Protection against blood-borne viruses

Guidance for school staff

SURREY COUNTY COUNCIL

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Reviewed by Surrey County Council's Schools Risk Management Health and Safety team, Public Health team, and the Trades Union. It replaces all previous versions.

Table of Contents

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).

This 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.

Background

Information about blood-borne viruses (BBV)

A blood-borne virus (BBV) is a virus that can be spread through contamination with blood and other bodily fluids, particularly blood to blood contact. The most common types are Hepatitis B, Hepatitis C and HIV.

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 preventable. The vaccine has been part of the routine childhood schedule since 2017.

The virus is transmitted person-to-person by a number of blood-borne routes, including blood and blood products transfusion, needlestick injuries, sharing of drug injecting equipment, mother-to-baby transmission during or soon after childbirth and sexual contact. Skin piercing with inadequately sterilised equipment can also be a source of infection.

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. Many people have a sub-clinical initial infection with no symptoms.

Most people recover from hepatitis B within 1-3 months (acute hepatitis B) and remain immune for life. About 10% of those infected become carriers (chronic hepatitis B). Many people with chronic hepatitis B have no symptoms but will remain persistently infected and infectious to others. They are at increased risk of long-term liver disease such as cirrhosis and primary liver cancer.

Hepatitis C

Hepatitis C (HCV) is another virus that can also cause long term liver damage. Often people that are infected do not have any symptoms until the liver is significantly damaged. This means people may not be aware they have hepatitis C.

Those at most risk are current and past injecting drug users, those who received blood products before heat treatment in 1986 and those who received blood transfusions before testing was introduced in 1991. Less efficient transmission routes include sharing toothbrushes and razors that may be contaminated with blood, mother to infant, unprotected sex with an infected partner, skin piercing or tattooing with contaminated equipment.

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

HIV

HIV is another blood-borne virus. HIV is not vaccine preventable and there is no cure. However, effective treatment taken for life can make the virus undetectable in the blood of those infected and means the risk of transmission to others is extremely low. AIDS is the final stage of HIV infection.

Legislation, relevant policy and guidance

The following information is taken from the HSE website Legal information - Blood-borne viruses (BBV) (hse.gov.uk) and summarises the main laws applicable to employers with regard to 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. For further information, HSE's Authoritative guidance is available here: Blood-borne viruses (BBV) - Blood-borne viruses (BBV) (hse.gov.uk).
The Health and Safety at Work Act 1974 (HSW Act)[i] 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 1999 (legislation.gov.uk) list the responsibilities of employers in all general aspects of health and safety management.

The main legislation relevant to controlling the workplace risks of exposure to BBVs is The Control of Substances Hazardous to Health Regulations 2002 (COSHH) (legislation.gov.uk) see the Control of substances hazardous to health (Sixth edition) - L5 (hse.gov.uk) approved code of practice and guidance. Employers also have health and safety responsibilities under other regulations that overlap with COSHH.

Responsibilities

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.

Occupational Health service

It is the responsibility of the Occupational Health provider to:

- Advise and support the organisation regarding blood-borne viruses in respect of current Occupational Health guidelines.
- Provide surveillance and immunisation services (currently an additional service which has cost implications) in accordance with appropriate protocols.
- Provide medical services, advice, support and counselling to employees following exposure to a blood-borne virus.
- 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 an Occupational Health policy.
- Maintain confidential Occupational Health medical records in accordance with data protection regulations.

Any decisions to offer vaccines to staff must be based on a thorough risk assessment of the hazards associated with the job role.

Surrey County Council's current Occupational Health provider is Optima Health (formerly TP Health). Schools may engage Optima Health to provide vaccinations or may choose to use an alternative provider. For details of Optima Health current charges, schools should contact them direct on 01327 810 271 or by emailing sccschools@optimahealth.co.uk.

Staff

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

Arrangements – Preventing incidents

Safe working practices

In schools it is possible that staff will come into contact with blood and/or body fluids from pupils or students. The main reasons for this will be:

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

In relation to self-harm incidents, guidance and further resources for school staff are available from the Surrey Safeguarding Children Partnership, including procedures for circumstances including self-harm and a Suicide Prevention Toolbox.

