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NHS

Community Infection Prevention and Control Policy for Care Home settings

BBVs (Blood-borne viruses)

BBVs

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April 2023

CH 04

BBVs

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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.

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BBVs (BLOOD–BORNE VIRUSES)

1. Introduction

BBV infections are spread by direct contact with the blood of an infected person. The main BBVs of concern are:

- Human immunodeficiency virus (HIV), which causes acquired immunodeficiency 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 2019, the number of people receiving HIV related care in the United Kingdom (UK) was 93,552. In the same year, 4,139 people were newly diagnosed with HIV and 622 people died of AIDS related illnesses.

3. Hepatitis

Viral hepatitis is notifiable and GPs should report cases to the local UK Health Security Agency (UKHSA) Team.

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 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, blood stained body fluids or certain body fluids.

Routes of HIV and hepatitis B 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
- **Exposure from**:
  - A contaminated needle, e.g. sharps injury
  - Shared items contaminated with blood from an infected person, e.g. 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 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 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 direct contact with an infected person's blood. Prior to donor screening, infection had been transmitted by blood and blood products.

Routes of hepatitis C 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 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 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. 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 exposure to blood and certain body fluids will prevent transmission of these viruses.

In a care home setting these include:

- Standard infection control precautions (SICPs)
- 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
- Appropriate management of 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 SICPs, the risk of transmission of these viruses will be minimised.

The implementation of SICPs is usually all that is required and no extra precautions are required for residents known to carry these viruses. Refer to the 'SICPs and TBPs Policy for Care Home settings'.

SICPs 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, warm running water and dry with paper towels)
- 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 fluid spillages for Care Home settings', 'Safe management of the care environment Policy for Care Home settings' and 'SICPs and TBPs Policy for Care Home settings' for advice on cleaning spillages of blood and/or blood stained body fluid.

Disposal of waste, including sharps

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

Specimen collection

SICPs 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 or 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

SICPs and TBPs 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.

9. Infection Prevention and Control resources, education and training

See Appendix 2 for the 'BBVs: Quick reference guide'.

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 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:

- 30 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 IPC educational training events in North Yorkshire.

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

10. 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*

Department of Health (2013, updated 2022) *Immunisations against infections*

https://www.gov.uk/government/publications/hepatitis-b-the-green-book-chapter-18

European Agency for Safety and Health at Work (2010, updated 2021) *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*

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

NHS England (2022, updated April 2023) *National infection prevention and control manual (NIPCM) for England*

NHS Scotland (2022) *Antimicrobial Resistance and healthcare Associated Infection – Best practice: Appendix 5 – glove use and selection chart* *www.nipcm.hps.scot.nhs.uk/media/1499/2022-11-9-nipcm-appendix-5-glove-selection.pdf*

Public Health England (2022) *Trends in HIV testing, new HIV diagnoses and people receiving HIV-related care in the United Kingdom: data to the end of December 2019* *https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/939478/hpr2022_hiv19.pdf*

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

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

Appendix 2: BBVs: Quick reference guide

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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 and Social Care, updated December 2022), states that "The provision of suitable accurate information on infections to service users, their visitors and any person concerned with providing further social care 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 service user and, where possible, a copy filed in their notes.

Service user name:.....

Address: .....

NHS number: .....

Date of birth: .....

Service user'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 service user 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

Service user exposed to others with infection, e.g. diarrhoea and/or vomiting, influenza: Yes ☐ No ☐ Unaware ☐

If yes, please state: .....

If the service user 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 service user aware of their diagnosis/risk of infection? Yes ☐ No ☐

Does the service user require isolation? Yes ☐ No ☐

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

Additional information:

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

Print name: .....

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

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Appendix 2: BBVs: Quick reference guide

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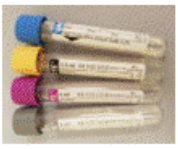
BBVs
Quick reference guide



Blood-borne viruses

HIV, hepatitis B, hepatitis C

Spread

Direct or indirect contact with blood, blood-stained fluids or certain other body fluids, which can be via:

- Sexual transmission
- Shared needles or other injecting equipment
- Mother to baby during pregnancy, delivery or via breast milk
- Contaminated tattooing, body piercing or acupuncture equipment
- Blood transfusion (in countries with no screening)
- Shared razors or toothbrushes
- Sharps injuries or splashes to mucous membranes or broken skin (refer to the 'Safe management of sharps and inoculation injuries Policy for Care Home settings'
- Human bites that break the skin

Reduction of BBV risk in a Care Home setting

- Consistent use of standard infection control precautions:
  - Covering cuts and broken skin
  - Correct use of PPE - gloves, apron, eye and face protection
  - Hand hygiene before putting on and after removing PPE
  - Prompt cleaning and disinfection of surfaces contaminated with blood or blood-stained body fluids
  - Never share razors or toothbrushes
  - Correct disposal of waste
  - Careful use and disposal of sharps
- Protection of relevant staff with hepatitis B vaccination.
- Clear communication of infectious status:
  - Use Danger of Infection or hazard stickers for specimens and request forms from residents with a confirmed or suspected BBV
  - Inform transport service of BBV when making a booking
  - Use Inter-Health and Social Care Infection Control Transfer Form or patient passport
  - Inform funeral directors of infection status

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For further information, please refer to the full Policy which can be found at www.infectionpreventioncontrol.co.uk/care-homes/policies/