CH 03

Infection. Prevention. Control.
You're in safe hands

NHS

BLOOD-BORNE VIRUSES

Community Infection Prevention and Control Policy for Care Home settings

Blood-borne viruses (BBV)

Version 2.00
July 2020

© Harrogate and District NHS Foundation Trust

CH 03

BLOOD-BORNE VIRUSES

Please note that the internet version is the only version that is maintained. Any printed copies should, therefore, be viewed as 'uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

This Policy has been adopted by:

Organisation: ..... …

Signed: .....

Job Title: .....

Date Adopted: .....

Review Date: .....

If your organisation would like to exclude or include any additional points to this document, please include below. Please note, the Community IPC Team cannot endorse or be held responsible for any addendums.

Community Infection Prevention and Control
Harrogate and District NHS Foundation Trust
Gibraltar House, Thurston Road
Northallerton, North Yorkshire. DL6 2NA
Tel: 01423 557340
email: infectionprevention.control@nhs.net
www.infectionpreventioncontrol.co.uk

Legal disclaimer
This Policy produced by Harrogate and District NHS Foundation Trust is provided 'as is', without any representation endorsement made and without warranty of any kind whether express or implied, including but not limited to the implied warranties of satisfactory quality, fitness for a particular purpose, non-infringement, compatibility, security and accuracy.

These terms and conditions shall be governed by and construed in accordance with the laws of England and Wales. Any dispute arising under these terms and conditions shall be subject to the exclusive jurisdiction of the courts of England and Wales.

© Harrogate and District NHS Foundation Trust

BLOOD-BORNE VIRUSES

Contents Page

1. Introduction 4
2. HIV 4
3. Hepatitis 4
4. Transmission 5
5. Preventing infection 6
6. Infection prevention and control measures 6
7. Referral or transfer to another health or social care provider 8
8. Deceased resident 8
9. Infection Prevention and Control resources, education and training 9
10. References 9
11. Appendices 10

Appendix 1: Inter-Health and Social Care Infection Control Transfer Form 11

© Harrogate and District NHS Foundation Trust

BLOOD–BORNE VIRUSES

1. Introduction

Blood-borne virus (BBV) infections are spread by direct contact with the blood of an infected person. The main blood-borne viruses of concern are:

- Human immunodeficiency virus (HIV), which causes acquired immune deficiency syndrome (AIDS)
- Hepatitis B virus (HBV) and hepatitis C virus (HCV) which cause hepatitis

These three viruses are considered together because infection control requirements are similar due to similarities in their transmission routes.

2. HIV

HIV infection damages the immune system increasing the risk of severe infections and certain cancers. There is no cure or vaccine, but treatment includes drugs that have proved very effective at improving the quality of life and extending lifespan. Individuals with HIV may not have any symptoms and may be unaware of their infection.

In 2017, the number of people receiving HIV-related care in the United Kingdom (UK) was 93,385. The proportion of people diagnosed at a late stage of infection has remained high over the last five years. In the same year, 4,363 people were newly diagnosed with HIV and 428 people died of AIDS-related illnesses.

3. Hepatitis

Viral hepatitis is notifiable and GPs should be report cases to the local Public Health England (PHE) office.

Effective vaccination for hepatitis B is available for high risk individuals and individuals who have been exposed.

Hepatitis B

Hepatitis B causes an infection of the liver. Acute infection may be asymptomatic or may cause a non-specific illness with nausea, vomiting, loss of appetite and jaundice. Infection without apparent illness is common in children.

The risk of developing chronic hepatitis B infection depends on the age at which infection is acquired and the risk is increased in those whose immunity

© Harrogate and District NHS Foundation Trust

is impaired. Most infected adults recover fully and develop lifelong immunity. However, approximately 5% of previously healthy adults may remain infected (chronic carriers) and potentially infectious. Children infected between the ages of 1-5 years have a much higher chance of becoming a chronic carrier (20-50%) and this is particularly the case for babies infected at birth (90%).

Around 20 to 25% of individuals with chronic HBV infection worldwide have progressive liver disease, leading to cirrhosis in some patients.

UK estimates for hepatitis B prevalence is low, around 0.3%, but is more common in other parts of the world and among UK residents exposed in those countries.

Hepatitis C

Hepatitis C is another virus which can damage the liver. Most individuals with hepatitis C have no symptoms and are unaware of their infection. Some may develop a flu-like illness and jaundice. About 1 in 5 people infected with hepatitis C recover completely. The majority become chronically infected, about 20% of these will develop severe liver scarring (cirrhosis) in 20-30 years and a proportion will go on to develop liver cancer.

UK estimates for hepatitis C prevalence are low (around 0.5%), but the infection is more common in other parts of the world and among UK residents exposed in those countries. Prevalence among drug users may be as high as 50-80%.

4. Transmission

HIV and hepatitis B

HIV and hepatitis B are spread by direct contact with an infected person's blood or certain body fluids.

