

Protection against blood borne viruses

Guidance for school staff



SURREY

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1. Introduction – purpose and scope of document

This guidance is for staff employed in Surrey schools. It aims to prevent occupational acquired infection from blood-borne viruses (BBV).

The guidance outlines:

- Responsibilities for preventing blood borne viruses
- Recommendations to reduce incidents where there is a risk of blood borne virus infection
- Hepatitis B vaccination
- The procedure for staff following a sharps or splash injury

2. Background

2.1 Information about BBV

Hepatitis B

Hepatitis B is a virus that replicates in the liver but is also present at very high levels in the blood of people who are infected. The hepatitis B virus (HBV) causes hepatitis (inflammation of the liver) and can also cause long term liver damage. It is vaccine preventable¹.

The virus may be transmitted by contact with infected blood or body fluids contaminated by blood.

Hepatitis B virus can cause an acute infection with symptoms such as tiredness, abdominal pain, a “flu-like illness”, nausea, vomiting, joint pains, loss of appetite and jaundice. Symptoms occur around 12 weeks after infection.

Most people recover from hepatitis B within a few months (acute hepatitis B), but for some infection can last 6 months or more (chronic hepatitis B). Many people with chronic hepatitis B have no symptoms but will remain persistently infected and infectious to others. They are increased at risk of long-term liver disease such as cirrhosis and primary liver cancer.

Hepatitis C

Hepatitis C virus (HCV) can also cause long term liver damage. Symptoms include anorexia, abdominal discomfort, nausea and vomiting, fever and fatigue, and for around a quarter of people it can progress to jaundice. However, people usually have no symptoms in the early years, so they may not be aware they have hepatitis C. Around 60% of people develop chronic infection, which can lead to cirrhosis, end stage liver disease and liver cancer.

Overall prevalence in the UK is low, the major risk group for hepatitis C infection in England are people who injected drugs, both regular drug users and sometimes people who have only ever injected once. Migrants from higher prevalence countries and ethnic minority populations who have close links to higher prevalence countries, are also at increased risk of hepatitis C

infection, due to travel to country of origin, receiving medical treatment abroad and household exposure.


Unlike hepatitis B there is no vaccination. However treatment is available if people know they are infected.


HIV


HIV is another blood borne virus that damages the cells in the immune system and weakens a person's ability to fight everyday infections and disease. HIV is not vaccine preventable and currently there is no cure, however there are very effective drug treatments that enable most people with the virus to live a long and healthy life. AIDS is the name used to describe several potentially life-threatening infections and illnesses that happen when the immune system has been severely damaged by the virus.

2.2 Information about legislation, relevant policy and guidance

The following information is taken from the HSE website <http://www.hse.gov.uk/biosafety/blood-borne-viruses/legal-information.htm> and summarises the main laws applicable to employers regarding health and safety in the workplace, with particular regard to work with blood-borne viruses (BBVs). Certain legislation that is not relevant to school settings has been removed.

The [Health and Safety at Work Act](#)  1974 (HSW Act)ⁱⁱ is the primary piece of legislation covering occupational health and safety in the UK. It places a duty on employers to provide a safe place of work and protect the health and safety of both their employees and anyone who may be affected by their work activities. Employees also have a duty to co-operate with their employer in meeting these duties, under the HSW Act and any other relevant legislation.

The [Management of Health and Safety at Work Regulations](#)  1999ⁱⁱⁱ list the responsibilities of employers in all general aspects of health and safety management (for guidance, see <https://www.hse.gov.uk/managing/legal.htm>)

The main legislation relevant to controlling the workplace risks of exposure to BBVs is the [Control of Substances Hazardous to Health Regulations](#)  2002 (COSHH)^{iv} – see the [COSHH Approved Code of Practice and guidance](#) (ACOP)^v. However, employers also have health and safety responsibilities under a range of other regulations (HSWA, MHSWR, RIDDOR) that overlap with COSHH.

