
these items. If the Ampel Probe is not available, use a simple pair of tweezers, which will be effective, in particular when placing the hypodermic needles in the appropriate sharps container.

- Clear up spillage of blood or body fluids promptly. (See page 14 for information on cleaning).
- Follow safe procedures for disposal of contaminated waste. This should be carried out under established division or branch local arrangements.
7.0 EDUCATION AND TRAINING

7.1 Introduction

GMP staff at risk of exposure to BBV’s need to understand how the virus can and cannot be transmitted, both for their own protection and to ensure the appropriate and sensitive treatment of others. For this reason, divisional or branch commanders should implement whatever level of training or education necessary within GMP, to ensure that police officers and support staff understand the basic facts about BBV and have enough knowledge to deal safely and confidently with situations involving blood or body fluids.

It is only by undertaking a local risk assessment that divisional or branch commanders can determine what level of training is required for their staff.

7.2 Role of the Occupational Health Unit (OHU)

Education and training for divisions and branches is available from the OHU. It is the OHU’s policy to provide a training input to all police officers and special constables during their first week of work within GMP in relation to BBV and the use of appropriate control measures.

All support staff who may come into contact with blood/body fluids as part of their job, as part of their mandatory pre employment medical at the Occupational Health Unit will receive a one to one awareness session in relation to BBV from nursing staff and be given a copy of this policy.

If, following the completion of a risk assessment by a divisional or branch commander, a training need is indicated, the OHU will develop the appropriate training package.

GMP Health and Safety Unit

Health and Safety advisers in GMP’s Health and Safety Unit provide extensive training programmes which will cover the risk of exposure to BBV when appropriate.

When developing any health and safety training course the Health and Safety advisers will work with the OHU and involve them in the delivery of the BBV training.

Through direct training, staff will promote the BBV policy.

GMP intranet site

The BBV policy will be available to all GMP staff from the Health and Safety Unit and the Occupational Health and Welfare Units’ intranet site.
8.0 **RISK ASSESSMENT**

This general information within this BBV policy will not take into account the local needs of staff within a division or branch. To ensure that all police officers, special constables and support staff are adequately protected, local procedures of safe systems of work should be developed by each divisional or branch commander.

All staff who come into contact with blood and body fluids should be familiar with the local procedures. Divisional or branch commanders should consider the following when developing these local safe systems:

- Appropriate training should be given to all staff who may come into contact with BBV.
- Disposable personal protective equipment should be made available;
- Appropriate clinical waste disposal points and sharps containers should be made available and all staff who may come into contact with BBV should be made fully aware of their location.
- All relevant staff should be informed of the location of the Ampel Probe for use when undertaking a search.
- An appropriate cleaning regime should be in place.
- Knowledge of Universal Precautions should be regularly tested.
- The immunisation programme should be promoted at local level.
- All staff contaminated should immediately attend the nearest A&E Department.
- Local accident reporting and follow up system should be maintained.
- Safe searching technique document should be made available to all relevant staff.
9.0 SAFE DISPOSAL OF CLINICAL WASTE

9.1 Introduction

It is essential that all clinical or contaminated waste is disposed of in the correct manner, namely by incineration. The methods of disposal for clinical waste in Greater Manchester Police are detailed below.

9.2 Types of waste

‘Group A’ waste

All human tissue, including blood and tissues from veterinary visits.

Waste materials, for example, disposable overalls, used items from infectious disease kit which are contaminated with blood or body fluid.

Soiled surgical dressings, swabs and other soiled waste from medical rooms and first aid treatment.

Method of disposal

All ‘Group A’ waste should be placed in yellow medical waste frame containers. For details of the nearest location of the container, contact your administration unit. These containers can usually be found in the custody area.

‘Group B’ waste

Discarded syringe needles, cartridges, broken glass and any other contaminated disposable sharp instruments or items.

Method of Disposal

The ‘Group B’ waste should be placed in:

A sharps container. A local risk assessment should be undertaken to determine numbers and locations of sharps containers.

All waste in Group A and B must be incinerated. No other method of disposal should be used. Failure to comply could result in criminal prosecution under the Environmental Protection Act and the Health and Safety at Work Act.

Under no circumstances should any other coloured bags or containers be used to store clinical waste. Only yellow bags and containers should be used.

9.3 COLOUR CODING FOR CONTAINERS

All contaminated waste must be segregated from the normal and confidential waste. The colour coding for clinical waste is yellow.
10.0 AEROSOL CANS

Aerosols or other pressurised containers must not be placed in clinical waste containers which are destined for incineration.

10.1 Clinical waste disposal contract

GMP has a contract for the safe collection and disposal of all clinical waste. Arrangements are in place with each local administration unit who monitors the contract in accordance with the divisional or branch demands for disposal. Access to appropriate disposal locations should be based on a local risk assessment.

Location of clinical waste disposal boxes can be obtained from your local administration unit.