The Shrewsbury and Telford Hospital NHS
NHS Trust

# Management of Patients with a Blood Borne Virus

# (Hep B, C and HIV)

IPC 36

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| Dissemination plan | Circulated via Ward Managers Band 7 meeting, Link Nurse, inclusion in statutory training.<br>All policies will be emailed to Ward Managers/Department Managers when updated. |
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**Version history**

| Version | Item | Date | Author | Status | Comment |
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| V1 | 0 | Oct 2011 | K Barber | Draft | This is a new policy |
| V1.1 | | Oct 14 | Leeanne Giles | Final | Update<br>Approved at IPCC 27.10.14 |
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**Review and Amendment log for minor changes**

| Version No | Type of Change | Date | Description of change |
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| **V1.1** | Format | October 2014 | Roles and roles and responsibilities updated into approved policy format |
| **V 1.1** | Hyperlinks to supporting policies and web based information | October 2014 | Hyperlinks to supporting policies and web based information updated to ensure accessible and up to date |
| **V1.1** | Minor changes to ensure content consistent with other policies | October 2014 | Reflection of change in chlorine disinfectant product in use in Trust and management of spills worded to be consistent with information in Cleaning and Disinfection Policy IPC 05 |

**Contents**

## 1 Document Statement

This document gives guidance on the management of patients with blood borne viral infections from the infection prevention and control perspective.

## 2 Overview

Blood borne viruses can be transmitted by inoculation of blood and other body fluids from infected patients. Precautions must be taken to protect staff and patients from this risk, while ensuring that infected patients receive the treatment and care they need.

For this reason the Trust has adopted the policy of taking 'standard precautions' when handling blood and body fluids.

The key to preventing transmission of blood-borne viruses (BBVs) is the strict observance of infection prevention and control measures which treat all blood, body fluids and body tissues from all patients as potentially infectious at all times.

The BBVs which present most cross-infection hazard to health care workers (HCWs) are those associated with a carrier state with persistent replication of the virus in the human host and persistent viraemia. This includes HIV and several hepatitis viruses. For the purpose of this policy BBVs are taken to mean hepatitis B, C and HIV.

## 3 Definitions

Blood borne virus (BBV) - pathogenic microorganisms that are present in human blood and cause disease in humans

Hepatitis B - liver inflammation due to infection by the hepatitis B virus (HBV). It occurs in both rapidly developing (acute) and long-lasting (chronic) forms, and is one of the most common chronic infectious diseases worldwide.

Hepatitis C - Hepatitis C is a form of liver inflammation that causes primarily a long-lasting (chronic) disease.

HIV - Acronym for the Human Immunodeficiency Virus, the cause of AIDS (acquired immunodeficiency syndrome).

## 4 Policy

This policy is restating precautionary measures, which should be taken when dealing with all patients.

With increasing prevalence of blood borne viruses it is dangerous to assume that only certain groups are likely to be infected. Standard precautions should be followed with all patients (see Standard Precautions Policy). http://intranet/infection_control/Infection_control_policies_and_related_information.asp

### 4.1 Isolation

Patients with a blood borne virus who are bleeding, have a bleeding tendency or are at high risk of sudden bleeding (e.g. significant oesophageal varices or post-partum haemorrhage) should be cared for in single rooms. This is also required where patients have significant diarrhoea, incontinence or altered behaviour due to psychiatric or neurological disease. Further precautions/isolation may be required as the result of other related transmissible infections (see Isolation Policy).
http://intranet/infection_control/Infection_control_policies_and_related_information.asp

Patients who are adequately self-caring and do not fit into the above categories do not require isolation. They may be admitted to the open ward and allowed the same activity as other patients without restrictions.

### 4.2 Personal Protective Equipment (PPE)

Appropriate PPE must be available for use at all times and must be worn whenever there is a risk of contamination with blood or body fluids.

Gloves and Aprons – Must be worn for all procedures when handling blood or body fluid.

Eye Protections – Must be worn if there is a risk of splashing with blood or body fluid.