Main routes of transmission:

- Sexual intercourse with an infected person, particularly without using a condom
- Sharing contaminated needles or other injecting equipment
- From an infected mother to baby during pregnancy, delivery or breast feeding
- Tattooing, body piercing or acupuncture with unsterilised equipment
- Blood transfusion in a country where blood donations are not screened for HIV
- Sharing razors and toothbrushes (which may be contaminated with blood from an infected person)
- Occupational exposure through sharps injuries or other mucosal or non-intact skin exposure

© Harrogate and District NHS Foundation Trust

HIV and hepatitis B are not spread by normal daily activities, e.g. kissing, sharing food, crockery or bathroom facilities.

Hepatitis C

Hepatitis C is also spread by direct contact with an infected person's blood. Prior to donor screening, infection had been transmitted by blood and blood products.

Currently, the main route of spread in the UK is through sharing contaminated drug use. This accounts for the majority of cases.

Other **less common** routes of transmission include:

- Sexual intercourse with an infected person without using a condom (this route of transmission is relatively uncommon)
- From an infected mother to baby, during pregnancy or delivery
- Tattooing, body piercing or acupuncture with unsterilised equipment
- Blood transfusion in a country where blood donations are not screened for hepatitis C
- Sharing razors and toothbrushes (which may be contaminated with blood from an infected person)
- Occupational exposure through sharps injuries or other mucosal or non-intact skin exposure

Hepatitis C is not spread by normal daily activities, e.g. kissing, sharing food, crockery or bathroom facilities.

5. Preventing infection

Prevention strategies focus on minimising lifestyle risks, early recognition of cases to facilitate early treatment and advice for cases, screening in pregnancy for the reduction of vertical transmission of HIV and hepatitis B.

6. Infection prevention and control measures

Precautions to prevent inoculation of blood and certain body fluids will prevent transmission of these viruses.

In a care home setting these include:

- Standard infection control precautions
- Use of safety sharps where assessment indicates they will provide safe systems of working for staff
- Protection of clinical and other relevant staff with hepatitis B vaccination

© Harrogate and District NHS Foundation Trust

- Appropriate management of percutaneous exposures (sharps/splash injuries) - refer to the 'Safe management of sharps and inoculation injuries Policy for Care Home settings'

As a result of the lack of early symptoms in some infected people and the ability of the viruses to persist as chronic infections, many people who carry these blood-borne viruses may not be aware they are infected.

Assigning risk on the basis of declared high risk activity in a resident is potentially discriminatory and highly unreliable. In adopting standard infection control precautions, the risk of transmission of these viruses will be minimised.

The implementation of standard infection control precautions is usually all that is required and no extra precautions are required for residents known to carry these viruses – refer to the 'Standard infection control precautions Policy for Care Home settings'.

Standard infection prevention and control precautions for reducing the risk of transmission of BBVs

Always:

- Keep cuts or broken skin covered with waterproof dressings
- Protect eyes, mouth and nose from blood splashes where there is a risk of splashing
- Avoid direct skin contact with blood and blood stained body fluids (if blood/blood stained body fluids are splashed on to the skin, wash off with liquid soap and warm running water)
- Wear disposable latex or nitrile gloves when contact with blood or blood stained body fluid is likely (vinyl gloves are not recommended for contact with blood)
- Always clean hands before putting on and after removing gloves
- Always clean hands before and after giving first aid
- Contain and promptly clean and disinfect surfaces contaminated by spillages of blood and blood stained body fluids
- Never share razors or toothbrushes as they can be contaminated

Spillages of blood or body fluids

Urine, faeces, sputum, tears, sweat and vomit are not considered to pose a risk of BBV infection unless they are contaminated with blood. Refer to the 'Safe management of blood and body fluids for Care Home settings', 'Safe management of the care environment Policy for Care Home settings' and 'Standard infection control precautions Policy for Care Home settings' for advice on cleaning spillages of blood and/or blood stained body fluid.

Disposal of waste

Refer to the 'Safe disposal of waste Policy for Care Home settings.

© Harrogate and District NHS Foundation Trust

Specimen collection

Standard infection control precautions for venepuncture and sharps disposal should be employed – refer to the 'Venepuncture Policy for Care Home settings' and 'Safe management of sharps and inoculation injuries Policy for Care Home settings'.

Specimens and request forms from residents known to be or suspected of being infected with blood-borne viruses should be labelled with a 'Danger of Infection' or 'hazard' sticker.

Isolation

Isolation of residents is unnecessary, unless indicated because of other clinical concerns.

7. Referral or transfer to another health or social care provider

- Prior to a resident's transfer to and/or from another health and social care facility, an assessment for infection risk must be undertaken. This ensures appropriate placement of the resident.
- Documentation, e.g. an Inter-Health and Social Care Infection Control (IHSCIC) Transfer Form (see Appendix 1) or patient passport, must be completed for all transfers, internal or external and whether the resident presents an infection risk or not. Refer to the 'Patient placement and assessment Policy for Care Home settings'.
- The ambulance/transport service and receiving area must be notified of the resident's infectious status in advance.

