

Blood and Body Fluids Procedure

Document Control

Version	Date Document Reviewed	Publication on Web Site	Date of next Review	Summary of main changes
0.1	July 2016	August 2016	July 2017	<ul style="list-style-type: none"> ○ Conversion from Policy to Procedure ○ Checked for legal compliance ○ Minor changes to update terminology or to reflect current practices
0.2	October 2017	October 2017	October 2018	<ul style="list-style-type: none"> ○ Checked for legal compliance ○ Webpage links embedded into relevant text
0.3	April 2019	April 2019	November 2019	<ul style="list-style-type: none"> ○ Checked for legal compliance ○ Webpage links embedded
0.4	August 2021	August 2021	August 2022	<ul style="list-style-type: none"> ○ Checked for legal compliance ○ Section 3, employee counselling section updated to link to the Mental Health and Wellbeing pages ○ Sections 3 and 4 - link to Biological Safety Advisors updated

Blood and Body Fluids Procedure

1 Introduction

This procedure forms part of the University's Health and Safety Management System and should be considered in relation to the University's Safety, Health and Wellbeing Policy statement to ensure that the risks associated with blood borne virus (BBV) contamination are appropriately assessed and managed.

This procedure applies to all relevant Schools and Departments within the University and is intended to assist Executive members, managers and staff in complying with the legislative requirements of the Control of Substances Hazardous to Health Regulations (COSHH) 2002 (as amended).

The aim is to outline the process involved in assessment of risk and to ensure that appropriate prompt advice, treatment and follow up is available to University staff following accidental exposure to potential BBV's.

2 Accountabilities

A key role in implementing this procedure lies with the Executive members and all managers who must ensure the requirements in this procedure are addressed and implemented within their area of responsibility and control.

3 Procedure

The main BBV's of concern are the Hepatitis B and Hepatitis C viruses which all cause a disease of the liver and the human immunodeficiency Virus (HIV), which affects the immune system of the body.

The viruses can be found in blood and other bodily fluids such as saliva, breast milk, urine, faeces, semen and vomit however these will carry a minimal risk of infection unless they are contaminated with blood. It is important to note that the presence of blood is not always obvious and therefore care should still be taken.

As part of normal work activities, the main risk of transmission is through direct exposure to infected blood or other body fluids contaminated with infected blood through:

- accidental contamination with a sharp instrument , for example, needle or broken glass
- contamination of open wounds, cuts, abrasions or skin damaged due to eczema
- splashes to the eyes, nose or mouth

The majority of staff will not be exposed to such risks in the course of their normal duties. Where a risk is present, staff must follow the correct procedures and take the recommended precautions to protect themselves and others from accidental contact with BBV's, in particular by preventing needlestick and other similar injuries.

Assessing the Risk

The main legislation in controlling the risks of exposure to blood-borne viruses at work is the Control of Substances Hazardous to Health, as such the University COSHH webpage, including the COSHH Procedure Additional Control Measures - Biological Agents and Principles of Good Practice should be referred to for further information.

Schools and Departments must determine if any of the work activities within their area of responsibility involve a potential risk of infection to staff, students or others affected by their activities through contaminated blood or body fluids and an assessment undertaken where a risk has been identified.

The assessment should identify:

- Where the risk from BBV's occur, who might come into contact with blood/body fluids (e.g. technicians, researchers, domestics, security, visitors, contractors) and how. For example, handling contaminated items for cleaning, repair or disposal; dealing with accidental spillages; handling contaminated waste and laboratory work involving human blood/tissues and body fluids, which potentially contain blood borne viruses.
- What the route of exposure may be, for example, penetrating injury, skin abrasion/cut, contact with spillages, deposits on contaminated clothing.
- The level of risk of infection.
To determine the extent of the risk, take into consideration factors such as the frequency of contact with blood or body fluids (e.g. daily/occasionally/rarely); whether the blood/body fluid may have come from an infected individual; the number of different persons' blood/body fluids in contact with; whether any previous injuries have occurred and the type of exposure, for example, staff involved regularly in invasive procedures using needles etc. to penetrate the body are at greater risk of accidental inoculation.
- Whether the existing control measures in place are adequate or additional measures are required to reduce the level of risk. Further information can be found in the section 'preventing or controlling the risk'

Record the assessment and review on an annual basis or earlier if there are any significant changes.