See Standard Precautions Policy http://intranet/infection_control/Infection_control_policies_and_related_information.asp

### 4.3 Linen

No special measures are needed. All blood or body fluid stained linen should be placed in a red alginate bag (inner bag) then in a red terylene bag. (See Linen Policy)
http://intranet/infection_control/Infection_control_policies_and_related_information.asp

### 4.4 Cleaning

Normal room cleaning is required. No additional measures are required unless there is a blood or body fluid spillage.

### 4.5 Blood/Body Fluid Spillage

Any spillage of blood or body fluid must be cleaned up immediately. (See IPC Policy Cleaning, Disinfection and Sterilisation IPC 05) http://intranet/infection_control/Infection_control_policies_and_related_information.asp

**Dealing with blood and body fluid spills**

- Wear non-sterile gloves and apron
- Enhance ventilation if possible by opening window
- Check expiry date of chlorine-releasing granules and read COSSH information on label.
- Do not use for urine spills
- Sprinkle granules over spill until moisture is completely absorbed
- Leave for the time specified by the manufacture of the granules, 2 minutes minimum.
- Use disposable paper towels to collect granules and spill mixture and discard in clinical waste bag. Do not put granules in the sluice or down the sink.
- The spillage site should then be cleaned using detergent solution or detergent wipe(s).
- This and all the disposable items of PPE should then be placed into the clinical waste bag.
- Hands should then be decontaminated with soap and water

**Alternatively for small spills**

- Wear PPE (Gloves, apron, eye protection)
- Cover the spillage with disposable paper towels
- 1% Sodium Hypochlorite, or Tristel Fuse may be used. The manufacturer's advice should be followed. It must not be used for urine spills.
- Carefully pour the solution over the disposable paper towels and leave for 2 minutes
- Discard in clinical waste bag
- The spillage site should then be cleaned using detergent solution or detergent wipe(s).
- This and all the disposable items of PPE should then be placed into the clinical waste bag.
- Hands should then be decontaminated with soap and water

**Urine Spills;**

- Wear PPE (Gloves, apron, eye protection)
- Cover the spillage with disposable paper towels until all is absorbed
- Dispose of the paper towels into clinical waste bag

- The spillage site should then be cleaned using detergent solution or detergent wipe(s).

- If the urine was visibly contaminated with blood use 1% Sodium Hypochlorite, or Tristel Fuse on paper towels to disinfect the site.The manufacturer's advice should be followed
- Dispose of the paper towels used to disinfect and all PPE into the clinical waste bag.
- Decontaminate hands with soap and water

### 4.6 Crockery and Cutlery
Disposable items are not necessary.

### 4.7 Needlestick Injury
Needlestick injury or other significant exposure to blood or body fluids e.g. splash of blood to mucous membranes see Needlestick policy. http://intranet/infection_control/Infection_control_policies_and_related_information.asp

## 5 Duties and Responsiblities

### 5.1 Chief Executive
The Chief Executive has overall responsibility for ensuring infection prevention and control is a core part of the Trusts governance and patient safety programmes.

### 5.2 Board
Collective responsibility for ensuring assurance that appropriate and effective policies are in place to minimise the risks of HCAIs.

Ensuring there are robust systems of internal control that support the achievement of national Trust policies, aims and objectives.

The Board has collective responsibility for ensuring assurance that appropriate and effective policies are in place to minimise the risks of HCAIs.

### 5.3 Chief Operating Officer
Ensuring that sufficient and appropriate information is available to aid decision making and performance management at all levels.

Review performance against plan on regular basis ensuring that appropriate action is taken where necessary. Ensure there are robust systems of internal control that support the achievement of national Trust policies, aims and objectives.

### 5.4 Director of Nursing & Quality
The Director of Nursing & Quality is responsible for ensuring there are robust systems in place to improve performance in relation to Infection Prevention and Control.

### 5.5 Director of Infection Prevention and Control (DIPC)
It is the responsibility of the Director of Infection Prevention and Control to oversee the development and implementation of infection prevention and control policies.

### 5.6 Infection Prevention and Control Team (IPC)
It is the responsibility of the IPC team to ensure this policy is reviewed and amended at the review date or prior to this, following new developments.

### 5.7 Head of Nursing (Scheduled and Unscheduled Care)
The Care Group Head of Nursing will be responsible for the delivery, monitoring and assurance of performance against an agreed set of local and national key performance indicators ensuring that there is consistency of practice, high standards of care and innovation, with a strong patient safety

focus. They will be responsible for ensuing clinical safety and quality is of the highest standard across all nursing areas.

