

GWENT POLICE

Contamination by Blood Borne Viruses
Procedure



SUMMARY

STAFF ARE REMINDED THAT THIS SUMMARY IS STRICTLY AN OVERVIEW OF THE KEY ELEMENTS OF THE DOCUMENT AND FOR A MORE COMPREHENSIVE EXPLANATION THE WHOLE OF THE DOCUMENT SHOULD BE READ IN PARTICULAR 1.2.

This procedure sets out the measures required to control the risk of occupational exposure of Police Personnel to Blood Borne Viruses (BBVs). All Police Personnel who are in contact with the general public are at some risk of infection – especially those involved in searching suspects.

As an employer, Gwent Police accepts that, in accordance with its Health and Safety Policy, there is a duty, as far as reasonably practicable, to protect all persons affected by its activities, whether they are 'employees' or not, from becoming infected with a BBV.

Blood borne infections occur where infected blood or other body fluid is transferred from one individual to another.

BBVs include Hepatitis B (HBV), Hepatitis C (HCV), Hepatitis D (HDV) and Human Immunodeficiency Virus (HIV). These can be found across the population and are more prevalent in certain population groups. A person may be a carrier of a BBV without realising it, as they may not have shown any symptom of infection. They can, however pass on a virus through accidental or purposeful contact with another.

Advice

Following an accidental contamination it is imperative that medical advice be sought promptly.

Advice should be obtained through any Emergency Department or Genito-Urinary Medicine Clinic or NHS direct.

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Where the above advice has been sought consideration should be given by the member of police personnel to contacting their General Practitioner.

Following accidental contamination and initial treatment please contact Gwent Police Occupational Health Department. Occupational Health Department will arrange any follow up blood test as considered necessary. No information concerning an accidental contamination will be given to the General Practitioner without the consent of the member of police personnel.

Confirmation regarding medical history of alleged offenders is not a matter for the Occupational Health Unit but for the Officer in Charge of the case dealing with the report and investigation of the crime. The officer may seek to obtain information under Section 115 Crime and Disorder Act 1998 Information Sharing Protocol, which can be found on the protocols site front page of the Force Intranet.

PRINTED VERSIONS SHOULD NOT BE RELIED UPON. THE MOST UP TO DATE VERSION CAN BE FOUND ON THE INTRANET POLICIES SITE

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1.0 Guidance, Procedures, Tactics

1.1 Risk Assessment and Health and Safety Considerations

Police personnel are required to consider making the appropriate risk assessment when implementing this procedure. All pre-planned policing operations should have a suitable and sufficient risk assessment carried out prior to implementation of the operation.

The Gwent Police Service Dynamic Risk Assessment should be applied as necessary. A training package in the use of the risk assessment will be provided to all police staff if required or requested.

1.2 Specific Instructions, tactics, methods, practices and procedures

Introduction

1.2.1 Employers have a legal duty to undertake risk assessments and bring into effect measures necessary to protect workers and others that may be exposed to hazards in the workplace. Employees also have a legal duty in adhering to these measures so as to protect their own health and safety and that of others affected by their actions. This procedure outlines the measures to be taken to both comply with relevant legislation and reduce the risk of BBV transmission.

Advice

1.2.2 Following an accidental contamination it is imperative that medical advice be sought promptly.

Advice should be obtained through any Emergency Department or Genito-Urinary Medicine Clinic or NHS direct.

Where the above advice has been sought consideration should be given by the member of police personnel to contacting their General Practitioner.

Following accidental contamination and initial treatment please contact Gwent Police Occupational Health Department. Occupational Health Department will arrange any follow up blood test as considered necessary. No information concerning an accidental contamination will be given to the General Practitioner without the consent of the member of police personnel.

Blood Borne Viruses and Routes of Infection

1.2.3 Blood –borne viruses (BBVs) such as Hepatitis B (HBV), Hepatitis C (HCV) and Human Immunodeficiency Virus (HIV) are viruses that are carried in the blood and body fluids of an infected person. They have the potential of causing severe disease and even death in certain people and few or no symptoms in others. These infections cannot pass through intact skin.

The main BBVs are:

1.2.4 Hepatitis B: Hepatitis B is a highly infectious blood and body fluid borne virus, which causes inflammation of the liver. Approximately one per thousand in the UK population has evidence of previous infection to Hepatitis B. One tenth of these may be infectious.

Routes of transmission:

- Sharing needles and injecting equipment
- Blood or body fluid contact on to broken skin
- Sharps injury e.g. used needle, razor
- Bites
- Sharing toothbrushes
- Unprotected sex
- Mother to baby

There is an effective vaccine against Hepatitis B, which confers long-term immunity. This vaccine can be obtained free of charge through Gwent Police Occupational Health Service.