8. Deceased resident

Standard infection control precautions should be maintained when in contact with a deceased resident – refer to the 'Care of the deceased Policy for Care Home settings'.

The body of a resident diagnosed with HIV, hepatitis B or hepatitis C may be viewed and hygienic preparation can be performed.

Funeral directors must be informed of the infection status. If there is, or a risk of, body fluid leakage, the deceased resident's body should be placed in a cadaver bag prior to transportation by the Funeral Directors.

© Harrogate and District NHS Foundation Trust

9. Infection Prevention and Control resources, education and training

The Community Infection Prevention and Control (IPC) Team have produced a wide range of innovative educational and IPC resources designed to assist your Care Home in achieving compliance with *The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance* and CQC registration requirements.

These resources are either free to download from the website or available at a minimal cost covering administration and printing:

- 29 IPC Policy documents for Care Home settings
- 'Preventing Infection Workbook: Guidance for Care Homes'
- 'IPC CQC Inspection Preparation Pack for Care Homes'
- IPC audit tools, posters, leaflets and factsheets
- 'IPC Bulletin for Care Homes'

In addition, we hold educational study events in North Yorkshire and can arrange bespoke training packages and 'Mock IPC CQC Inspections'. Prices vary depending on your requirements and location.

Further information on these high quality evidence-based resources is available at www.infectionpreventioncontrol.co.uk.

10. References

Department of Health (2015) *The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance*

Department of Health (2013, updated 2017) *Immunisations against infections* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/628602/Greenbook_chapter__18.pdf

European Agency for Safety and Health at Work (2010) *Directive 2010/32/EU – prevention from sharp injuries in the hospital and healthcare sector*

Hawker et al (2019) *Communicable Disease Control and Health Protection Handbook 4th Edition*

Health and Safety Executive (2018) *Managing infection risks when handling the deceased: Guidance for the mortuary, post-mortem room and funeral premises, and during exhumation*

Health and Safety Executive (2013) *Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 Guidance for employers and employees*

© Harrogate and District NHS Foundation Trust

National Institute for Health and Care Excellence (2012 updated 2017) *https://www.nice.org.uk/guidance/cg139/chapter/1-Guidance#standard-principles*

NHS England and NHS Improvement (March 2019) *Standard infection control precautions: national hand hygiene and personal protective equipment policy*

Public Health England (2014) *Eye of the Needle - United Kingdom Surveillance of Significant Occupational Exposures to Bloodborne Viruses in Healthcare Workers* www.gov.uk/government/uploads/system/uploads/attachment_data/file/385300/EoN_2014_-_FINAL_CT_3_sig_occ.pdf

Public Health England (2018) *Trends in new HIV diagnoses and people receiving HIV-related care in the United Kingdom: data to the end of December 2017*

Royal College of Nursing (2013) *RCN Guidance to support the implementation of the Health and Safety (Sharp Instruments in Healthcare Regulations)*

11. Appendices

Appendix 1: Inter-Health and Social Care Infection Control Transfer Form

© Harrogate and District NHS Foundation Trust

Infection. Prevention. Control.
You're in safe hands

NHS

Inter-Health and Social Care Infection Control Transfer Form

The *Health and Social Care Act 2008: Code of Practice on the prevention and control of Infection and related guidance* (Department of Health 2015), states that "suitable accurate information on infections be provided to any person concerned with providing further support or nursing/medical care in a timely fashion". This form has been developed to help you share information with other health and social care providers. The form should accompany the patient and, where possible, a copy filed in the patient's notes.

Patient Name: .....

Address: .....

NHS number: .....

Date of birth: .....

Patient's current location: .....

GP Name and contact details:

Receiving facility, e.g., hospital ward, hospice: .....

If transferred by ambulance, the service has been notified: Yes ☐ N/A ☐

Is the patient an infection risk:
Please tick most appropriate box and give details of the confirmed or suspected organism

☐ Confirmed risk Organisms: .....

☐ Suspected risk Organisms: .....

☐ No known risk

Patient exposed to others with infection, e.g., D&V, Influenza: Yes ☐ No ☐ Unaware ☐

If yes, please state: .....

If the patient has a diarrhoeal illness, please indicate bowel history for last week, if known, (based on Bristol Stool Form Scale):

.....

Is diarrhoea thought to be of an infectious nature? Yes ☐ No ☐ Unknown ☐

Relevant specimen results if available

Specimen:				
Date:				
Result:				

Treatment information:

Is the patient aware of their diagnosis/risk of infection? Yes ☐ No ☐

Does the patient require isolation? Yes ☐ No ☐

If the patient requires isolation, phone the receiving facility in advance: Actioned ☐ N/A ☐

Additional information:

Name of staff member completing form: .....

Print name: .....

Contact No: ..... Date .....

Community Infection Prevention and Control, Harrogate and District NHS Foundation Trust
www.infectionpreventioncontrol.co.uk

April 2017