



Community Infection Prevention and Control Policy for Domiciliary Care staff

BBVs (Blood-borne viruses)

BBVs

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Organisation:

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Date Adopted:

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BBVs (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 (HCV) virus 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 2019, an estimated 105,200 people in the UK were living with HIV and of those, 98,552 people were seen for HIV care.

3. Hepatitis

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 without symptoms (asymptomatic), or may cause a non-specific illness with feeling sick (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 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%).

UK estimates for hepatitis B rates 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 10-30% of these will develop severe liver scarring (cirrhosis) in 20 years and annually 1-3% will go on to develop liver cancer.
- Worldwide, over 185 million people are estimated to be infected with the hepatitis C virus. In the UK, about 143,000 people were estimated to be living with chronic hepatitis C in 2018.

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

4. Infectivity

HIV

HIV infection is spread by direct contact with an infected person's cell containing body fluids, e.g. blood, semen, vaginal secretions, breast milk, amniotic fluid (which surrounds a baby in the womb), pleural effusion (excessive fluid in the pleural space that surrounds each lung) and cerebrospinal (brain and spinal cord) fluid.

Routes of transmission:

- **Sexual activity** - vaginal, anal, or oral sex (especially in the presence of oral disease such as ulceration or gingivitis)
- **Mother to baby** - during pregnancy, childbirth, or through breastfeeding
- **Inoculation from:**
 - A contaminated needle, e.g. sharps injury
 - Shared items contaminated with blood from an infected person, e.g. needles or other drug injecting equipment
 - Unsterile tattooing, body piercing or acupuncture equipment
 - A contaminated instrument
 - Transfusion of contaminated blood or blood product in a country where blood donations are not screened for HIV
 - Direct exposure of mucous membranes (the soft layer of tissue that lines the digestive system from the mouth to the bottom, as well as the reproductive organs and eyeballs), or an open wound to infected blood

or blood stained body fluids, e.g. splashing on to broken skin, eyes or mouth, sharing toothbrushes or razors

- A contaminated human bite that breaks the skin

HIV is not transmitted by:

- Sharing eating utensils or bathroom facilities, hugging, kissing, hand holding, coughing or sneezing
- Insects such as mosquitoes and lice
- Food or water

Hepatitis B

Hepatitis B infection is spread by direct contact with an infected person's blood or blood stained body fluids. 95% of chronic hepatitis B infections in the UK occur in migrant populations, having been acquired in the country of birth.

Routes of transmission:

- **Sexual transmission** - occurs during sex via mucous membranes, e.g. vaginal, anal, and oral. People having unprotected sex or having multiple partners are at greatest risk
- **Mother to baby** - during pregnancy, childbirth, or through breastfeeding if nipples are cracked or bleeding
- **Inoculation from:**
 - A contaminated needle, e.g. sharps injury
 - Shared items contaminated with blood from an infected person, e.g. needles or other drug injecting equipment
 - Unsterile tattooing, body piercing or acupuncture equipment
 - A contaminated instrument
 - Transfusion of contaminated blood or blood product in a country where blood donations are not screened for hepatitis B
 - Direct exposure of mucous membranes (the soft layer of tissue that lines the digestive system from the mouth to the bottom, as well as the reproductive organs and eyeballs), or an open wound to infected blood or blood stained body fluids, e.g. splashing on to broken skin, eyes or mouth, sharing toothbrushes or razors
 - A contaminated human bite that breaks the skin

Hepatitis B is not transmitted by:

- Sharing eating utensils or bathroom facilities, hugging, kissing, hand holding, coughing or sneezing
- Insects such as mosquitoes and lice
- Food or water

Hepatitis C

Hepatitis C is spread by contact with an infected person's blood. About 10% of people with HCV infection have no recognised risk factor.