The head of nursing is also responsible for Infection Prevention & Control compliance for the Site, ensuring regulatory requirements professionally advising and supporting areas of poor performance, including the coordination of site matron/senior nurse team.

**5.8 Care Group / Centre Medical Directors**
Ensure that IPC is considered and monitored as part of the clinical governance structure within the centre and that any action plans are implemented

**5.9 Care Group / Centre Clinical Governance Leads**
Receive and review performance information on infection control and report key findings to the Care Group / Centre Board.

Discuss and review performance information on infection control with Nurse Managers at monthly meetings & promptly escalate to Care Group / Centre Medical Director / Manager issues of immediate concern or where help and support is needed.

**5.10 Care Group / Centre Clinical Governance Manager or equivalent (Lead Nurse or Practitioner)**
Receive and review performance information on infection control and report key findings to the Care Group / Centres.

Discuss and review performance information on infection control with Nurse Managers at monthly meetings & promptly escalate to Care Group / Centre Medical Director, Clinical Governance Leads and General Managers issues of immediate concern or where help and support is needed.

**5.11 Nurse Manager/Matrons**
Ensure that they are fully aware of the Trust's HCAI action plan and priorities, especially where they apply to their area of responsibility. Report monthly to the Lead nurse / Service Delivery Manager on compliance with infection control practices and audits.

Ensure effective communication systems are in place to disseminate key messages for Infection prevention & control to all staff within their area of responsibility & ensure details of infection control activity are discussed, recorded, and actioned at monthly ward / department meetings.

**5.12 Ward/Department Managers**
Ensure that staff are aware of this policy and have access to the appropriate resources in order to carry out the procedure appropriately.

Ensure staff attend Statutory and Mandatory Training in Infection Prevention and Control.

**5.13 Healthcare Personnel**
Ensure they have read and are familiar with this policy and adhere to the requirements.

The practices detailed in this policy will be monitored in conjunction with the isolation of patients' audit. Results will be reported to relevant committees.

**5.14 Infection Control Link Nurse**
Ensure they have read and are familiar with this policy and adhere to the requirements.

Act as a resource and role model for infection control issues in the clinical area (in conjunction with the Infection Prevention & Control Team IPCT.

Disseminate new information from IC Link meeting including new policies at ward/department meetings.

Take responsibility for completing staff hand hygiene assessments inline with Trust policy.

Participate in audit/surveillance in own clinical area (in conjunction with IPCT) and feed back findings – maximum 4 per year.

**5.15 Head of Facilities**

It is the responsibility of the Head of Facilities to ensure that there is a high level of cleanliness throughout the Trust; they will be the nominated lead for cleanliness, accountable for achieving the key objectives of the Operational Cleaning policy and monitor compliance with the policy.

**5.16 Management Responsibilities**

It is the responsibility of ward/department managers to ensure that their staff including bank, locum staff etc are aware of this document and that it is adhered to at all times.

The practices detailed in this policy will be monitored in conjunction with the isolation of patients' audit. Results will be reported to relevant committees.

This policy applies to **all staff** employed by The Shrewsbury and Telford Hospital NHS Trust, and also to **all visiting staff** including tutors, students and agency/locum staff. Every member of staff has personal responsibility to ensure they comply with this policy.

## 6 Review process

This policy will be reviewed 3 yearly unless there are significant changes at either at national policy level, or locally.

In order that this document remains current, any of the appendices to the (policy / guideline / procedure) can be amended and approved during the lifetime of the document without the document strategy having to return to the ratifying committee.

## 7 Monitoring of this document

The monitoring of compliance of this policy is an integral part of the trust governance and audit arrangements. The practice detailed in this policy will be monitored by audit and reviewed in the event of a serious incident occurring.

## 8 Equality Impact Assessment (EQIA)

This document has been subject to an Equality Impact Assessment and is not anticipated to have an adverse impact on any group.

## 9 References

The site below gives latest guidance on BBV's for healthcare workers and provides links to the current guidance documents

**https://www.gov.uk/bloodborne-viruses-in-healthcare-workers-report-exposures-and-reduce-risks**