1. Haringey Council Procedure

1.1 Under existing health and safety legislation employers have a duty to provide a safe working environment. This includes ensuring that activities that involve potential exposure to blood-borne viruses in the workplace are properly risk assessed, and to take action to ensure that any avoidable exposure is prevented and controlled.

1.2 The Council acknowledges its duties under these regulations and has provided this procedure to ensure as far as is practicable that those duties are met.

1.3 Whilst the ultimate responsibility for health and safety rests with the Chief Executive of Haringey Council, all managers have a responsibility to ensure a safe working environment for their staff. It is therefore every manager's responsibility to ensure that all staff who could potentially be exposed to blood or body fluids are educated about the risks of blood-borne viruses, have received appropriate training in infection control, including the use of protective clothing, the safe handling and disposal of sharps, and the correct action to take after occupational exposure.

2. Scope of Procedure

2.1 This procedure is applicable to all staff who could feasibly come into contact with blood borne viruses during the course of their work activities. This will include social workers, frontline staff working with clients in susceptible groups (homeless, drug and alcohol misusers), Childcare professionals within Children's Centres and schools, Care Homes and day centres, drainage crews (who will potentially be exposed to risks from Hepatitis B present in faecal matter), parks staff, grounds maintenance, cleaning staff, first aiders and to some teaching staff.

3. Key Terms and Summary Information

3.1 Key Terms

Blood Borne Viruses (BBVs)	BBVs are a range of different viruses which are all carried in the blood and bloodstream. Depending on the virus, an infected person may appear very clearly unwell or else seem completely symptom free. If infection causes no symptoms, then a person may be unaware that they are infected. Sometimes infection with these viruses can have long term health consequences. There is, however, treatment available which can significantly reduce the impact of a virus, or even result in a cure for infections.
Hepatitis B	Hepatitis B sometimes only causes an acute infection which the body's immune system can clear on its own, but in 3 to 5 out of 100 adult cases it leads to chronic infection which is currently not curable, but for which there are numerous treatment options available to reduce potential damage to the liver and the risk of onward transmission; there is also a vaccine available for Hepatitis B, which is very safe and highly effective in preventing infection, even if given after a potential exposure event has occurred
Hepatitis C	Hepatitis C can also cause an acute (and self-resolving) or a chronic infection. Treatment is available to clear chronic

	Hepatitis C infection, completely curing at least 9 out of 10 patients
Human Immunodeficiency virus (HIV)	HIV is a virus which affects the body's immune system and, if not treated, makes it susceptible to severe infections and other serious illnesses; although there is no cure for HIV currently, there is treatment available which can reduce the level of virus in the blood to undetectable –preventing forward transmission to others and avoiding serious health consequences for those treated
Covid-19	Corona Virus (Covid-19) is a respiratory disease that in most cases causes a mild illness, however some groups are more susceptible and may have more serious ill effects, such as those with underlying health conditions, diabetes, chronic cardiac disease, respiratory illnesses etc. The virus moves from person-to-person in droplets from the nose or mouth spread when a person with the virus coughs or exhales. The virus can survive for up to 72 hours out of the body on surfaces which people have coughed on, etc People can pick up the virus by breathing in the droplets or by touching contaminated surfaces and then touching their eyes or mouth
Routes of Transmission	Common routes of transmission include skin puncture by blood-contaminated sharp objects (e.g. needles) and sharing of injecting equipment. Less common routes of transmission include contamination of open wounds or skin lesions, splashing of the mucous membranes (such as the eyes or inside of the mouth) and human bites where blood is drawn
Types of Injury	A puncture or sharps injury, where the skin is punctured by needles, glass or other instruments contaminated with blood. Any bite that involves a break in the skin and the presence of blood - with transmission also possible from the person bitten to the biter. Contamination of mucosal surfaces' (splash injuries), body surfaces such as the eyes or the inside of the mouth, or of uncovered cuts with blood or body fluids. This includes incidents where someone has been spat at or had body fluids such as urine thrown on them.
Clinical Waste	Contains viable micro-organisms or their toxins which are known or reliably believed to cause disease in humans or other living organisms. Contains or is contaminated with a medicine that contains a biologically active pharmaceutical agent, or is a sharp, or a body fluid or other biological material (including human and animal tissue) containing or contaminated with a dangerous substance.

