

## **Blood Borne Virus (BBV)<sup>1</sup> supplement, June 2011** **to Safe Working Practice 2011, NHS Grampian**

**This supplement must be used in conjunction with the NHS Grampian document: Safe Working Practice, Infection Control in the Community May 2011, which describes universal precautions, including hand hygiene, handling of waste and cleaning blood and body spills. Some additional points on BBV risk are briefly addressed here.**

### **1. BBV RISK ASSESSMENT in COMMUNITY SETTINGS**

Each community setting has a different set of risks. Wherever relevant, it is Management's responsibility to ensure that risks are assessed and appropriate controls are put in place and reviewed periodically to protect those working, operating in or living in such community settings. Such risks can pertain to an employee, to those being cared for, or to a carer<sup>2</sup>.

To minimise BBV risks in community settings, the following need to be considered:

- adequate provision of appropriate infection control training for the setting;
- appropriate waste disposal arrangements;
- hepatitis B vaccination of staff, those being cared for and carers, according to agreed UK guidance<sup>3</sup>, including for:
  - healthcare settings;
  - prisons and police premises;
  - schools and facilities for learning disabled;
  - refuse disposal;
  - needle exchanges and other relevant voluntary organisations;
- Occupational Health support should be sought for specific advice to employees.

### **2. FIRST AID MANAGEMENT OF EXPOSURE OR INJURY**

Any exposure to blood or body fluids as a result of sharps injury, biting or splashing should be dealt with promptly.

#### **2.1 First aid for exposures/injuries from contaminated sharps or human bites (where blood is drawn)**

- encourage free bleeding, do not suck the wound;
- thoroughly wash affected area with soap and running water;
- cover with a waterproof dressing;
- sharps may not be visibly contaminated, but if used previously (or thought to have been used previously) must be considered contaminated.

#### **2.2 First aid for splash exposure to mucous tissues (e.g. eyes, mouth)**

- if skin is splashed with blood, wash with copious amounts of soap and water. Do not use a nailbrush, it may damage the skin;
- if splashed in eyes or mouth, wash generously with running water.

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<sup>1</sup> BBV (bloodborne viruses: hepatitis B virus, hepatitis C virus, HIV or human immuno-deficiency virus)

<sup>2</sup> Blood Borne Viruses in the Workplace, Guidance for Employers and Employees HSE 2001: [www.hse.gov.uk/pubns/indg342.pdf](http://www.hse.gov.uk/pubns/indg342.pdf)

<sup>3</sup> Immunisation Against Infectious Diseases, 'The Green Book':

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_079917](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_079917)

### **2.3 Reporting incidents in the work setting**

- report exposures/injuries to supervisor/manager (and Occupational Health provider, if relevant) and record as per local policy, e.g. include date, time, type and severity of exposure/injury, source of contamination, action taken;
- an exposure/injury, whether to staff or to those being cared for, should be reported and documented fully.

### **2.4 Further need for medical assessment/treatment**

- as with any incident, if there is concern about a wound, an infection, or other consequences, advice should be sought from the Occupational Health provider (for employees), A&E Department or the individual's GP;
- in particular, any exposure/injury involving contact between body fluids of two or more individuals should be risk assessed for infection with BBVs and other pathogens;
- actions to be taken will depend on the particular circumstances of the exposure/injury and in particular the timing of the incident in relation to when assistance is sought. Actions may include:
  - reassurance;
  - testing for BBVs following the exposure/injury at an appropriate time, considering window period of potential infection;
  - assessment of current immunisation status and immunisation against hepatitis B, if indicated;
  - a course of antiviral treatment, known as PEP (post-exposure prophylaxis)<sup>4</sup>;
- such assistance should be sought without delay, as some interventions are considered effective only if given within a short timeframe;
- where a child is involved, the parent/guardian should be informed of the incident and advised to seek further assessment; services should consider informing parents in writing.

## **3. THE WIDER PICTURE**

If a cluster of incidents or infections occurs in a workplace or community setting, it is advisable to contact the Health Protection Team who can assess whether further action is required to prevent more incidents or cases. This may involve a more detailed assessment of a number of people considered to have been at risk, e.g. repetitive biting in a care home or school. The Health Protection Team should be involved and can offer support in this process. If an outbreak is declared, The Health Protection Team will lead this.

**The Health Protection Team of NHS Grampian can be contacted for additional advice on BBV risk from community exposures/injuries.**

**[grampian.healthprotection@nhs.net](mailto:grampian.healthprotection@nhs.net)**

**office hours: 01224-558520**

**out of hours: 0845-456-6000, ask for Duty Public Health doctor or nurse.**

**Website for latest versions of guidance, policies, leaflets:**

**[http://www.nhsgrampian.org/nhsgrampian/gra\\_display\\_simple\\_index.jsp?pContentID=5690&p\\_applic=CC&p\\_service=Content.show&](http://www.nhsgrampian.org/nhsgrampian/gra_display_simple_index.jsp?pContentID=5690&p_applic=CC&p_service=Content.show&)**

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<sup>4</sup> actions to address other aspects of injury, e.g. wound closure, bacterial infection, tetanus risk, are not covered here.