

INTRODUCTION TO THIS GUIDANCE

Purpose of the guidance

The aim of this guidance is to offer assistance to a wide readership, including those with responsibility for health and safety, both in occupational health disciplines and in front line management positions, who need to assess the risks associated with exposure to blood-borne viruses (BBV). It is intended to cover any workplace situation where exposure to BBV is possible. Controls that minimise risks during exposure-prone procedures, and recommended actions in the event of an exposure, are presented. In addition to providing information on a wide range of BBV related topics (see below), signpost information is also used throughout this guidance, in the form of hyperlinks and footnotes, to take the reader to other, often specialised documents produced by others.

Overview

People suffering from certain infections may have the agent of disease present in their blood. In some cases the organisms persist in the blood for long periods and in sufficient numbers to represent a high risk of transmission to others. If others are exposed to their blood - or other body fluids - the infectious agent may be transferred into their bodies and infect them (see info box below). Viral infections carried in the blood do not always cause symptoms so the infected person may not know they have the potential to spread infection. Transmission of infection can occur from one person to another by various routes and over a prolonged time period.

The main risk of workplace acquired blood borne infection relates to viruses that persist in the blood and are known to be endemic in the United Kingdom (UK) population. Other infectious agents, such as haemorrhagic viruses, bacteria and prions, are known to be transmissible in blood and tissue, but are outside the scope of this document.

Info Box 1: Body fluids that may contain BBVs from infected individuals

Fluid	Route of Transmission	Risk
blood	parenteral	high
genital secretions	sex	high
breast milk	mother to child	high
blood stained other fluids	accidental	variable

Urine, faeces, saliva, sputum, tears, sweat and vomit, present a minimal risk of blood-borne virus infection unless they are contaminated with blood. For example, saliva present in the client's mouth during dental procedures may become bloodstained even during routine dental checks. These body fluids/products may also be hazardous for other reasons.

N.B. Other body fluids, including peritoneal, cerebrospinal, pleural, pericardial, synovial and amniotic fluids, may also contain BBV but are only likely to be of concern to healthcare workers

This guidance will concentrate only on those viruses known to have been associated with transmission from one person to another in the workplace. These are the human immunodeficiency virus (HIV, which causes the Acquired Immune Deficiency Syndrome or AIDS), hepatitis B (HBV) and hepatitis C (HCV) viruses, which may result in chronic infection.

This guidance is divided into four main parts:

PART 1 - Background information

This section provides background information on blood-borne viruses that are relevant to various UK workplace settings. This technical information may be particularly useful to those with an existing insight into viral infection, but who may wish to learn more about the process of transmission and disease. This section is available in the accompanying paper called “ACDP_92_P5b OPEN – Background information”

PART 2 - Health and safety law

This section concerns relevant health and safety law and the legal duties of employers with respect to hazard and risk assessment. This includes consideration of emergency planning, staff training, control measures and health surveillance. This section is available in the accompanying paper called “ACDP_92_P5c OPEN – Health and safety law”

PART 3 - Control measures against blood-borne infections

This section covers the practical process of risk assessment, and gives guidance on control measures that can mitigate the risk of infection in workplace situations. Other working environments are also considered, since exposure prone activities and professional care of BBV-infected individuals may take place outside of the clinical setting. This section is available in the accompanying paper called “ACDP_92_P5d OPEN – Control measures against blood-borne infections”

PART 4 - Guidance on management of incidents potentially involving exposure to a blood-borne virus

This section provides guidance on what should be done in situations where possible exposure to BBV has occurred. This section also offers information on risk assessment related to post exposure prophylaxis (PEP), with signposts to specialist information sources, as appropriate. This section is available in the accompanying paper called “ACDP_92_P5e OPEN – Guidance on management”

Appendices are also provided to cover certain areas in more detail. These include:

APPENDIX 1 - Use of gloves

This appendix gives more detailed advice on the use of gloves as personal protective equipment and includes considerations relating to what gloves are appropriate to certain work activities and how to remove gloves safely in order to prevent cross-contamination. This appendix has been provided and is called “ACDP_92_P5f OPEN APPENDIX 1 – Use of gloves”.

APPENDIX 2 - Transport of infectious substances

This appendix provides an overview of the transport requirements for materials containing or contaminated with blood borne viruses. This appendix has been provided and is called “ACDP_92_P5g OPEN APPENDIX 2 – Transport of infectious substances”.

APPENDIX 3 - Sector-specific practical guidance

This appendix provides an overview of blood borne virus-related guidance relating to a variety of work place activities and relevant links to other specialist sites that serve specific work sectors. This appendix has been provided and is called “ACDP_92_P5h OPEN APPENDIX 3 – Sector specific guidance”.

APPENDIX 4 – Additional contact information

This appendix contains contact details for organisations that can offer advice and information on BBV; this includes those who may not have been previously mentioned in other parts of the guidance. This appendix has been provided and is called “ACDP_92_P5i OPEN APPENDIX 4 – Additional contact details”.

Notes on other aspects of this guidance

The term *blood-borne virus (BBV)* will be used in this guidance for brevity. Whenever this term is used, or blood is otherwise mentioned, it should be taken to include any high-risk body fluid (Info box 1.1) unless stated otherwise.

The BBV covered in this guidance are pathogens capable of causing severe disease and even death. Whilst medical treatments (i.e. post-exposure prophylaxis) may be available and effective, a high standard of infection control precautions should be applied in all contact with blood, body fluids and tissues.

Other blood-borne infections exist that are not covered by this guidance. The control measures recommended are applicable to the majority of other infectious agents that may be found in blood at some time during the course of an illness.

Preparation of the guidance

The Advisory Committee on Dangerous Pathogens (ACDP) has prepared this guidance in consultation with the Health & Safety Executive (HSE). ACDP advises the HSE, the Health Protection Agency (HPA), Health and Agriculture Ministers and their counterparts under devolution in Scotland, Wales and Northern Ireland, as required, on all aspects of hazards and risks to workers and others from exposure to pathogens.

The guidance represents what is considered to be good practice by the members of the ACDP and has been agreed by the HSE Board and Health Ministers. Following this guidance is not compulsory and you are free to take other action, but it does contain information on legal requirements for certain activities and, if you do follow this guidance, you will normally be doing enough to comply with the law. Health and safety inspectors seek to secure compliance with the law and may refer to this guidance as illustrating good practice.