4. Responsibilities for Implementation

4.1 Directors, Heads of Service and Head Teachers are responsible for implementing and monitoring compliance with this procedure in their area or school.

4.2 Managers must ensure:

4.2.1 Suitable and sufficient risk assessments are in place which identify the necessary controls relative to the risk of exposure to blood and other bodily fluids during the course of normal work activities.

4.2.2 Staff are trained to the appropriate level for their work activities including dealing safely with blood and bodily fluids, including blood borne viruses.

4.2.3 Suitable local procedures are in place, that have been developed from this procedure, to safely deal with accidental spillages of blood and other bodily fluids including puncturing of the skin by contaminated sharps or bites.

4.2.4 Provision of suitable work equipment e.g. litter pickers and PPE.

4.2.5 Provision for the safe disposal of items contaminated with blood or bodily fluids is in place. This should include sharps bins for needles, spill kits, and biological bins for soiled medical dressings, nappies, wipes etc. A contract with a licensed carrier of clinical/hazardous waste must be in place.

4.3 Employees must:

4.3.1 Comply with this procedure and any local protocols for dealing safely with blood and bodily fluids.

4.3.2 Employees have a duty under health and safety law to ensure their safety and the safety of others by their acts or omissions.

.4.3.3 Employees are to comply with vaccination recommended by the Council in line with the immunisation and vaccination procedures.

5. Specialist Advice

5.1 Occupational Health

6. Other documents you may need to consider

6.1 HSP06 Haringey Risk Assessment Procedure

7. Action to Take

7.1 Risk assessment

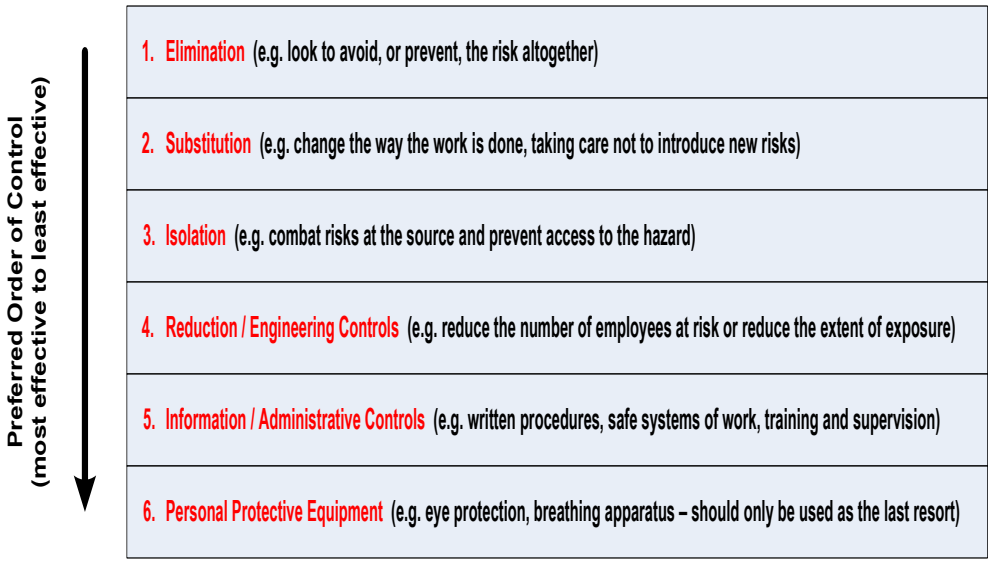
7.1.1 A risk assessment of work activities must be completed for all significant hazards in the workplace. Where the risk of exposure to Blood Borne Viruses (BBV's) or other bodily fluids is present a suitable and sufficient assessment of the risk must be completed using Haringey's Risk Assessment Procedure (HSP06) and template.

7.1.2 Risk assessments must be completed by managers in cooperation with employees and comply with the HSE's 5 steps to risk assessment.

- Identify the hazards – where BBVs may be present.
- Decide who might be harmed and how – which employees and others may be exposed to BBVs and how this might happen, for example through dealing with accidents or handling contaminated items for cleaning or disposal.
- Assess how likely it is that BBVs could cause ill health and decide if existing precautions are adequate or whether more should be done. Factors to consider include:
  - The frequency and scale of contact with blood or other body fluids.
  - The number of different persons' blood/body fluids with which contact is made.
  - Any existing information on injuries reported in the workplace.
  - The quality of control measures used.
- Record your findings.
- Review your risk assessment and revise it, if necessary.