1.2.5 Hepatitis C: Hepatitis C is a highly infectious blood and body fluid borne virus which can cause inflammation of the liver, and share some similarities with Hepatitis B regarding transmission etc.

Routes of transmission – As per Hepatitis B, although spread through sexual contact and mother to baby is less common than with Hepatitis B.

There is currently no vaccination against Hepatitis C.

Human Immunodeficiency Virus (HIV)

1.2.6 HIV is a virus that damages the body's immune system preventing it from fighting infections. This may develop into Acquired Immune Deficiency Syndrome (AIDS). AIDS is a clinical syndrome characterised by progressive damage to the body's immune system and the development of opportunistic infection and tumours. As there is no vaccine against the virus, safe working practices when dealing with human blood and body fluids must be adhered to at all times. The risk of contracting HIV in police work is extremely low. There is some degree of risk to operational staff where syringes, which contain blood, may still be attached to a needle within a drug-using environment. There may be a remote degree of risk to officers who are exposed to significant quantities of blood and have themselves areas of broken skin or open wounds.

Any member of staff who believes they have had direct contact with HIV/AIDS should seek immediate advice from either a local Accident or Emergency Department, or local Genito-urinary Medicine clinic (NHS) so that Post Exposure Prophylaxis may be considered.

Routes of Transmission - as per hepatitis B and C

Personal Protective Equipment

1.2.7 Protective clothing appropriate for the job in hand should always be worn when dealing with any body fluids. Protective clothing suitable for the task or activity to be carried out should be worn especially where there is a high risk or there are large quantities of blood present.

Prevention

1.2.8 Prevention against unnecessary exposure to potentially harmful biological agents is important. For a blood-borne disease to cause an infection to another person, infected blood must penetrate the skin. Blood –borne viruses do not move through the air and cannot be caught by touching intact skin or following normal social interaction. Contamination of intact skin does not pose a threat of infection, but should be washed off.

1.2.9 The following measures for preventing contact with blood-borne viruses must be considered:

- Avoid unnecessary searches of high risk groups
- Wear gloves for preliminary searches for contaminated needles or syringes and ask the subject to empty their own pockets etc.
- Wear gloves for intimate searches and when dealing with body fluids in general.
- Take the opportunity to receive the vaccinations against Hepatitis B – vaccination against Hepatitis B is advocated for all staff who have a direct face to face with the general public on a day to day basis.
- Clothing/uniform contaminated with blood or other body fluids should be cleaned thoroughly.
- Use resuscitation masks where appropriate
- Any one suffering a high-risk contact of blood or body fluids should be assessed in an Emergency Department as soon after the event as possible, ideally within 1 hour.
- Further advice, welfare support and follow up blood tests can be arranged at Occupational Health.

1.2.10 Contamination Incidents

Exposure to Body Fluids via Skin, Mucous Membranes and Eyes.

- **Intact skin, which comes into contact with blood/body fluids, should be washed off as soon as possible with soap and water. This type of contact is not considered to be a risk of infection.**
- **Where a human bite has occurred and the skin is not broken, this type of contact is not considered to be a source of infection.**

- Where a human bite has occurred and the skin is broken, the wound should be encouraged to bleed, washed with soap and water and covered with a sterile dressing. Advice should be sought from an Emergency Department as soon as possible. Human bites are prone to infection and antibiotic cover may be necessary.
- If blood or body fluids should enter the eye, the eye should be washed with copious amounts of fresh running water.
- If blood gets onto mucous membranes (i.e. into the mouth or nose) the area should be flushed with copious amounts of fresh running water. The mouth should be rinsed out thoroughly and the water spat out. Saliva getting onto a mucous membrane is unlikely to cause an infection.
- Where the source of a high risk blood/body fluid is known to be/or suspected of being HIV, Hepatitis B or C positive, the staff member should report as soon as possible to an Emergency Department for advice on whether prophylactic treatment may be required. Follow up action can be considered at the same time.
- The attending doctor at the Emergency Department /or GUM clinic will determine by risk assessment whether to contact the source for a blood sample. The affected staff member should not contact the source.

1.2.11. Sharps Injuries

- A 'sharps' injury is one caused by a hypodermic needle, blade or other sharp object potentially contaminated by blood/body fluids. All 'sharps' injuries must be assessed at an Emergency Department.
- At the time of the injury, immediately encourage the wound to bleed under running water and wash it with soap and water. Cover the area with a sterile dressing and seek assistance from an Emergency Department.
- Ensure immunity to Hepatitis B and know your Hepatitis B immunity status.

