33.1 Human Immunodeficiency Virus (HIV), Hepatitis B (HBV) and Hepatitis C (HCV) are all blood borne viruses. This means that they can be transmitted by blood transfusion or via blood contaminated (dirty) needles or by direct inoculation of blood as a non-accidental injury (violence e.g. deliberate bite). The other mode of transmission is via sexual intercourse, these viruses are also present in semen and saliva, (DOH 2000).

33.2 Prevention of the transmission of blood borne viruses is achieved by using sterile needles and syringes and avoiding unsafe sexual practices.

33.3 The transmission of blood borne viruses, patient-to-patient, or patient to health care workers can have serious consequences not only for the person infected but also for the trust because of health and safety legislation. In spite of guidance and education, many health care workers continue to be exposed to blood borne viruses from needle stick, sharp injuries and mucosal exposure, (Evans et al 2001).

33.4 Screening for Blood Borne Viruses

33.4.1 Research indicates that the prevalence of infection is increased in certain groups, such as intravenous drug users and residents of long term institutions; it is therefore recommended that individuals falling into the higher risk groups are screen for BBVs on admission.

33.4.2 The following groups should be considered for and offered Blood Borne Virus screening:
   a) Those admitted to High Secure Services
   b) People who inject drugs (PWIDs)
   c) Men who have sex with Men,
   d) Those being admitted from Prison,
   e) Sex workers,
   f) Learning disabilities service users. (subject to assessment of risk behaviours)

33.4.3 Any individual who is identified upon admission as falling into one of the higher risk groups and offered screening should be reported to the Infection Prevention and Control Team using the Managers Assurance checklist even if the offer was declined.

33.4.4 High risk community service users or those on short term admissions, whose stay will not be long enough for results and vaccination (HBV) to be completed, should be signposted to their G.P. Please record same in service users notes and inform Infection Prevention and Control team.

33.5 Key points to minimise risk of transmission of BBVs

33.5.1 Use Standard Precautions as outlined in section 33.

33.5.2 Everyone potentially presents a risk of infection. Therefore, consider all blood and body fluids to be infectious. Take your time to avoid spillages of blood or body fluids.

33.5.3 Use safety sharps devices wherever possible and exercise great care with all sharps to prevent puncture wounds, cuts or abrasions. Protect existing wounds, skin rashes or lesions, conjunctivae and mucosal surfaces from all blood and body fluids.
fluids. When the use of sharps is essential, exercise particular care in handling and disposal of same. Only use approved sharps containers. Never bend needles, Never put needles or other sharps into clinical or household waste bags. Never re-sheath needles.

33.5.4 Control surface contamination by blood or body fluids by containment and disinfection. Wearing a plastic apron and disposable gloves use a body fluid spillage wipe, closely following the instructions. Dispose of clinical waste in appropriate waste stream.

33.6 Occupational Risk

33.6.1 The risk of transmission of blood borne viruses is greater from patient to health care worker than from health care worker to patient.

33.6.2 Occupational risks of transmission of blood borne viruses arise from the possible exposure to blood or other body fluids or tissues contaminated with blood from an infected patient. Semen and breast milk may pose a risk of infection but exposure to these body fluids is rare in most health care settings.

33.6.3 Most cases of occupationally acquired HIV infection have arisen from percutaneous exposure to HIV infected materials, and of these the majority have followed injury from hollow needles in association with a needle or cannula being placed in a vein, e.g. venepuncture others have arisen through exposure of mucous membranes or non intact skin to blood.

33.6.4 Transmission of blood borne viruses may result from contamination of mucous membranes of the eyes or mouth, or of broken skin, with infected blood or other infectious material, and by human bites if the skin is broken.

33.6.5 There is no evidence of blood borne viruses being transmitted by contamination of intact skin, by inhalation or by faecal - oral contamination.

33.7 Venepuncture - See Venepuncture policy SD34

Decontamination of Spillages - See section 3.2
Decontamination of Equipment – Policy and Procedure for the Management and Decontamination of Medical Devices. SA19
Transportation of Specimens – See section 3.6

33.8 Accidental Exposure

33.8.1 Many occupational exposures occur through failure to follow recommended procedures and from careless disposal of sharps and clinical waste. There will however remain occasions when Infection Prevention and Control guidelines and safe working practices have been followed that accidents and malicious acts will occur.

33.8.2 Accidental exposure is identified as:
   a) Percutaneous injury - from needles, instruments, etc. which are contaminated with blood or body fluids.
   b) Exposure of broken skin - abrasions, cuts, eczema, etc. which has come into contact with blood or body fluids.
   c) Exposure of mucous membranes - eyes, mouth to blood or body fluids.
   d) Bites - puncture wounds inflicted by an individual known or suspected to have a blood borne virus.
33.8.3 Please read the Occupational Health - Inoculation Injuries Policy IC2.

34 FIRST AID – FOLLOWING POTENTIAL EXPOSURE TO BLOOD OR BODY FLUIDS

34.1 Immediate First Aid for sharps, bites and scratches:
   a) Bleed it - Encourage the wound to bleed. Do not suck or scrub the wound.
   b) Wash it - Wash the wound with soap and water.
   c) Cover it - Apply a waterproof dressing.
   d) Report it - Report the incident to the manager and complete an adverse incident report form.
   e) As soon as possible, attend your Occupational Health Department. If the injury occurs out of hours attend the nearest accident and emergency department for advice or treatment.
   f) If an injury has occurred from a known HIV, Hepatitis B or C patient, go immediately to the nearest accident and emergency and inform both Occupational Health and Infection Prevention and Control Department.

34.2 Mucous Membrane Exposure (Eyes):
   a) Rinse thoroughly with water or saline.
   b) Report the incident to the manager and complete an adverse incident report form
   c) Report to your Occupational Health Department as soon as possible

34.3 BBV – Donor Testing Protocol

34.3.1 The patient’s Responsible Clinician (RC) who will consider whether it is in the patient’s best interest to be asked to be tested for a third party.

34.3.2 If the patient declines testing or is mentally incapacitated, then no further action occurs.

34.3.3 Further Advice and Support
   If you have any questions or queries, you can contact the following people:
   a) Infection Prevention and Control Nurses on 0151 471 2635.
   b) Out of hours Contact Silver on Call.