First Aid

If you are a first aider, the risk of being infected with a BBV while carrying out your duties is extremely low. There have been no recorded cases of HIV or HBV being passed on during mouth-

to-mouth resuscitation, although 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.

Standard precautions should be used wherever possible such as wearing disposable gloves, eye protection and face shields and practising effective 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 standard 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.

People who are known to be HIV positive or hepatitis B positive must not be be treated any differently from those whose status is not known.

Soiling and spillage of body fluids

All spillages of blood, faeces, saliva, vomit, nasal and eye discharges 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.

Spillages should be cleaned using a product that combines both a detergent and a disinfectant and used as per manufacturer's instructions. It must be effective against bacteria and viruses and be 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. A spillage kit should be available for body fluids.

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
- Fluid repellent face mask
- Yellow plastic clinical waste bags
- Detergent
- Household bleach/bleach tablets (i.e. Haz-tabs, Presept, Actichlor)
- Disposable paper towels
- Plastic bucket/bowl
- Eye protection

A specialist spillage kit should be available for blood spills.

Needlestick (sharps) injuries

Sharps such as needles should be discarded straight into a sharps bin conforming to BS 7320 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 entirely eliminate the occurrence of bites and scratches to staff, schools must do all they can to reduce this risk.
Practical steps 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 pupils or students known to present a risk of biting and scratching
- Risk assessments or behaviour management plans for such pupils or students
- Awareness of “triggers” that might cause a young person to bite or scratch
- Moving to a “safe” distance from such a pupil or student where possible.

In instances of a prolific biter wearing long sleeves may not prevent a break of the skin. Likewise, there are situations where staff are required to have bare arms below the elbow. Consideration should also be given to any previous bite incidents reported in the school. Where a risk is identified then a Hepatitis B vaccine should be offered.

Vaccination

Pre-exposure Hepatitis B vaccination is recommended for individuals at high risk of exposure to the virus or complications of the disease – for further information see The Green Book on Immunisation - Chapter 18 (gov.uk). Pre-exposure Hepatitis B vaccination is recommended for individuals at occupational risk including:

- Staff of residential and other accommodation for those with learning difficulties: a higher prevalence of hepatitis B carriage has been found among certain groups of patients with learning difficulties in residential accommodation than in the general population. Close contact and the possibility of behavioural problems, including biting and scratching, may lead to staff being at increased risk of infection.
- Similar considerations may apply to staff in day-care settings and special schools for those with severe learning disability. Decisions on immunisation should be made on the basis of a local risk assessment. In settings where the client’s behaviour is likely to lead to significant percutaneous exposures on a regular basis (e.g. biting), it would be prudent to offer immunisation to staff even in the absence of documented hepatitis B transmission.

Furthermore, HSE recognises that designated first-aiders might also be at an increased risk in any occupational setting. There may be other situations where consideration of vaccination relating to a particular occupational risk is highlighted through risk assessment.

Hepatitis B infection in pregnant women may result in severe disease for the mother and chronic infection of the newborn. Immunisation should not be withheld from a pregnant woman if she is in a high-risk category (see The Green Book (gov.uk)).

Vaccination should only be seen as a supplement to reinforce other control measures.

Where there is a need for a member of staff to be vaccinated, it must be based on a thorough risk assessment of the hazards associated with the job role. The form in Appendix 1 will be used by the school to carry out this risk assessment.

If the school are unsure if a vaccination is required for an existing or new staff member then the school should contact their Occupational Health provider, submitting appropriate information.

The Occupational Health provider will review the information provided, including a risk assessment form, and advise the school if vaccination is recommended. If so, the school must provide hepatitis B vaccine free of charge to its employees. This can be arranged through Optima Health 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 pre-exposure vaccination 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.

Arrangements - Following an injury or dangerous occurrence

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

- 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 extremely low. Even so, the affected area should be washed immediately and thoroughly with soap and water.

Response to an injury or occurrence

Appendix 2 summarises what to do following such an injury or occurrence. The incident should also be reported in line with the school's incident reporting procedure.

Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR), certain incidents at work must be reported, see Incident reporting - Blood-borne viruses (BBV) (hse.gov.uk). Please contact the School's Risk Management team for advice and support if an incident is being considered for RIDDOR reporting such as an over-seven-day injury or an infection being acquired.

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

Further information on bite injuries is available for the member of staff here: Animal and human bites - NHS (www.nhs.uk).

Procuring Hepatitis B vaccination

This guidance highlights that Hepatitis B vaccination is recommended for those staff identified at high risk of exposure to the virus, based on a local risk assessment.

Employers have a duty to provide a safe place of work through ensuring that all staff are adequately trained, supported and equipped to carry out their duties. Schools are therefore advised to identify a service for those staff that require hepatitis B vaccination.

Identifying your needs

Staff could obtain hepatitis B vaccination at an established clinic, or the school may prefer to identify a provider who is able to visit the workplace. The costs of each will vary and may be calculated on a per person/appointment basis, or per clinic. A clinic may be more cost effective per member of staff if the clinic is full, but more expensive if not.

The most suitable model of delivery will depend on the school's needs. You may wish to consider:

- The number of staff likely to require hepatitis B vaccination.
- The usual hepatitis B vaccine schedule consists of three doses, with a blood test to test immunity after four months. A booster dose is recommended 5 years after vaccination 1. Therefore, staff will need to attend around 4 appointments
- Staff working patterns (full-time, part-time, days of the week worked)
- Staff turnover.

Identifying a safe, high quality Occupational Health provider

The Health and Safety Executive have produced guidance on Occupational health - Buying support from occupational health professionals (hse.gov.uk) and Occupational health - Assess the competence of occupational health professionals (hse.gov.uk).

When assessing the competence of an occupational health professional you should:

- choose an occupational health professional with the right skills and competence for the roles that you need them to undertake
- ask to see their professional qualifications relevant to the duties you need them to undertake
- see evidence of a system of continued professional development and clinical governance.

Local Occupational Health providers

There are a range of Occupational Health providers with whom you may procure a service. The Introducing NHS Health at Work - NHS Health at Work Network website may help you identify these.

Some GP practices may offer an occupational health service, whilst others do not and are not trained to the standards identified above.

Optima Health is SCC's current Occupational Health provider. Their website is: Optima Health - Occupational health and wellbeing.

The following providers were identified from a web search and provide services locally. However, it is not a recommended or exhaustive list, nor have these providers been quality assured by the authors of this guidance:

- Occupational Health Assessment | Surrey Occupational Health
- Occupational Health | CSH Surrey
- Occupational Health Service | Ashford and St Peter's

Appendix 1 – Risk Assessment Form

Task/activity	Employee exposure to Blood-Borne Viruses through work activities.

Name of employee:	**Service:**
Department:	**Base/location:**
Email Address:	**Contact number:**

Purpose of risk assessment (tick relevant box)
☐ Initial risk assessment ☐ Review of existing risk assessment following a change of work activities/location, needle stick injury, human bite etc. *(please provide details below of the date of previous risk assessment)* NB This form will need to be fully 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 Yes/No

Work resulting in exposure e.g working with people with special needs

What tasks have **you** (the employee) undertaken that has resulted in you being exposed to 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
Please enter details of tasks here **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?