Preventing or controlling the risk

The levels of protection should be increased according to the task and risk of exposure.

The following precautionary measures are applicable for all exposed work activities to minimise the risk of infection of blood borne diseases, however they should be adapted to local circumstances to ensure a safe system of work:

- Avoid contact with blood or bodily fluids
- Open wounds, burns, dermatitis or other skin conditions on exposed parts of the body, in particular hands and fingers, must be fully covered by a waterproof dressing and where

relevant, suitable gloves

- Take all necessary precautions to avoid the use of, or exposure to, sharps such as needles, glass, metal etc. in order to prevent puncture wounds, cuts and abrasions in the presence of blood/body fluids
- Where the use of sharps is unavoidable, take care in handling and disposal to prevent puncture wounds, cuts and abrasions especially where there is the presence of blood and body fluids
- Wear effective eye and mouth protection, for example, visor/goggles/safety spectacles/mask when splashing of infective material is possible
- Wear water-resistant protective clothing, for example gloves and aprons as identified in the risk assessment to avoid contamination
- Wear plastic disposable overshoes or rubber boots when the floor or ground is likely to be contaminated
- Use good basic hygiene practices such as hand washing and avoid hand-to-mouth/eye contact
- Prohibit eating, drinking, smoking and the application of cosmetics in working areas where there is a risk of contamination
- Control surface contamination by containment and using appropriate decontamination procedures – advice can be sought from the [University Biological Safety Advisor](#)
- Dispose of contaminated waste safely
- Hypodermic syringes, needles and all other “sharps” should be suitably disposed of in proper “sharp safe” container immediately after and at the point of use. The sharps container must be constructed to BS EN ISO 23907:2012 and used containers must be disposed of safely – please refer to School/Departmental protocols. Further information can be found in the [‘sharps guide’](#)

In addition to the above, Schools and Departments should specify the procedures, for example, spill kits and their location, decontamination procedures etc. Where relevant, this should also include the disinfectants to be used for dealing with a spillage and other forms of contamination.

The handling of biological materials in laboratories, particularly where handling blood is part of the work, may require additional measures to minimise the risk of exposure to BBVs, for example, substituting unscreened blood for screened blood, use of microbiological safety cabinets when work could create infectious aerosols, using interlocks on equipment used to analyse blood or other bodily fluids, using safer needle devices or blunt ended scissors.

For more specialised work involving the handling and genetic modification of blood borne viruses there may be additional requirements and further information on risk assessment can be found in [‘Safe working and the prevention of infection in clinical laboratories and similar facilities’](#) and [‘A Guide to the Genetically Modified Organisms \(Contained Use\) Regulations’](#).

Immunisation

The requirement for immunisation (vaccination) should be determined by the risk assessment and should only be seen as an additional measure to reinforce other control measures. Vaccination is only available for the Hepatitis B virus.

Vaccination against infection is the last line of defence and other controls should be in place. However, for persons potentially exposed, such as healthcare staff and laboratory staff handling virally contaminated material, vaccination is an appropriate measure and should be offered to those not already immunised. Less obvious occupations that may be at risk include for example, civil engineers working in old sewers and staff handling human sanitary waste.

Where the risk assessment identifies a requirement, vaccination should be offered to those not already immunised and this should be arranged through Occupational Health (OH), as part of an overall preventative and educational programme on the transmission of blood borne pathogens. Following completion of the vaccination programme, OH will take a blood sample to assess the level of Hepatitis B antibody in the blood (known as the titre level). This titre level will determine the individuals' immunity against Hepatitis B.

