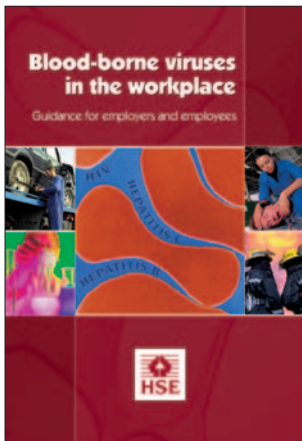


Blood-borne viruses in the workplace

Guidance for employers and employees



This is a web-friendly version of leaflet INDG342, reprinted 04/08

Is this guidance useful to me?

If you are an employer or employee, self-employed or a safety representative, and involved in work where exposure to blood or other body fluids may occur, you should read this guidance. It will help you to understand:

- what blood-borne viruses (BBVs) are;
- the types of work where exposure to BBVs may occur and how BBVs are spread;
- the legal duties of employers and employees;
- the action to be taken after possible infection with a BBV;
- special considerations for first aiders.

Detailed guidance on BBVs is already available for those in certain industries, for example health care (see 'Further reading'). This simple leaflet will be of particular use to those in occupations where such detailed guidance is not available.

What are blood-borne viruses (BBVs)?

BBVs are viruses that some people carry in their blood and which may cause severe disease in certain people and few or no symptoms in others. The virus can spread to another person, whether the carrier of the virus is ill or not.

The main BBVs of concern are:

- hepatitis B virus (HBV), hepatitis C virus and hepatitis D virus, which all cause hepatitis, a disease of the liver;
- human immunodeficiency virus (HIV) which causes acquired immune deficiency syndrome (AIDS), affecting the immune system of the body.

These viruses can also be found in body fluids other than blood, for example, semen, vaginal secretions and breast milk. Other body fluids or materials such as urine, faeces, saliva, sputum, sweat, tears and vomit carry a minimal risk of BBV infection, unless they are contaminated with blood. Care should still be taken as the presence of blood is not always obvious.

Types of work where there may be contact with blood/body fluids

- custodial services (prisons/detention centres/homes)
- education
- embalming and crematorium work
- emergency services (ambulance/fire/police/rescue)
- first aid
- hairdressing and beauticians' work
- health care (hospitals, clinics, dental surgeries, pathology departments, community nursing, acupuncture, chiropody, associated cleaning services)
- laboratory work (forensic, research etc)
- local authority services (street cleaning/park maintenance/refuse disposal/public lavatory maintenance)
- medical/dental equipment repair
- military
- mortuary work
- needle exchange services
- plumbing
- sewage processing
- social services
- tattooing, ear and body piercing
- vehicle recovery and repair

(This list is not intended to be comprehensive)

How can BBVs be spread in the workplace?

It is very unlikely that you will become infected through everyday social contact with another worker who has a BBV. BBVs are mainly transmitted sexually or by direct exposure to infected blood or other body fluids contaminated with infected blood. In the workplace, direct exposure can happen through accidental contamination by a sharp instrument, such as a needle or broken glass. Infected blood may also spread through contamination of open wounds, skin abrasions, skin damaged due to a condition such as eczema, or through splashes to the eyes, nose or mouth.

What do I have to do as an employer?

Under the Health and Safety at Work etc Act 1974 and the Management of Health and Safety at Work Regulations 1999, you have a legal duty to protect the health of your employees and anyone else, for example the public, who may be affected by your work, or who may be on your premises at any time. You must have a safety policy and you should consult your employees and safety representatives on the risks identified and the measures needed to prevent or control these risks. You must also ensure employees are familiar with the safety policy.

Specific legislation on hazards that arise from working with biological agents such as BBVs is contained in the Control of Substances Hazardous to Health Regulations 2002 (as amended) (COSHH). Under COSHH you have a legal duty to assess the risk of infection for employees and others affected by your work. When the risk is known, you need to take suitable precautions to protect their health. You must also give employees adequate information, instruction and training on any risks to their health which they may face at work.

Assessing the risk

The Health and Safety Executive (HSE) has produced general guidance on carrying out a risk assessment (*Five steps to risk assessment* – see ‘Further reading’). You need to:

- identify the hazards – where BBVs may be present;
- decide who might be harmed and how – which employees and others may be exposed to BBVs and how this might happen, for example through dealing with accidents or handling contaminated items for cleaning or disposal;
- assess how likely it is that BBVs could cause ill health and decide if existing precautions are adequate or whether more should be done. Factors to consider include:
 - the frequency and scale of contact with blood or other body fluids;
 - the number of different persons’ blood/body fluids with which contact is made;
 - any existing information on injuries reported in the workplace;
 - the quality of control measures used;
- record your findings; and
- review your risk assessment and revise it, if necessary.

