



Exposure to Bodily Fluid (Blood Borne Viruses) Procedure

This procedure is part of North Yorkshire Police policy to which all Chief Constable personnel and the functions provided by the Police, Fire and Crime Commissioner are required to adhere.

Statement

In accordance with the NYP Health and Safety Policy, we recognise it is our duty, as far as is reasonably practicable, to prevent all our police officers, police staff, Special Constables and any other person affected by our activities (including contractors working on our premises) from becoming infected at work from a blood borne virus (BBV) if they become exposed to bodily fluids.

Linkages:

Overarching Policies:

Health and Safety Policy

Other Documents:

Emergency Action Flow Chart

Process

What are Blood Borne Viruses (BBVs)?

BBVs are viruses that some people carry in their blood which may cause severe disease in certain people, with little to no symptoms in others.

The BBVs can spread to another person, whether the carrier of the virus is ill or not. The main BBVs of concern to NYP staff are:

- Hepatitis B Virus
- Hepatitis C Virus
- Human Immunodeficiency Virus (HIV)

These viruses can be found in blood and body fluids.

This procedure has been produced to detail the control measures currently in place to reduce the risk of infection through a BBV. Experience within North Yorkshire Police shows that the risk of BBV infection is very low. However, even with this low level of risk, NYP wants to ensure all staff have access to appropriate levels of training, support and advice in relation to BBV.

Pre-employment

At the pre-employment stage, all those staff who may come into contact with blood/body fluids will need to be immunised against Hep B before starting work with NYP.

Hep B vaccinations should be administered following the current Green Book Public Health guidance, which is dependent on the administrating clinics brand.

NYP requires all staff whose job brings them into contact with blood/body fluids to contact Health & Wellbeing to administer the vaccine.

A booster vaccination will be required in the event of an exposure from Health & Wellbeing.

In rare cases please notify Health & Wellbeing of non-response to the vaccine and further help/advice will be available.

Recording of vaccination status: all staff are responsible for ensuring their vaccination status is recorded accurately by Health & Wellbeing. For staff with less than 5 years, this should be the date of completion of the course of initial vaccinations plus blood test

Assessing the risk

Whilst recognising that the risk of BBV infection within NYP is low, there is a need to protect the significant number of staff who, during the course of their duties, may come into contact with blood or body fluids. These include:

- Police officers
- Special constables
- PCSOs
- Detention staff
- Case-builder staff
- Property staff
- Complaints and Professional Standards staff
- Firearms licensing staff
- Coroner's officers

This list is by no means exhaustive, and the policy will apply to any other staff who may be exposed to blood or body fluids along with those detailed above.

Pregnant workers:

In accordance with NYP policy, all managers should undertake a risk assessment on the pregnant worker. Work which may bring her into contact with blood/body fluids should be avoided. Managers should refer to the 'New and expectant Mothers at Work Procedure'. All immunisations should be avoided during pregnancy.

Training

Training in infectious diseases and safe systems of working is delivered by occupational health staff to all police probationers during their first weeks of service. Medical advice is given to all other 'at risk' staff groups at the time of pre-employment.

Operational precautions

For all occupational groups, the risk of becoming infected with HIV, Hep B, Ebola and other BBV's is as likely through sexual activity as much as through work-related accidents. The main operational risk to police officers, Special Constables and police staff occurs when blood/body fluids from an infected person are injected or come into contact with an open wound, rash or sore; or if the skin is punctured by a contaminated hypodermic needle or other sharp object. This is most likely to occur when searching people, property or premises; at a road traffic collision; whilst recovering a body; or when handling violent or disorderly people.

All blood, tissues and body fluids should be regarded as potentially infectious. Officers and police staff should adopt the following measures to reduce the risk of occupational exposure:

- Disposable gloves should be worn whenever there is likely to be contact with another person's blood/body fluids. These are available in every police station.
- Uniform leather gloves will give some protection where there is a risk of being cut, grazed or pierced. Disposable gloves should be worn underneath leather gloves if there is a heavy risk that leather gloves might become sodden.
- Existing wounds, skin lesions and all breaks in exposed skin should be covered with waterproof dressings. Replacement dressings can be obtained from First Aid boxes if necessary. If hands are extensively affected, gloves should be worn.
- Great care should be taken when handling sharp instruments, in particular hypodermic needles or weapons which may have been contaminated with blood. *Consider the necessity of handling the needle etc. in the first place.*
- Never attempt to re-sheath a hypodermic needle with a needle cover
- Safe procedures for disposal of contaminated waste should be followed. Never dispose of contaminated waste and/or sharps in bin liners.
- Where there is any heightened risk additional control measure will be implemented and communicated to officers and staff

Emergency treatment

When should I seek medical advice?

- If the skin has been punctured with a hypodermic needle or other sharp or contaminated instrument
- If blood has been splashed over part of the body which has cuts or abrasions
- If blood has been splashed into the eyes or mouth
- If biting has resulted in a break in the surface of the skin

Following any of the above or similar, please take the following action:

Attend your nearest Accident and Emergency Unit

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- Friarage Hospital, Northallerton
- Harrogate District Hospital
- York District Hospital
- Scarborough Hospital
- James Cook Hospital, Middlesbrough
- Airedale Hospital, Steeton

Agreements with these hospitals (via Health & Wellbeing) will ensure consistent high quality treatment and access to specialist medical advice.

Also ensure that Health & Wellbeing are aware of your injury and staff will offer appropriate advice and support, including on-going support if required.

Accident reporting

All related accidents or injuries should be reported on a RIDDOR form (2508) by the individual or their line manager. Health & Wellbeing staff will monitor these forms and ensure appropriate actions are followed.

Responsibilities

It is the responsibility of managers to ensure that personnel are aware that immunisation alone must not be viewed as total protection. Vaccinations are administered in anticipation of accidental exposure but not as a substitute for safe systems of work.

It is the responsibility of Health & Wellbeing to request the immunisation status of potential employees prior to employment - this will be achieved using the pre-employment medical questionnaire – and to record the vaccination status of all staff at risk.

It is the responsibility of all operational officers, police staff and Special Constables to ensure their vaccination status is up to date with their GP.

It is the responsibility of specialist cleaning services contracted by NYP to ensure all staff have in place the correct Personal Protective Equipment (PPE) and procedures for safe systems of work. NYP will assess contractor Health and Safety procedures as part of any procurement exercise.