



Community Infection Prevention and Control Policy for General Practice

(also suitable for adoption by other healthcare providers, e.g.
Dental Practice, Podiatry)

BBVs (Blood-borne viruses)

BBVs

**Version 2.00
July 2021**

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BBVs

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 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.

The figures for HIV cases in the UK in 2019 were:

- 4,139 people newly diagnosed with HIV - a fall of 34% from a peak of 6,312 reported in 2014
- 98,552 people were seen for HIV care in the UK
- An estimated 105,200 people in the UK were living with HIV
- The number of deaths among people with HIV remained stable with 622 deaths

3. Hepatitis

Viral hepatitis is notifiable and cases should be reported to the Consultant in Communicable Diseases Control (CCDC) at your local Health Protection (HP) office. Early discussion of new cases with your local CCDC is recommended, who will coordinate contact tracing and the provision of hepatitis B immunoglobulin (HBIG) and vaccine.

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 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 20-25% 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 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, a 20% decrease on the number from 2015 (which was around 182,400 people).

UK estimates for hepatitis C prevalence are low, around 0.5%, but 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. 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, pleural effusions, and cerebrospinal fluid.

Routes of transmission:

- **Sexual transmission** - 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 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 perinatally 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 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 hepatitis C virus 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 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

5. Precautions to reduce the risk of transmission of BBVs

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.

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 patient 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 testing to check for their response.

Always use standard infection control precautions and, where required, transmission based precautions (SICPs and TBPs), refer to the 'SICPs and TBPs Policy for General Practice'.

In a General Practice 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 General Practice', which is in line with the Health and Safety Executive guidance
- Appropriate management of percutaneous exposures (sharps/splash injuries), refer to the 'Safe management of sharps and inoculation injuries Policy for General Practice'

Always:

- Keep cuts or broken skin covered with waterproof dressings

- Protect eyes, nose and mouth 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 and after giving first aid

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.

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 General Practice', 'Safe management of the care environment Policy for General Practice' and 'SICPs and TBPs Policy for General Practice' for advice on cleaning spillages of blood and/or blood stained body fluid.

Spillage kits may contain solidifying polymer granules. A National Patient Safety Alert issued in 2017, following a number of deaths and incidents related to patients ingesting the product, advises a risk assessment and procedures in place to ensure supplies are securely stored away from the general public.

Disposal of waste

Waste contaminated with blood and/or blood stained body fluids from a person with a confirmed or suspected blood-borne virus, should be disposed of into the appropriate infectious waste stream. Refer to the 'Safe disposal of waste Policy for General Practice'.

Specimen collection

SICPs and TBPs should be applied when collecting any specimens. Refer to the 'Specimen collection Policy for General Practice' and the 'Venepuncture Policy for General Practice'.

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

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

- If it is necessary to refer or transfer a patient to another health or social care provider, e.g. ambulance service, hospital, they should be informed of

the patient's BBVs status prior to the transfer. This will enable a risk assessment to be undertaken to determine the appropriate infection prevention and control (IPC) measures to be taken, e.g. transported without other patients, isolated on admission.

- Staff preparing to transfer a patient to another health and social care provider should complete the Inter-Health and Social Care Infection Control Transfer Form (see Appendix 1) or patient passport. This should accompany patient. Refer to the 'Patient placement and assessment for infection risk Policy for General Practice'.
- SICPs and TBPs should be followed whenever transferring a patient, whether they have a confirmed infection or not.
- The completed transfer documentation should be supplied to the receiving health or social care provider and a copy filed in the patient's notes.
- Ensure that care equipment used to transfer the patient, e.g. wheelchair, is decontaminated in accordance with the 'Safe management of care equipment Policy for General Practice'.

7. Deceased patients (death certification)

SICPs and TBPs should be maintained when in contact with a deceased patient.

The body of a patient 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 patient's body should be placed in a cadaver bag prior to transportation by the Funeral Directors.

8. 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 General Practice 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:

- 25 IPC Policy documents for General Practice
- 'Preventing Infection Workbook: Guidance for General Practice'

- 'IPC CQC inspection preparation Pack for General Practice'
- IPC audit tools, posters, leaflets and factsheets
- 'IPC Bulletin for General Practice Staff'

In addition, we hold educational study events in North Yorkshire and York 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.

9. 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*

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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*

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

National Institute for Health and Care Excellence (Revised May 2021) *Clinical Knowledge Summary Hepatitis B* <https://cks.nice.org.uk/topics/hepatitis-b/>

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

NHS England (2017) *Risk of death and severe harm from ingesting superabsorbent polymer gel granules* NatPSA/2019/002/NHSPS www.england.nhs.uk/wp-content/uploads/2020/02/PS_Alert_Polymer_28_Nov_2019_FINAL.pdf

NHS Scotland (November 2020) *Antimicrobial Resistance and Healthcare Associated Infection - Best practice: Appendix 5 - glove use and selection chart*

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[www.gov.uk/government/uploads/system/uploads/attachment_data/file/385300/EoN_2014 - FINAL CT 3 sig occ.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/385300/EoN_2014_-_FINAL_CT_3_sig_occ.pdf)

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

10. Appendices

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



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 <input type="checkbox"/> N/A <input type="checkbox"/>													
Is the patient an infection risk: <i>Please tick most appropriate box and give details of the confirmed or suspected organism</i> <input type="checkbox"/> Confirmed risk Organisms: <input type="checkbox"/> Suspected risk Organisms: <input type="checkbox"/> No known risk													
Patient exposed to others with infection, e.g., D&V, Influenza: Yes <input type="checkbox"/> No <input type="checkbox"/> Unaware <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>													
Relevant specimen results if available <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Specimen:</td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> <tr> <td>Date:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Result:</td> <td></td> <td></td> <td></td> </tr> </table>		Specimen:				Date:				Result:			
Specimen:													
Date:													
Result:													
Treatment information:													
Is the patient aware of their diagnosis/risk of infection? Yes <input type="checkbox"/> No <input type="checkbox"/>													
Does the patient require isolation? Yes <input type="checkbox"/> No <input type="checkbox"/>													
If the patient requires isolation, phone the receiving facility in advance: Actioned <input type="checkbox"/> N/A <input type="checkbox"/>													
Additional information:													
Name of staff member completing form: Print name: Contact No: Date:													