



Community Infection Prevention and Control Policy for Domiciliary Care staff

BBVs (Blood-borne viruses)

BBVs

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This Policy has been adopted by:

Signed:

Adoption Date:

Review Date:

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BBVs (Blood-borne viruses)

1. Introduction

The main blood-borne viruses (BBVs) of concern in relation to infection prevention and control in domiciliary care are:

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

These three viruses are considered together because their transmission routes and infection control requirements are similar.

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.

The figures for HIV cases in England in 2022 were:

- 3,805 people newly diagnosed with HIV – an increase when compared to 2021
- 94,397 people were seen for HIV care in England

3. Hepatitis B and Hepatitis C

Hepatitis B

Hepatitis B is a virus which causes an infection of the liver. Acute infection may be asymptomatic (without symptoms) or may cause nausea (feeling sick), vomiting, loss of appetite or jaundice. Asymptomatic infection 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 with low immunity. 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 0.4%, but it is more common in other parts of the world and among UK residents exposed in those countries.

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

Hepatitis C

Hepatitis C is virus which causes an infection of the liver. Most individuals with hepatitis C are asymptomatic and are unaware of their infection. Some may develop a flu-like illness and jaundice. About 20% of people infected with hepatitis C recover completely. 80% of people infected with hepatitis C become chronically infected and some of these will develop severe cirrhosis (liver scarring), and in 20-30 years a proportion go on to develop liver cancer.

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. Transmission of BBVs

HIV and hepatitis B

HIV and hepatitis B are spread by direct contact with an infected person's blood, blood stained body fluids or certain body fluids, e.g. semen, vaginal secretions, breast milk, amniotic fluid (the fluid which surrounds a baby in the womb).

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
- **Exposure 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 or hepatitis B
 - Direct exposure of an open wound or mucous membranes, e.g. eyes, nose, mouth, to infected blood or blood stained body fluids, such as contamination through splashes, sharing toothbrushes or razors
 - A contaminated human bite that breaks the skin

HIV or hepatitis B are 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 also 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 activity** – transmission occurs infrequently in heterosexual relationships. The risk is increased in people with multiple partners or those at risk of sexually transmitted infections, in HIV-positive people (particularly in men who have sex with men), and with higher risk sexual practices (for example anal sex)
- **Mother to baby** - during pregnancy, childbirth or through breastfeeding if nipples are cracked or bleeding
- **Exposure 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 an open wound or mucous membranes, e.g. eyes, nose, mouth, to infected blood or blood stained body fluids, such as contamination through splashes, sharing toothbrushes or razors
 - A contaminated human bite that breaks the skin

Hepatitis C is not transmitted by:

- Normal daily activities, e.g. hugging, kissing, hand holding, coughing or sneezing, sharing food, crockery or bathroom facilities
- Insects such as mosquitoes and lice
- Food or water

5. Precautions to reduce the risk of transmission of BBVs

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

Assigning the level of infection control precautions on the basis of declared high risk activities in a service user is potentially discriminatory and highly unreliable.

The use of 'Standard infection control precautions' (SICPs) and, when required, 'Transmission based precautions' (TBPs), prevents transmission of BBVs.

Refer to the 'SICPs and TBPs Policy'.

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

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 your Domiciliary Care service in achieving compliance with the *Health and Social Care Act 2008: code of practice on the prevention and control of infections and related resources* and CQC registration requirements.

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

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

In addition, we hold IPC educational training events in North Yorkshire.

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

7. References

Department of Health and Social Care (Updated December 2022) *Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance*

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

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 (Updated 2017) *Healthcare-associated infections: prevention and control in primary and community care. Clinical guideline 139*

National Institute for Health and Care Excellence (Revised April 2024) *Clinical Knowledge Summary Hepatitis B*

National Institute for Health and Care Excellence (Revised September 2022) *Clinical Knowledge Summary Hepatitis C*

National Institute for Health and Care Excellence (Revised May 2021) *Clinical Knowledge Summary HIV infection and AIDS*

NHS England (Updated 2024) *National infection prevention and control manual (NIPCM) for England*

Royal College of Nursing (2023) *Sharps safety - RCN Guidance for the Prevention and Management of sharps injuries in health and social care settings*

UK Health Security Agency (2023) *Hepatitis B in England – 2023 report: Working to eliminate hepatitis B as a public health threat*

UK Health Security Agency (2023) *Hepatitis C in the UK 2023. Working to eliminate hepatitis C as a public health threat*

UK Health Security Agency (2023) *HIV testing, PrEP, new HIV diagnoses and care outcomes for people accessing HIV services: 2023 report*

UK Health Security Agency (Updated 2020) *Immunisation against infectious disease*