3. Responsibilities

3.1 Employer

It is the employer's duty to provide a safe place of work through ensuring that all staff are adequately trained, supported and equipped to carry out their duties. The employer will be the local authority, governing body, academy trust or proprietor, depending on the status of the school. Given that day to day control of the school resides with the Headteacher and governing body, they will be the responsible body in most cases.

3.2 Occupational health service

- Advise and support the organisation regarding blood borne viruses in respect of current Occupational Health guidelines.
- Provide surveillance and immunisation services under the direction of the Director of Infection Prevention and Control and in accordance with appropriate protocols.
- Provide medical services, advice, support and counselling to employees following exposure to a blood borne virus.
- Notify the individual of any positive results.
- Notify the appropriate line manager if management action is necessary, provided that permissions are given by the member of staff. This will be in accordance with the confidentiality provisions set out in the providers occupational health policy
- Confidentiality is not an absolute obligation. Disclosure may be required by law, or it may be in the public interest to do so.
- Maintain confidential occupational health medical records in accordance with data protection regulations.

The current Surrey County Council Occupational Health provider is TP Health. Therefore schools may engage TP Health to provide vaccinations or choose to use an alternative provider. For details of TP Health current charges, schools should contact them direct on 01327 810 271 or by emailing cs-d@tphealth.co.uk.

3.3 Staff

Staff have a duty to look after their own and others' health and safety and to comply with arrangements made by the employer.

4. Arrangements – Preventing incidents

4.1 Safe working practices

In schools it is possible that staff will encounter bodily fluids from students. The main reasons for this will be:

- First aid
- Soiling and spillage of body fluids where blood is present
- Needle stick (sharps) injuries
- Being bitten or scratched

First Aid

If you are a first aider, the risk of being infected with a BBV while carrying out your duties is small. There have been no recorded cases of HIV, HBV or HCV being passed on during mouth-to-mouth resuscitation, however training should include information on preventing BBV transmission.

When dealing with cuts and nosebleeds, staff should follow the usual school's first aid procedure, and record the incident.

Simple precautions should be taken such as using gloves, eye protection and face shields and practising hygienic hand washing. Staff should always wash their hands after dealing with other people's blood even if they have worn gloves or they cannot see any blood on their hands. Disposable gloves should be disposed of immediately after use, even if they look clean.

Where BBVs are a known risk in the workplace, training should include information on preventing BBV transmission.

Staff should use universal precautions (treating all blood and body fluids as being potentially infectious) when dealing with any blood or body fluid spills, sharps or splash injuries and performing first aid.

Children who are known to be HIV positive, hepatitis B positive, or hepatitis C positive do not need to be treated any differently from those who are not known to be positive.

Soiling and spillage of body fluids

All spillages of blood, faeces, saliva, vomit and other bodily fluids containing blood should be treated as if they are infectious. They should be cleaned up immediately by someone wearing Personal Protective Equipment (PPE) such as gloves and apron. Other bodily fluids such as urine, sweat and tears carry a minimal risk of infection. Care should still be taken as the presence of blood is not always obvious.

Spillages should be cleaned using a product that combines both a detergent and a disinfectant and used as per manufacturer's instructions. You should ensure it is effective against bacteria and viruses and suitable for use on the affected surface.

Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below.

It is recommended that all items needed for cleaning spillages of blood or body fluids are kept together in a designated and secure place (i.e. locked) to which all staff have access.

Items needed include:

- Disposable plastic apron
- Disposable gloves (latex free)
- Yellow plastic clinical waste bags
- Detergent
- Household bleach/ bleach tablets (i.e. Haz-tabs, Presept, Actichlor)
- Disposable paper towels
- Plastic bucket/bowl (to be maintained in a reasonably sterile condition)
- Plastic goggles (if splashed with bodily fluids, dispose of as clinical waste)

A specialist spillage kit should be available for blood spills^{vi}

Needle stick (sharps) injuries

Sharps such as needles should be discarded straight into a sharps bin conforming to BS EN ISO 23907-1:2019 and UN 3291 standards. Sharps bins must be kept off the floor (preferably wall-mounted) and out of reach of children.

