

4.8 Blood-borne Viruses

Contents

1. First Aid
2. Accidents Involving Blood
3. Cleaning
4. Specific Methods of Cleaning
5. Disposal of Waste
6. Risk Assessment
7. Reporting Incidents

Regulation and Standards

England

- Regulation 10: The health and well-being standard
- Guide to the health and well-being standard
- Regulation 23: Medicines

Wales

- Regulation 33: Access to health and other services
<https://www.legislation.gov.uk/wsi/2017/1264/regulation/33/made>
- Regulation 58: Medicines
<https://www.legislation.gov.uk/wsi/2017/1264/regulation/58/made>
- Regulation 25: Respect and sensitivity
<https://www.legislation.gov.uk/wsi/2017/1264/regulation/25/made>

Scope of this chapter

All Staff are given access to all information that identifies areas of risk. Staff will be given the necessary training and health and safety induction to manage such risk.

The provision and management of a healthy and safe working environment at each home or office/school; is delegated to the Manager/Head Teacher responsible for that location.

First aid treatment/systems will be assessed to consider all aspects the First aid requirements at each location, including the amount First aid equipment and level of training in First aid that will be required.

Also see HIV and AIDs Guidance.

The main Blood-borne viruses (BBV's) of concern are:

- Hepatitis B virus (HBV), hepatitis C virus and hepatitis D virus, which all cause hepatitis, a disease of the liver;
- Human immunodeficiency virus (HIV) which causes acquired immune deficiency syndrome (AIDS), affecting the immune system of the body.

These viruses can also be found in body fluids other than blood, for example, semen, vaginal secretions and breast milk. Other body fluids or materials such as urine, faeces, saliva, sputum, sweat, tears and vomit carry a minimal risk of BBV infection, unless they are contaminated with blood.

It is very unlikely that you will become infected through everyday social contact with another worker who has a BBV.

BBV's are mainly transmitted sexually or by direct exposure to infected blood or other body fluids contaminated with infected blood.

In the workplace, direct exposure can happen through accidental contamination by a sharp instrument, such as a needle or broken glass. Infected blood may also spread through contamination of open wounds, skin abrasions, skin damaged due to a condition such as eczema, or through splashes to the eyes, nose or mouth.

Care should still be taken as the presence of blood is not always obvious.

1. First Aid

If you are a first aider in the workplace, the risk of being infected with a Blood Borne Virus while carrying out your duties is small. It should be noted that there has been no recorded case of HIV or HBV being passed on during mouth-to-mouth resuscitation. The following precautions can be taken to reduce the risk of infection:

- Cover any cuts or grazes on your skin with a waterproof dressing;
- Wear suitable disposable gloves when dealing with blood or any other body fluids;
- A disposable plastic apron where splashing is possible;
- Use devices such as face shields when you give mouth-to-mouth resuscitation, but only if you have been trained to use them;
- Wash your hands after each procedure.

2. Accidents Involving Blood

- a. Use disposable gloves where possible;
- b. Wash the wound immediately, squeezing to encourage bleeding & using plenty of soap and water, then apply a suitable dressing if required;
- c. Seek medical advice as soon as possible;
- d. If blood is splashed on to the skin it should be washed off immediately using soap and water;
- e. Splashes of blood to the eyes or mouth should be washed out immediately with clean cold tap water;
- f. Where surfaces/furniture come into contact with blood wash them thoroughly, as soon as possible;
- g. If broken glass is involved use two pieces of rigid cardboard and place pieces firstly into a cardboard container and then in a plastic bag. Ensure that it would be impossible for someone handling the bag to come in contact with either glass or fluids. If a dustpan is used to clean up glass, it should be cleaned appropriately afterwards.

3. Cleaning

- Normal cleaning methods are appropriate with no requirement to use special disinfectants;
- Any spillage of blood, vomit or other body fluids should be cleaned up as soon as possible;
- If possible, wear disposable clothes;
- Clothing or linen affected should be washed, rinsed, and then washed again on a hot wash cycle (approx. 80C). This should be done promptly before fluids have time to dry. Blood stained items must be washed first on a cold water cycle;
- Crockery can be washed in the normal way using hot soapy water.

4. Specific Methods of Cleaning

4.1 Blood or Blood Stained Body Fluids (not Urine or Vomit)

- Small surface spills (less than 30ml) on impermeable non-metallic surfaces;
 - i. Soak with solution;
 - ii. Wipe up with disposable paper wipes;
 - iii. Clean surface with hot soapy water and dry;
 - iv. Dispose of all materials including gloves and apron as infected waste in plastic bag.
- Large volume spills (more than 30ml)
 - i. Cover and absorb the spill with paper wipes that should be placed straight into a plastic bag;
 - ii. When most of the liquid has been cleared up, disinfect the area;
 - iii. Absorb with paper towels, and then wash surface with hot soapy water and dry;
 - iv. Dispose of all materials as above.
- Carpets, wooden or soft furnishings
 - i. Clean with hot soapy water and rinse well avoiding excessive wetting;
 - ii. In some circumstances steam cleaning may be appropriate.
- Metallic surfaces
 - i. Absorb spill with paper towels as above;
 - ii. Clean with hot soapy water;
 - iii. In addition, the surface may be wiped with dilute bleach solution, providing this is rinsed off afterwards.

4.2 Acidic Spillages - Urine or Vomit

- Absorb with paper towels;
- Clean surface with hot soapy water;

4.3 Gross Contamination of Surfaces with Faeces or Pus

Clean with hot soapy water and then clean area with solution, then dry.

5. Disposal of Waste

A risk assessment, as required by COSHH (see [HSE Government website](#)), should be carried out on any waste generated.

Certain waste is classified as clinical waste and its collection, storage and disposal is subject to strict controls. Clinical waste includes waste consisting wholly or partly of blood or other body fluids, swabs or dressings, syringes, needles or other sharp instruments, which unless made safe may be hazardous to any person coming into contact with it.

Human hygiene waste which is generated in places like schools, offices (as well as in the home) is generally assumed not to be clinical waste as the risk of infection is no greater than that for domestic waste. However, those carrying out the risk assessment may have local knowledge which means they cannot make this assumption.

Further information on how to dispose of clinical and human hygiene waste can be found by contacting your local Environment Agency office (General Enquiry Line Tel: 03708 506 506)

Only bodily discharge and toilet paper/ facial tissues can be disposed of down the toilet – no other material;

If this is not possible, items should be 'double bagged' in plastic bags and secured, and then arrangements should be made with the local authority for collection.

6. Risk Assessment

Specific legislation on hazards that arise from working with biological agents such as BBV's is contained in the Control of Substances Hazardous to Health Regulations 2002 (as amended) (COSHH). Also review your EPP Risk Assessment Manual - Prevention of transmission of infectious disease at work

Under COSHH you have a legal duty to assess the risk of infection for employees and others affected by your work. When the risk is known, you need to take suitable precautions to protect their health. You must also give employees adequate information, instruction and training on any risks to their health which they may face at work.

7. Reporting Incidents

Under the requirements of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR), you have legal duties to report certain incidents and dangerous occurrences to your relevant enforcing authority. Ensure all accidents/ incidents are reported to Euro Pacific Partnerships (EPP) our Health and Safety Consultants who will assess the accident/ incident report and report to the HSE as a RIDDOR if appropriate.

Revision History

Date last updated: July 2020

Date of next review: July 2021

Date of release: July 2020