7.1.3 When creating risk assessments consideration should be given to the potential of exposure to BBV's, who could be exposed, the reasonably foreseeable injuries or occurrences that may lead to exposure and the likely sources of exposure (clients, patients, service users).

7.1.4 Controls identified in the risk assessment should observe the hierarchy of controls stated in the Management of Health and Safety at Work Regulations 1999



7.1.5 Completed risk assessments must be communicated to all relevant staff. It is strongly recommended that staff sign a record of receipt to evidence they have received and understood the RA.

7.1.6 All risk assessments should be held in a location that is accessible to staff. This can either be electronic or hard copy.

7.2 COSHH Assessment

7.2.1 Alongside the workplace/work activity risk assessment, the Control of Substances Hazardous to Health Regulations 2002 (COSHH) require an assessment is made of all hazardous agents in the workplace. Hazard is defined in the regulations as *"hazard", in relation to a substance, means the intrinsic property of that substance which has the potential to cause harm to the health of a person, and "hazardous" shall be construed accordingly.*

7.2.2 The regulations further define the risk of incidental exposure to biological agents which can occur when an employee's work activity brings them into contact with material which contains infectious agents, e.g. blood, body fluids, contaminated water, waste material or bedding/laundry etc.

7.2.3 Therefore it is an absolute duty for employers to carry out suitable and sufficient assessments of any hazardous agent used in the workplace such as detergents, solvents, disinfectants etc as well as the potential exposure to BBV's.

7.2.4 To facilitate the completion of a suitable and sufficient COSHH assessment the Council has provided the document HSP15 COSHH Procedure which you should refer to.

7.3 Prevention

7.2.1 Staff should follow universal precautions and use of personal protective equipment (PPE) when cleaning up bodily fluids, Section 7.4 as well as covering any breaks in their skin, as needed, and directed by their risk assessments.

7.2.2 Vaccination against Hepatitis B is also available and is highly effective at preventing transmission (when administered as per appropriate guidelines). Service Area risk assessments will determine if vaccination is required. For those with frequent exposure, pre-exposure immunisation is recommended and will be offered in line with Haringey immunisation procedures. Risk assessments should be carried out locally by managers with advice from occupational health services or as a result of appropriate medical advice.

7.2.3 In occupations where there is a risk of exposure to BBVs, the following measures to prevent or control risks apply, but you may need to adapt them to your local circumstances in ensuring a safe system of work:

- Prohibit eating, drinking, smoking and the application of cosmetics in working areas where there is a risk of contamination.
- Prevent puncture wounds, cuts, and abrasions, especially in the presence of blood and body fluids.
- When possible avoid use of, or exposure to, sharps such as needles, glass, metal etc, or if unavoidable take care in handling and disposal.
- Consider the use of devices incorporating safety features, such as safer needle devices and blunt-ended scissors.
- Cover all breaks in exposed skin by using waterproof dressings and suitable gloves.
- Protect the eyes and mouth by using a visor/goggles/safety spectacles and a mask, where splashing is possible.

- Avoid contamination by using water-resistant protective clothing.
- Use good basic hygiene practices, such as hand washing.
- Control contamination of surfaces by containment and using appropriate decontamination procedures (see 'Section 7.4.4').
- Dispose of contaminated waste safely (see 'Section 7.4.4').

7.4 Decontamination Procedures

7.4.1 Under ideal laboratory conditions HIV can remain infectious in dried blood and liquid blood for several weeks and HBV stays active for even longer. If materials become contaminated with blood or other body fluids, there are several methods available for decontamination. These procedures are designed to inactivate BBVs, mainly by using heat or chemical disinfection.

7.4.2 In the event that there is a spillage of blood, vomit, urine or faeces, careful measures must be taken to clean the area of contamination. The use of specific spill kits for bodily fluids must be used. All spillages of bodily fluids should be assumed to be contaminated.

7.4.3 Bodily fluid spill kits should be purchased by the service area/team and their locations known by all relevant persons. For corporate buildings the Corporate Landlord will supply spill kits which should be available for building support officers. The quantity and location of spill kits should be decided within the risk assessment.

7.4.4 A periodic check of spill kits should be completed to ensure kits are fully stocked and are in the correct location. Records of checks should be recorded.