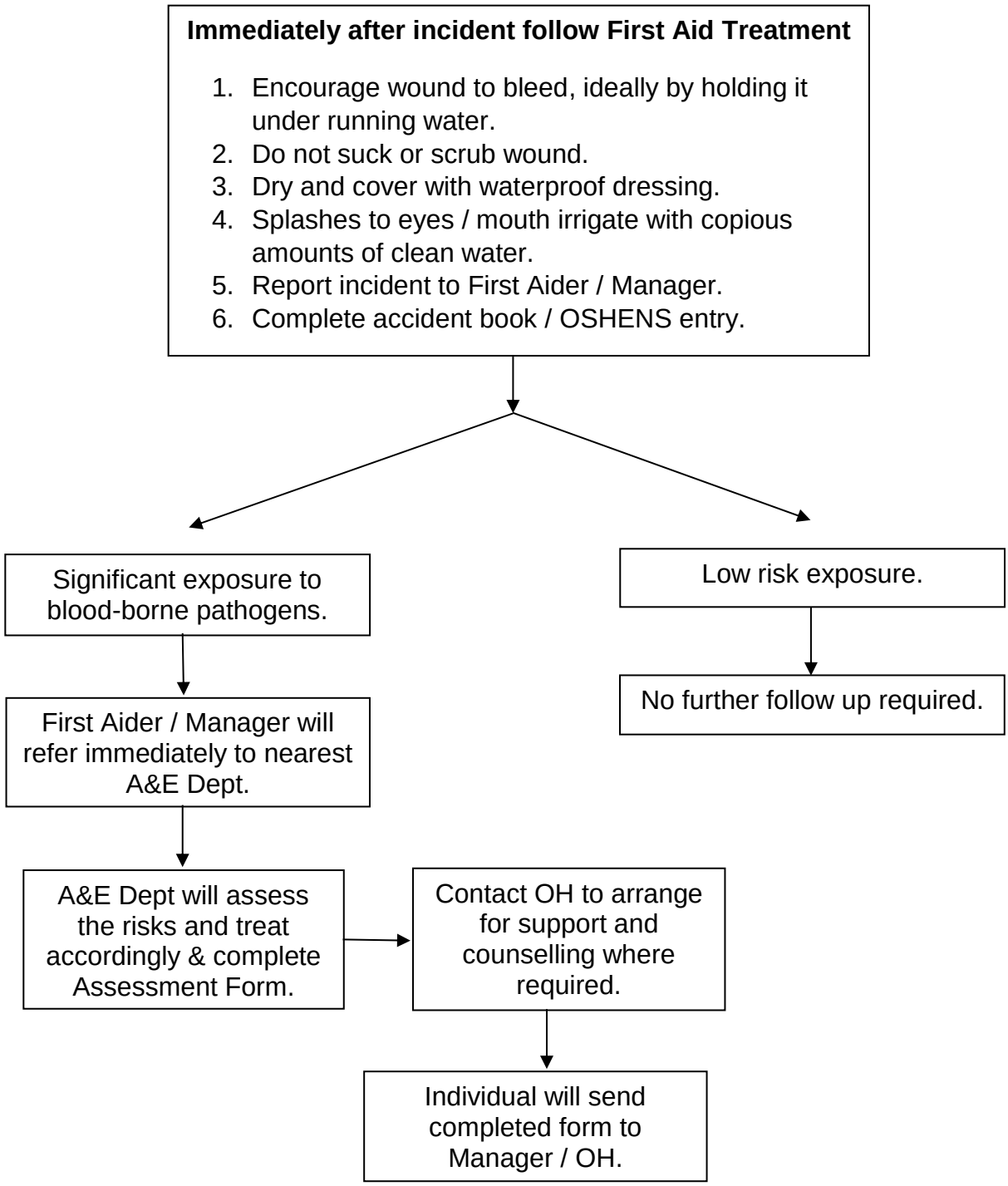
Are you aware of any incidents of biting in your establishment?

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 and what action you must take to minimise the risk of exposure? **Please tick adjacent box/s**	Manager's instructions ☐	Presentation by OH ☐	Advice from a medical professional ☐	Other e.g. follow up advice from OH ☐

Employee's name:	Employee's signature:	Date:
The Employee should sign to indicate that the information they provided in this assessment is a correct and reasonable reflection of their experiences.		
Line Manager's name:	Line Manager's signature:	Date:
The Line Manager should sign to indicate that the assessment is a correct and reasonable reflection of the hazards and control measures in place.		

Appendix 2 – Process flow for injuries and occurrences that carry a risk of exposure to blood-borne viruses



Low Risk Exposures: Exposure to low-risk body fluids e.g. splashes to broken skin are not normally considered a risk unless visibly stained with blood. Exposure of unbroken skin to blood and body fluid has not been associated with blood-borne virus transmission.

Significant Risk Exposures Include: Deep injury. Visible blood on the device which caused the injury. Injury with a sharp instrument that had been in a patient's artery or vein, known Terminal HIV related illness in a source patient.

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