Experience shows that the risk of BBV infection is low for the majority of occupations, as direct contact with blood and body fluids does not occur regularly. Much depends on the nature of the exposure. Not all exposures result in infection.

Preventing or controlling the risk

In occupations where there is a risk of exposure to BBVs, the following measures to prevent or control risks apply, but you may need to adapt them to your local circumstances in ensuring a safe system of work:

- prohibit eating, drinking, smoking and the application of cosmetics in working areas where there is a risk of contamination;
- prevent puncture wounds, cuts and abrasions, especially in the presence of blood and body fluids;
- when possible avoid use of, or exposure to, sharps such as needles, glass, metal etc, or if unavoidable take care in handling and disposal;
- consider the use of devices incorporating safety features, such as safer needle devices and blunt-ended scissors;
- cover all breaks in exposed skin by using waterproof dressings and suitable gloves;
- protect the eyes and mouth by using a visor/goggles/safety spectacles and a mask, where splashing is possible;
- avoid contamination by using water-resistant protective clothing;
- wear rubber boots or plastic disposable overshoes when the floor or ground is likely to be contaminated;
- use good basic hygiene practices, such as hand washing;
- control contamination of surfaces by containment and using appropriate decontamination procedures (see ‘Decontamination procedures’);
- dispose of contaminated waste safely (see ‘Disposal of waste’).

Immunisation

Immunisation (vaccination) is available against HBV but not other BBVs. The need for a worker to be immunised should be determined by the risk assessment. It should only be seen as a supplement to reinforce other control measures. As an employer, you should make vaccines available free of charge to employees, if they are needed. It is recommended that a vaccination record is kept. Further information on immunisation can be found in publications by the Advisory Committee on Dangerous Pathogens and UK Health Departments (see 'Further reading').

Decontamination procedures

Under ideal laboratory conditions HIV can remain infectious in dried blood and liquid blood for several weeks and HBV stays active for even longer. If materials become contaminated with blood or other body fluids, there are several methods available for decontamination. These procedures are designed to inactivate BBVs, mainly by using heat or chemical disinfection. You should have a local code of practice for dealing with spillages and other forms of contamination and workers should be familiar with it. Further details of decontamination procedures can be found in guidance issued by the Advisory Committee on Dangerous Pathogens (see 'Further reading').

Disposal of waste

A risk assessment, as required by COSHH, should be carried out on any waste generated. Certain waste is classified as clinical waste and its collection, storage and disposal is subject to strict controls. Clinical waste includes waste consisting wholly or partly of blood or other body fluids, swabs or dressings, syringes, needles or other sharp instruments, which unless made safe may be hazardous to any person coming into contact with it.

Human hygiene waste which is generated in places like schools, offices and factories (as well as in the home) is generally assumed not to be clinical waste as the risk of infection is no greater than that for domestic waste. However, those carrying out the risk assessment may have local knowledge which means they cannot make this assumption.

Further information on how to dispose of clinical and human hygiene waste can be found by contacting your local Environment Agency office (General Enquiry Line Tel: 08708 506506/ Scottish Environment Protection Agency Tel: 01786 457700).

Reporting incidents

Under the requirements of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR), you have legal duties to report certain incidents and dangerous occurrences to your relevant enforcing authority. Incidents such as a puncture wound from a needle known to contain blood contaminated with a BBV should be reported as a dangerous occurrence. Further information can be found at www.hse.gov.uk/riddor and specific guidance on RIDDOR for employers in the health care sector is available (see 'Further reading').

What do I have to do as an employee?

You have a legal duty to take care of your own health and safety and that of others affected by your actions. You must make full use of control measures put into place by your employer. You should cooperate with your employer so they can comply with any legal duties placed on them.

People with a BBV should be able to work normally, unless they become ill and are no longer fit enough to do their job. If they do become ill, they should be treated in the same way as anyone else with a long-term illness.

Generally, there is no legal obligation on employees to disclose they have a BBV or to take a medical test for it. If an employee is known to have a BBV, this information is strictly confidential and must not be passed on to anyone else without the employee's permission.