Being bitten or scratched

Being bitten by another person is traumatic and can be deeply distressing. In some settings, such as schools working with young people with more severe special needs, there is a higher risk of this occurring.

Although it may be impossible to eliminate the occurrence of bites and scratches to staff, schools must do all they can to reduce this risk. Practical steps will include:

- Wearing clothing that might lessen the impact of a bite (this may be no more than wearing long rather than short sleeves)
- Wearing arm protectors, specifically designed to stop penetrating bite wounds
- Staff being properly trained to carry out de-escalation and ultimately physical restraint where necessary
- Staff awareness of students known to present a risk of biting and scratching
- Risk assessments or behaviour management plans for such students
- Awareness of “triggers” that might cause a young person to bite or scratch
- Moving to a “safe” distance from a student where possible

4.2 Vaccination

Hepatitis B vaccination is recommended for individuals at occupational increased risk of exposure to the virus or complications of the disease. This may include school staff working with children whose behaviour is likely to lead to significant exposure in residential or special school (e.g., biting or being bitten) on a regular basis. Furthermore, the HSE recognises that designated first-aiders might also be at an increased risk in any occupational setting.

The Department of Health advises that vaccination is safe for pregnant women. If any member of staff at risk is pregnant, or plans to become pregnant, she should be warned that Hepatitis B is very dangerous for both mother and baby. It is important that they should be protected against the disease.

The need for a member of staff to be vaccinated (either pre-exposure or post exposure following an incident) should be made on the basis of a local risk assessment^{vii}. The form in Appendix 1 should be used by the school to carry out an initial risk assessment. The school should then fill in the relevant section on the Pre-Placement Questionnaire Risk Assessment form and submit it to TP Health. If the school are unsure if a vaccination is required, then the 'Don't know' box should be ticked, and the Individual Risk Assessment form should be submitted to Team Prevent along with the Pre-Placement Questionnaire Risk Assessment form. Vaccination should only be seen as a supplement to reinforce other control measures.

The Occupational Health provider will review the Pre-Placement Questionnaire Risk Assessment form, and the Individual Risk Assessment form if appropriate, and advise the school if vaccination is recommended. If so, the school, must monitor and provide hepatitis B vaccine free of charge to its employees. This can be arranged through Team Prevent or an alternative provider of the school's choice. The cost of the vaccine itself is minimal compared to the potential costs to the organisation if a worker was to become infected at work through inadequate control.

As with all control measures, vaccination needs to be checked and reviewed, and boosters provided where deemed necessary. It is recommended that immunity of employees is assessed before or after vaccination to provide an indication as to the necessity and effectiveness of the vaccination and inform the risk assessment as to whether additional control measures are required for that individual or work activity.

There are many different immunisation regimes for hepatitis B vaccine. However, it generally consists of three doses, with or without a fourth booster dose. The usual schedule is for vaccine to be given at zero, one and two months. An alternative schedule at zero, one and six months may also be used.

5. Arrangements following an injury or dangerous occurrence

5.1 Injuries and occurrences that carry a risk of exposure to blood borne virus

For the purposes of this guidance, an injury or occurrence carrying a risk of exposure to blood borne viruses includes:

- Injuries where the skin is broken e.g. from used needles, bites, and other wounds from sharp items.
- Splashes of contaminated blood or other bodily fluids into the mouth, eyes, or onto broken skin e.g. existing cuts, eczema etc.

Exposures to low-risk body fluids e.g., urine, vomit, faeces, and saliva are not normally considered a risk unless visibly stained with blood.

Where a bite or scratch does not puncture the skin, the risk of infection with a blood borne virus is small. Even so, the affected area should be washed immediately and thoroughly with soap and water.

5.2 Response to an injury / occurrence

Diagram 1 summarises what to do following such an injury / occurrence.