Routes of transmission:

Currently, the majority of cases in the UK are caused by sharing contaminated drug injecting equipment, less common routes are:

- **Sexual transmission** - occurs infrequently in heterosexual relationships. The risk is increased in people with multiple partners or those at risk for sexually transmitted infections (STIs), in HIV-positive people (particularly in men who have sex with men), and with risky sexual practices (for example anal sex)
- **Mother to baby** - during pregnancy, childbirth, or through breastfeeding if nipples are cracked or bleeding
- **Inoculation from:**
 - A contaminated needle, e.g. sharps injury
 - Shared items contaminated with blood from an infected person, e.g. needles or other drug injecting equipment
 - Unsterile tattooing, body piercing or acupuncture equipment
 - A contaminated instrument
 - Transfusion of contaminated blood or blood product in a country where blood donations are not screened for Hepatitis C
 - Direct exposure of mucous membranes (the soft layer of tissue that lines the digestive system from the mouth to the bottom, as well as the reproductive organs and eyeballs), or an open wound to infected blood or blood stained body fluids, e.g. splashing on to broken skin, eyes or mouth, sharing toothbrushes or razors
 - A contaminated human bite that breaks the skin

Hepatitis C is not transmitted by:

- Sharing eating utensils or bathroom facilities, hugging, kissing, hand holding, coughing or sneezing
- Insects such as mosquitoes and lice
- Food or water

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

5. Precautions to reduce the risk of transmission of BBVs

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

A result of the lack of early symptoms in some infected people and the ability of the viruses to persist as chronic infections, means many people who carry these BBVs may not be aware they are infected.

Assigning risk on the basis of declared high risk activity in a service user is potentially discriminatory and highly unreliable.

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

Staff who may have contact with blood or blood stained body fluids, or are exposed to sharps or other inoculation risks, should have had the opportunity for hepatitis B vaccination and antibody measurements to check for their response.

Always use standard infection control precautions and transmission based precautions (SICPs and TBPs), refer to the 'SICPs and TBPs Policy for Domiciliary Care staff'.

In a Domiciliary Care setting these include:

Sharps and inoculation injuries:

- As always, care should be taken with sharps - use safety sharps where assessment indicates they will provide safe systems of working for staff, refer to the 'Safe management of sharps and inoculation injuries Policy for Domiciliary Care staff', and in line with the Health and Safety Executive guidance
- Appropriate management of sharps or splash injuries, refer to the 'Safe management of sharps and inoculation injuries Policy for Domiciliary Care staff'

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

Spillages of blood or body fluids

Urine, diarrhoea, stools, sputum, tears, sweat and vomit are not considered to pose a risk of BBV infection unless they are contaminated with blood.

Contain and promptly clean and disinfect surfaces contaminated by spillages of blood and blood stained body fluids. Refer to the 'Safe management of blood and body fluids for Domiciliary Care staff', 'Safe management of the care environment Policy for Domiciliary Care staff' and 'SICPs and TBPs Policy for Domiciliary Care staff' 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 Domiciliary Care staff'.

Specimen collection

SICPs and TBPs should be applied when collecting any specimens.

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

6. 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 Domiciliary Care 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:

- IPC Policy documents for Domiciliary Care staff
- 'Preventing Infection Workbook: Guidance for Domiciliary Care staff'
- IPC audit tools, posters, leaflets and factsheets
- 'IPC Bulletin for Domiciliary Care staff'

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

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

7. 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*, Blackwell Wiley

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

National Institute for Health and Care Excellence (2012, updated 2017) *Healthcare-associated infections: prevention and control in primary and community care Clinical Guideline 139*

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

NHS Scotland (November 2020) *Antimicrobial Resistance and Healthcare Associated Infection - Best practice: Appendix 5 - glove use and selection chart* www.nipcm.hps.scot.nhs.uk/media/1499/2020-11-9-nipcm-appendix-5-glove-selection.pdf

Public Health England (2014) *Eye of the Needle - United Kingdom Surveillance of Significant Occupational Exposures to Bloodborne Viruses in Healthcare Workers*

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)*