2.0 Procedure Statement & Intentions

2.1 Principle & Scope of Procedure:

The principle aim of this procedure is to reduce the risk (as far as reasonably practicable) of blood borne virus (BBV) transmission to police personnel by promoting:

- Universal Precautions
- Procedures for dealing with blood/bodily fluid exposures

- Immunisation Programme
- Infection Control Training for new at risk employees

The scope of this procedure includes the risk of exposure to human blood and body fluids. Police personnel will receive information, instruction and training regarding the prevention of BBV transmission and appropriate immunisation advice.

2.2 Aims of Procedure

Employers have a legal duty to undertake risk assessments and bring into effect measures to protect workers and others that may be exposed to hazards in the workplace. Employees also have a legal responsibility in adhering to these measures so as to protect their own health and safety and that of others affected by their actions.

This procedure outlines the measures to be taken to comply with relevant legislation and reduce the risk of BBV transmission.

3.0 Introduction

3.1 Origins/Background Information

The risk of infection from blood borne viruses such as the human immunodeficiency virus (HIV) and hepatitis B is a hazard which many staff are exposed to. Examples of where risks need to be controlled are restraining and searching detainees, searching domestic premises, recovering and handling dead bodies, searching sewers and confined spaces, dealing with dangerous dogs, scenes of crime. It is important that staff should have ready access to information regarding the precautions which need to be taken, and what action to take in event of coming into contact with potential sources of infection.

3.2 Motivators/Driving Forces

This procedure is to ensure Police Personnel are aware of the risks attributable to blood borne infections and seek immediate advice if they have any doubts as to whether they may have been contaminated.

3.3 The Legal Basis and Legitimate Aims

The Health and Safety at Work Act 1974 (HASWA) place general duties on Gwent Police as follows: -

Section 2 (1) HASWA to ensure so far as is reasonably practicable the health,

safety and welfare at work of all of its employees.

Section 3 (i) HASWA the employer has a duty to conduct his undertakings in such a way as to ensure, so far as is reasonably practicable, that persons not in its employment who may be affected thereby are not exposed to risks to their health and safety.

The Management of Health and Safety at Work Regulations 1999 places more specific duties on an employer which requires Gwent Police to undertake an assessment of the level of perceived risk to those foreseeable hazards which could affect the health, safety and welfare of its employees and other persons.

4.0 Implications of the Procedure

4.1 Financial Implications

There are no additional financial implications.

4.2 Human Resources/Training

Training on all matters relating to Infection Control/blood-borne viruses will be given to all new police recruits/PCSOs and Special constables during induction training. A member of Occupational Health staff will offer Hepatitis B vaccinations at this time.

4.3 Strategic Plan Links

The procedure links into:

- The Force Policing Plan
- The Reduction of Crime and Disorder
- Our commitment to improve our response to the communities we serve.
- Our commitment to reassure the public.
- Our commitment to improve performance through better-informed staff.

4.4 Diversity

In the application of this procedure consideration must be given to the possible social impact of this procedure on the community. A social impact assessment is a requirement to ensure all issues are considered. This is also a requirement of the Gwent Police Race Equality Scheme. Social impact assessments must be undertaken before and after the application of this procedure.

Under the Race Relations (Amendment) Act 2000 Gwent Police is required to undertake proactive work to meet the General Duty of :

- Eliminating unlawful racial discrimination;
- Promoting equality of opportunity;
- Promoting good relations between people of different ethnic groups.

The General Duty is outlined in Section 71 (1) of the Act, and must be met **in its entirety**.

Monitoring must be undertaken to ensure that there is no adverse impact either positive or negative upon any one particular social group or individual. The results of monitoring must be analysed and be available for publication, and appropriate changes made.

All individuals using this procedure must be aware of the potential impact that this procedure has on the individuals to whom it is applied. The following strands of diversity and their corresponding pieces of legislation must be considered when answering these questions.

- Welsh Language Act 1993
- Race – Race Relations Act 1976
- Race Relations Amendment Act 2000
- Disability - Disability Discrimination Act 1995
- Gender – Sex Discrimination 1975
- Equal Pay Act 1970
- Employment Equality (Sexual Orientation) Regulations 2003
- Employment Equality (Religion or Belief) Regulations 2003
- Employment Equality (Age) Regulations 2006

4.5 Consultation

- Police Authority
- Chief Officers
- Divisional and Departmental Heads
- UNISON
- Police Federation
- Superintendents Association
- Force Solicitor
- Freedom of Information Officer
- Gwent Police Gay Support Network
- Gwent Police Women's Association
- Gwent Black Police Association
- Gwent Police Disability Support Network
- Re: Accuracy - Welsh Assembly Government (WAG) Infection Control & Communicable Diseases/Public Health and the NHS Genito-Urinary Medicine Clinic

5.0 Human Rights Consideration Certification

5.1 Auditing for potential interference and discrimination

Q1. What articles of the Human Rights Act 1998 may be engaged?