7.4.4 The sequence for dealing with bodily fluid spills are as follows:

- Cordon off the area, place warning signage – If the spill is in a communal area or where other staff, pupils or visitors are present their safety must be considered. Aside from the risk of BBV's there will be a slip hazard.
- Assess the spill –
  - Do you know what it is?
  - Is it on a hard surface or on carpet or soft furnishing?
  - Do you need to notify anyone?
- Collect the spill kit – Check the contents and instruction card
- Put on PPE –
  - Put on the protective clothing from the kit, disposable apron, cap, or hair covering, and double gloves
  - Cover any open wounds, scratches, or grazes on skin with a waterproof covering.
  - You may not need to use the eye protection of you assess that there is no chance of splashing
- Clean up the Spill –
  - Working from the outside inwards, cover the spill with the granules from the spill kit.
  - Follow the manufacturer's instructions to ensure you use the correct strength and quantity and allow the correct amount of contact time for the granules you use, it's usually about 2 minutes.

- Collect the granules using the scoop and scraper and place into a disposable bag along with the used scoop and scraper.
- Seal the disposable bag and place into a second disposable bag.

- Decontaminate and dispose –
  - Remove PPE
    - Take off the top pair of gloves and put into the second disposable bag
    - Keeping on the bottom pair of gloves, remove all the other protective clothing and place in the second disposable bag.
  - Decontaminate the area
    - Use a disinfectant surface wipe or spray to clean the area and paper towels to dry it
    - Alternatively. You could use paper towels to apply an appropriate disinfectant to the area.
  - Dispose of the waste-
    - Put the paper towels into the second disposable bag with all the other waste.
    - Only touching the outside of the bag, seal it and label it appropriately for correct disposal as clinical or hazardous waste.
    - Wash hands and exposed skin – Thoroughly wash your hands and dry them carefully.
- Report – Complete an incident form with the details of how the spill occurred, what the spilt materials were, and what actions were taken.
- Replenish or replace the spill kit.

7.5 Needle Stick and Skin Puncture Procedures

7.5.1 If you pierce or puncture your skin with a used needle or contaminated sharp item, follow this first aid advice immediately:

- Encourage the wound to bleed, ideally by holding it under running water,
- Wash the wound using running water and plenty of soap
- Do not scrub the wound while you are washing it
- Do not suck the wound
- Dry the wound and cover it with a waterproof plaster or dressing

7.5.2 You should also seek urgent medical advice as you may need treatment to reduce the risk of getting an infection. Go to the nearest Hospital A&E department as soon as possible or contact your GP.

7.5.3 Complete an accident/incident form or ask a manager to do so as soon as possible. Completed accident forms to be emailed to the Health and Safety Team,

8. Record Keeping

8.1 A record of all appropriate risk and COSHH assessments undertaken, along with any revision and associated documentation must be retained for a minimum of 3 years.

8.2 A record of all training provided to include certificates, expiry dates and refresher dates must be retained in line with the Haringey Council's retention policy.

8.3 Appropriate records of periodic checks to ensure spill kits are stocked must be maintained for a minimum of 3 years. See Appendix 1.

9. Monitoring and Review

9.1 A variety of monitoring systems must be utilised to ensure adherence with this procedure including departmental monitoring checks.

9.2 This safety procedure must be reviewed by the Corporate Health, Safety and Wellbeing Board within a period not greater than 26 months. In addition, it will be revised as soon as practicable where changes in statute or industry best practice deem the content out of date.

10. Approval of the Procedure

11.1 This safety procedure was reviewed by the Corporate Health, Safety and Wellbeing Board and approved by the Council's Head of Organisational Resilience on 10th November 2020. Any required variations from this safety procedure should be brought to the attention of the Council's Head of Organisational Resilience.

Approved by (print name): Andrew Meek, Head of Organisational Resilience

Signature:  **Date: 1/12/2020**

Appendix 1 Spill Kit contents checklist*

Contents	Quantity	Present
Absorbent Granules	1 Pack	
Gloves	1 Pair	
Polythene Apron	1	
Scraper/scoop	1	
Dry wipes	2	
Cleaning wipes	1	
Disinfectant spray	1 8ml bottle	
Biohazard disposal bag	1	
Pack of tissues	1	

*Based on a standard bodily fluid spill kit – amend list in accordance with available spill kits.