Action after possible infection with a BBV

If you are contaminated with blood or other body fluids, take the following action without delay:

- wash splashes off your skin with soap and running water;
- if your skin is broken, encourage the wound to bleed, do not suck the wound – rinse thoroughly under running water;
- wash out splashes in your eyes using tap water or an eye wash bottle, and your nose or mouth with plenty of tap water – do not swallow the water;
- record the source of contamination;
- report the incident to your supervisor, line manager or health and safety adviser and your occupational health department or medical adviser if there is one.

Prompt medical advice is important. The circumstances of the incident need to be assessed and consideration given to any medical treatment required. Treatment might be appropriate following infection with a BBV, but to be effective, it may need to be started quickly. If your workplace does not have a medical adviser, contact the nearest Accident and Emergency department for advice, without delay.

If you think you may have been infected with a BBV, you should have access to support, advice and reassurance. If there is no medical adviser on site, contact your GP or the nearest Accident and Emergency department immediately.

Special considerations for first aiders

If you are a first aider in the workplace, the risk of being infected with a BBV while carrying out your duties is small. There has been no recorded case of HIV or HBV being passed on during mouth-to-mouth resuscitation. The following precautions can be taken to reduce the risk of infection:

- cover any cuts or grazes on your skin with a waterproof dressing;
- wear suitable disposable gloves when dealing with blood or any other body fluids;
- use suitable eye protection and a disposable plastic apron where splashing is possible;
- use devices such as face shields when you give mouth-to-mouth resuscitation, but only if you have been trained to use them;
- wash your hands after each procedure.

It is not normally necessary for first aiders in the workplace to be immunised against HBV, unless the risk assessment indicates it is appropriate.

As a first aider it is important to remember that you should not withhold treatment for fear of being infected with a BBV.

Further reading

Advisory Committee on Dangerous Pathogens *Protection against blood-borne infections in the workplace: HIV and hepatitis* The Stationery Office 1995
ISBN 978 0 11 321953 7

Consulting employees on health and safety: A guide to the law Leaflet INDG232
HSE Books 1996 (single copy free or priced packs of 15 ISBN 978 0 7176 1615 2)
Web version: www.hse.gov.uk/pubns/indg232.pdf

Five steps to risk assessment Leaflet INDG163(rev2) HSE Books 2006
(single copy free or priced packs of 10 ISBN 978 0 7176 6189 3) Web version:
www.hse.gov.uk/pubns/indg163.pdf

Control of substances hazardous to health (Fifth edition). The Control of Substances Hazardous to Health Regulations 2002 (as amended). Approved Code of Practice and guidance L5 (Fifth edition) HSE Books 2005 ISBN 978 0 7176 2981 7

Management of health and safety at work. Management of Health and Safety at Work Regulations 1999. Approved Code of Practice and guidance L21 (Second edition) HSE Books 2000 ISBN 978 0 7176 2488 1

Health and Safety at Work etc Act 1974 (c.37) The Stationery Office 1974
ISBN 978 0 10 543774 1

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995: Guidance for employers in the healthcare sector Health Services Information Sheet HSIS1 HSE Books 1998 www.hse.gov.uk/healthservices/information.htm

UK Health Departments *Guidance for clinical health care workers: Protection against infection with blood-borne viruses* Department of Health 1998

Department of Health *Immunisation against infectious disease 2006* The Stationery Office 2006 ISBN 978 0 11 322528 6

Further information

HSE priced and free publications are available by mail order from HSE Books, PO Box 1999, Sudbury, Suffolk CO10 2WA Tel: 01787 881165
Fax: 01787 313995 Website: www.hsebooks.co.uk (HSE priced publications are also available from bookshops and free leaflets can be downloaded from HSE's website: www.hse.gov.uk.)

For information about health and safety ring HSE's Infoline Tel: 0845 345 0055
Fax: 0845 408 9566 Textphone: 0845 408 9577 e-mail: hse.infoline@natbrit.com or write to HSE Information Services, Caerphilly Business Park, Caerphilly CF83 3GG.

This leaflet contains notes on good practice which are not compulsory but which you may find helpful in considering what you need to do.

This leaflet is available in priced packs of 10 from HSE Books, ISBN 978 0 7176 2062 3. Single free copies are also available from HSE Books and a web version can be found at: www.hse.gov.uk/pubns/indg342.pdf

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