Articles 2, 3, 6, 8, 9, 10, 11 and 14.

Q2. Where individual rights are engaged what is the potential to discriminate against the parties involved?

Where people are involved, there is always the potential to discriminate, but in the application of this procedure the Force will not discriminate against any persons regardless of sex, race, colour, language, religion, political or other opinion, national or social origin, association with national minority, property, birth or other status as defined under article 14 of the European Convention on Human Rights ".

5.2 Key Human Rights Principles

Q1. What is the legal basis for your procedure?

Section 3.3 refers

Q2. Does the procedure provide details of what could be considered as a legitimate aim for the potential interference with an individual's rights, through the exercising of this procedure?

Restrictions on the rights protected in articles 8 - 11 in the Human Rights Act will be compatible with the convention only if they are aimed at protecting one of the interests listed in articles 8(2), 9(2), 10(2) and 11(2) respectively. The interest protected are broadly the same and generally include:

1. National Security
2. Public Safety
3. The protection of health or morals
4. The prevention of disorder or crime; and
5. The protection of the rights of others.

Q3. How are staff made aware of the clearly defined decision making processes?

The procedures are clearly explained in Section 1.2.

Q4. What are the minimum standards of documentation in relation to decision making?

As outlined in 1.2.

Q5. How does your procedure provide guidance on the justification for

assessment and actions as to whether the action is the least intrusive?

As outlined in section 1.2

5.3 Rights, Publication, Audit and Inspection

Q1. Are there any sections of the document which should not be disclosed to the public on the Force Publication Scheme; because they consist of tactical or operational procedures, that would inhibit the apprehension or prosecution of offenders if publicly known, or would compromise the ability of the force to carry out its duties?

This document can be disclosed to the public.

Q2. What rights to make representation and appeal process are available? Anyone who feels that a member of staff has behaved incorrectly or unfairly has the right to make a complaint. Initial action should be taken in one of the following ways:

- Complaint in writing or in person to the Senior Officer at the appropriate police station or in writing to the Chief Constable.
- Visit a local Citizens' Advice Bureau.
- Contact a solicitor.
- Appeal to IPCC

Persons who wish to make representations regarding the operation of this procedure should and/or feel they have grounds for concern in relation to the implementation of this procedures may:

- Pursue concerns through their line manager.
- Pursue a grievance formally through the Fairness At Work Procedure
- Seek advice from their staff association or trades union.

Q3. What internal review and audit process is in place or is proposed?
See section 7.

Q4. What external independent scrutiny is recommended?
Independent scrutiny can be conducted by the Police Authority and HMIC.

5.4 Certification of Compliance

Consideration has been given to the compatibility of this procedure and related policies and procedures with the Human Rights Act; with particular reference to the legal basis of its precepts: the legitimacy of its aims; the justification and proportionality of the actions intended by it; that it is the least intrusive and damaging option necessary to achieve the aims; and that it defines the need to document the relevant decision making process's and outcomes of actions.

5.5 Legal Vetting

There are no issues in this procedure under ECHR, which cannot be resolved.

This procedure has been vetted.

6.0 Promotion and Distribution

This procedure will be promoted as follows:-

- General Orders
- Intranet
- Leaflets on Accidental Contamination of blood – borne viruses will be available for all employees of Gwent Police.
- Occupational health will promote the vaccination programme available for Hepatitis B.

7.0 Monitoring / Review

The following process will be undertaken:

- Working activities that present risk will be identified
- Hazards associated will be identified
- The relative risks associated with these activities will be identified
- Evaluation of risks will identify suitable and protective measures that can be taken
- A plan of implementation will be identified
- Relative documentation will be assessed
- Training will be provided where necessary
- Monitoring and feedback in relation to planning will be provided

8.0 Procedure Identification Page

This procedure has been drafted in accordance with the principles of Human Rights Legislation. Public disclosure is approved.

Procedure Title: Contamination by Blood Borne Viruses

Reference: 518/ 2 b issue 1

Procedure Ownership: Human Resources

Portfolio/Business: Chief Officer Operations Support

Procedure Written By: Occupational Health Manager

Department Responsible: Human Resources

Procedure Lead: Health and Safety Officer

Links to other Policies/Procedures: Health and Safety Policy and Procedure, Information Security Procedure, Data Protection Procedure, Equal Opportunities, Freedom of Information, Control of Infectious Diseases.

**Procedure Implementation Date: 16 October 2008 reviewed May 24th 2011
no change**

Procedure Review Date: May 2013