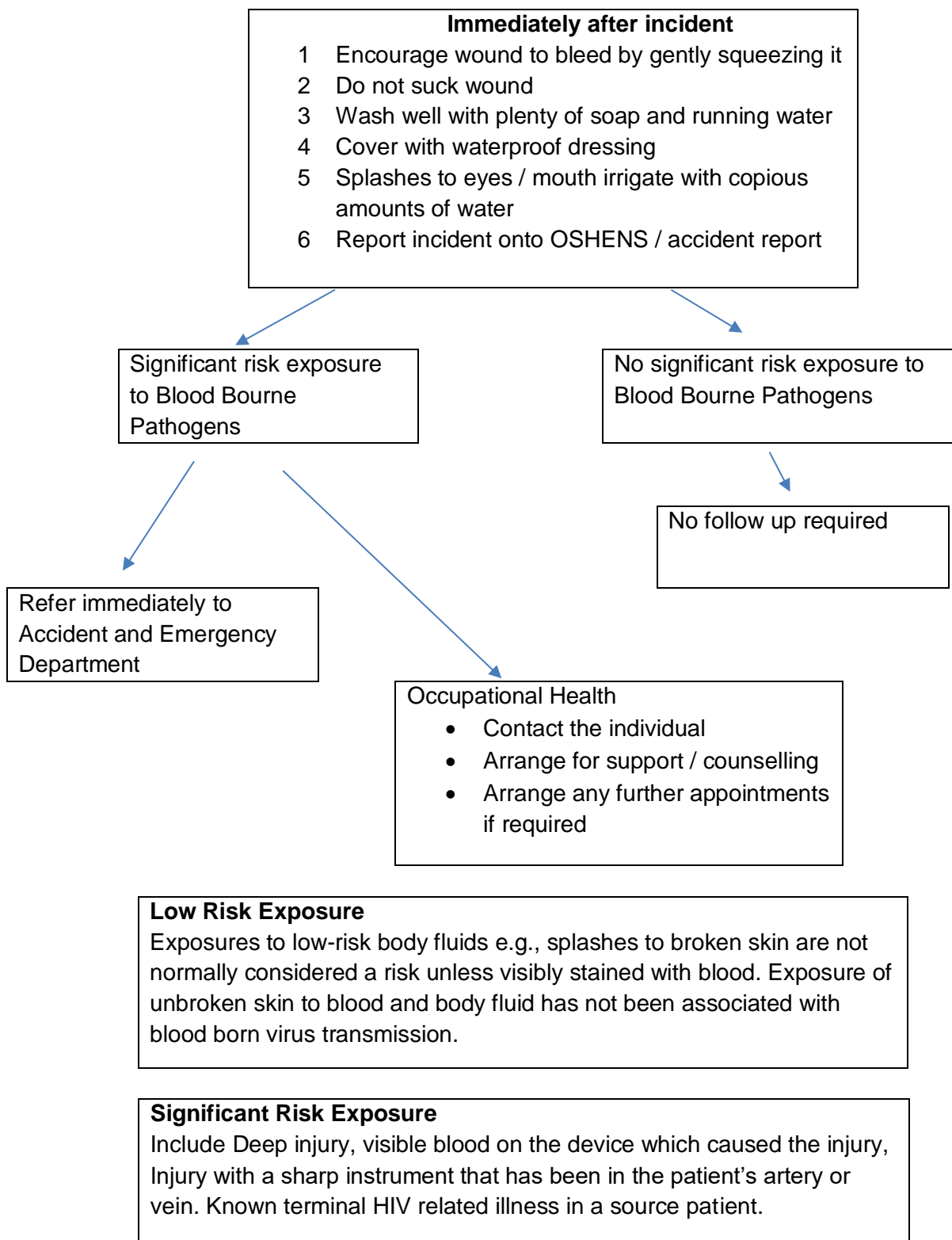
The incident should also be reported in line with the school's incident reporting procedure.