It should be noted that until the course of Hepatitis B is complete and there is evidence of a satisfactory response, an individual should be considered as not protected. However, this should not be a barrier to working with potentially infected tissues, provided all other recommended health and safety measures are adhered to. In the event of a high risk exposure, urgent and speedy follow-up at Accident and Emergency should be initiated.

Disposal of Waste

Guidance on waste disposal is as follows: -

- Clinical waste (i.e. includes waste consisting wholly or partly of blood or other bodily fluids, swabs, dressings, syringes, needles or other sharp instruments) must be discarded into a labelled waste bin and local departmental protocols must be followed
- For biological waste, please refer to the Biological and Biomedical Technical department for the relevant process
- If a spillage of blood or body fluids occurs, follow local departmental protocols and contact your line manager to ensure arrangements are made for trained personnel to clean the spillage using the relevant spillage kit
- Schools and Departments will have a process in place to ensure that sharps boxes and clinical waste bins are uplifted and replaced

Information, instruction and training

Where there is a risk of potential contamination to blood-borne viruses, information, instruction and training must be provided to ensure they are aware of:

- How they could be exposed and the risks posed by this exposure

- The main findings of the risk assessment
- The precautions they should take to protect themselves and other staff, students or visitors
- How to use and dispose of any Personal Protective Equipment that is provided and
- What procedures to follow in the event of an emergency

Procedures in the Event of Accidental Contamination

In the event of accidental contamination, the affected area should be washed thoroughly with running water and a first aider requested by calling extension 2222. If the skin is broken, encourage the wound to bleed, do not suck the wound or swallow any water used to wash out the mouth or nose.

In cases where exposure is considered to be higher risk, for example, a needlestick/sharps injury from a source with a significant risk factor for BBV infection, immediate medical attention must be obtained from the Accident and Emergency Department without delay so that a full assessment of the risk can be undertaken and appropriate treatment/follow-up measures can be implemented, where appropriate.

Where the exposure is considered to be a lower risk, for example, a skin/mucous membrane splash from an individual not at high risk of being a BBV carrier then the Accident and Emergency Department should be contacted for appropriate advice.

The Occupational Health Service should also be notified as soon as possible in order that the appropriate advice can be given.

Local reporting protocols should be followed, the Head of Department notified and an Incident/Near Miss Form (Form S1e) sent to Health and Safety by post or by e-mail to hsforms@gcu.ac.uk in accordance with the University's incident reporting procedures.

The relevant School/Department must ensure that any persons within their area that are accidentally contaminated through infected blood/body fluids are followed up with to ensure appropriate treatment, counselling and support has been implemented and that an effective prevention strategy is in place.

If a member of staff contracts a blood borne disease as a result of an injury at work this must be reported to the University Health and Safety Advisor, their Head of Department and Occupational Health Service. On receipt of a letter from the member of staff's General Practitioner diagnosing the disease, the University Health and Safety Advisor will notify the Health and Safety Executive of the disease in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

There may be occasions where exposure would be classed as very low risk, for example, blood/body fluid on intact skin, it may be appropriate to wash the area thoroughly but gently with soap and running water. However, if there are any concerns the Occupational Health Department or local A&E department should be contacted for advice.

Employee Counselling

Where staff require counselling following an incident involving infected blood/body fluids, they can contact PAM Assist who offer a free confidential support service staffed by experienced and professional advisors who are contactable 24 hours a day.

Information on how to access the service, including other resources, can be obtained on the [Mental Health and Wellbeing pages](#)

4 Resources

- [Safe working and the prevention of infection in clinical laboratories and similar facilities](#)
- [A Guide to the Genetically Modified Organisms \(Contained Use\) Regulations](#)
- [For Healthcare settings - The Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance](#)
- [Sharps guide](#)
- [Biological Safety Advisor](#)