Those at occupational increased risk from a possible source of infection from hepatitis B, e.g. if they have been scratched or bitten, can be treated with the hepatitis B vaccine post exposure (see above). It is very effective at preventing infection if given shortly after contact with hepatitis B. Prompt medical advice must be sought immediately, either from the member of staff's GP or the local Accident and Emergency department. The circumstances of the incident will need to be assessed and consideration given to any medical treatment required. Treatment might be appropriate following the exposure, but to be effective it may need to be started quickly.

Managers should note that injuries of this type can be traumatic and may benefit from support such as listening, practical support and comfort, and helping them to feel calm. Signposting to other support, such as the Employee Assistance Programme may also be helpful.

Further information on bite injury is available for the member of staff at <http://www.nhs.uk/Conditions/Bites-human-and-animal/Pages/Treatment.aspx>

Diagram 1: Process Flow for Injuries and Occurrences that carry a risk of exposure to blood borne virus



6. Appendix 1

Risk assessment form - Employee Exposure to Blood Borne Viruses through work activities

Individual Risk Assessment

Task/activity	Employee Exposure To Blood Borne Viruses through work activities.				
Name of employee:	School/Service				
Department:	Base/location:				
Purpose of risk assessment (tick relevant box)					
<input type="checkbox"/> Initial risk assessment. <input type="checkbox"/> Review of existing risk assessment following a change of work activities/location, needle stick injury, human bite etc. <i>(If so, please provide details below of the date of previous risk assessment)</i>					
NB A new form should be completed if the employee has not responded to hep B immunisation.					
Please provide details of current incident (if applicable)					
Did this result in a break to the skin Y/N					
1. WORK RESULTING IN EXPOSURE (For working with young people with special needs)					
What tasks have you (the employee) undertaken that has resulted in you being exposed potentially dangerous behaviour such as biting or scratching? (If you are new to the post or your role has changed, please estimate how often you might be exposed to such dangerous behaviour).	Frequency.				
	Daily	Weekly	Monthly	Yearly	Less often
Could this job be done differently YES/NO					
Have you ever been bitten or scratched?	Frequency.				
	Daily	Weekly	Monthly	Yearly	Less often

If yes, how many incidents over the past year resulted in 'broken skin' injuries to yourself? (E.g. cuts, deep grazes, bite injuries, scratches with broken skin.)

What control measures are currently in place to prevent this?

How effective are they? Does anything else need to be done?

Have you sought medical advice following a broken skin incident?

Have you been fully vaccinated against Hepatitis B Y/N

If yes, when was the course completed?

Do you ever have to handle sharps? Have you had training in this? How is the work carried out?

Have you been given information about exposure to blood borne viruses & what action you must take to minimise the risk of exposure? <small>Please tick adjacent box/s</small>	Manager's instructions <input type="checkbox"/>	Presentation by OH <input type="checkbox"/>	Advice from a medical professional <input type="checkbox"/>	Other e.g. follow up advice from OH <input type="checkbox"/>
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Employee's name:	Employee's signature:	Date:
<small>The Employee should sign to indicate that the information they provided in this assessment is a correct and reasonable reflection of their experiences.</small>		
Line Manager's name:	Line Manager's signature:	Date:
<small>The Line Manager should sign to indicate that the assessment is a correct and reasonable reflection of the hazards and control measures in place.</small>		

7. References

- i <https://www.gov.uk/government/collections/hepatitis-b-guidance-data-and-analysis>
- ii <http://www.legislation.gov.uk/ukpga/1974/37/contents>
- iii <http://www.legislation.gov.uk/uksi/1999/3242/contents/made>
- iv <http://www.legislation.gov.uk/uksi/2002/2677/contents/made>
- v <http://www.hse.gov.uk/pubns/books/I5.htm>
- vi [Guidance on infection control in schools poster.pdf \(hscni.net\)](#)
- vii https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/263311/Green_Book_Chapter_18_v2_0.pdf
- <http://www.hse.gov.uk/biosafety/blood-borne-viruses/legal-information.htm>