



**Community Infection Prevention and Control
Policy for Domiciliary Care staff**

**Blood-borne viruses
(BBV)**

BLOOD-BORNE VIRUSES

**Version 1.00
March 2020**

This guidance document has been adopted as a policy document by:

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| Review Date: | 28 March 2022 |

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1. Introduction

Blood-borne viral (BBV) infections are spread by direct contact with the blood of an infected person. The main blood-borne viruses of concern are:

- Human immunodeficiency virus (HIV), which causes acquired immune deficiency syndrome (AIDS)
- Hepatitis B virus (HBV) and hepatitis C (HCV) virus which cause hepatitis

These three viruses are considered together because infection control requirements are similar due to similarities in their transmission routes.

2. HIV

HIV infection damages the immune system increasing the risk of severe infections and certain cancers. There is no cure or vaccine, but treatment includes drugs that have proved very effective at improving the quality of life and extending lifespan. Individuals with HIV may not have any symptoms and may be unaware of their infection.

UK estimates for HIV prevalence are low (about 0.11% of the general population), but are much higher in other parts of the world and among UK residents exposed in those countries.

3. Hepatitis B

Hepatitis B causes an infection of the liver. Acute infection may be asymptomatic or may cause a non-specific illness with nausea, vomiting, loss of appetite and jaundice. Infection without apparent illness is common in children.

The risk of developing chronic hepatitis B infection depends on the age at which infection is acquired and the risk is increased in those whose immunity is impaired. Most infected adults recover fully and develop lifelong immunity. However, approximately 5% of previously healthy adults may remain infected (chronic carriers) and potentially infectious. Children infected between the ages of 1-5 years have a much higher chance of becoming a chronic carrier (20-50%) and this is particularly the case for babies infected at birth (90%).

Around 20 to 25% of individuals with chronic HBV infection worldwide have progressive liver disease, leading to cirrhosis in some patients.

UK estimates for hepatitis B prevalence is low, around 0.3%, but is more common in other parts of the world and among UK residents exposed in those countries.

4. Hepatitis C

Hepatitis C is another virus which can damage the liver. Most individuals with hepatitis C have no symptoms and are unaware of their infection. Some may develop a flu-like illness and jaundice. About 1 in 5 people infected with hepatitis C recover completely. The majority become chronically infected, and about 20% of these will develop severe liver scarring (cirrhosis) in 20-30 years, and a proportion will go on to develop liver cancer.

UK estimates for hepatitis C prevalence are low (around 0.5%), but the infection is more common in other parts of the world and among UK residents exposed in those countries. Prevalence among drug users may be as high as 50-80%.

5. How are BBV's spread?

HIV and hepatitis B

HIV and hepatitis B are transmitted (spread) by direct contact with an infected person's blood or certain body fluids.

Main routes of transmission:

- Sexual intercourse with an infected person, particularly without using a condom
- Sharing contaminated needles or other injecting equipment
- From an infected mother to baby during pregnancy, delivery or breast feeding
- Tattooing, body piercing or acupuncture with unsterilised equipment
- Blood transfusion in a country where blood donations are not screened for HIV and hepatitis B
- Sharing razors and toothbrushes (which may be contaminated with blood from an infected person)
- Occupational exposure through sharps injuries or other mucosal or non-intact skin exposure

HIV and hepatitis B are not spread by normal daily activities, e.g. coughing, sneezing, kissing, sharing food, crockery or bathroom facilities.

Hepatitis C

Hepatitis C is also spread by direct contact with an infected person's blood. Prior to donor screening, infection had been transmitted by blood transfusions and blood products.

Currently, the main route of spread in the UK is through sharing contaminated drug use equipment. This accounts for the majority of cases.

Other less common routes of transmission include:

- Sexual intercourse with an infected person without using a condom (this route of transmission is relatively uncommon)
- From an infected mother to baby, during pregnancy or delivery
- Tattooing, body piercing or acupuncture with unsterilised equipment
- Blood transfusion in a country where blood donations are not screened for hepatitis C
- Sharing razors and toothbrushes (which may be contaminated with blood from an infected person)
- Occupational exposure through sharps injuries or other mucosal or non-intact skin exposure

Hepatitis C is not spread by normal daily activities, e.g. coughing, sneezing, kissing, sharing food, crockery or bathroom facilities.

6. Preventing the spread of BBV's

Precautions to prevent inoculation of blood and certain body fluids will prevent transmission of these viruses. These include:

- Standard infection control precautions
- Protection of staff with hepatitis B vaccination
- Appropriate management of sharps/splash injuries, please refer to the 'Safe management of sharps and inoculation injuries Policy for Domiciliary Care staff'

As a result of the lack of early symptoms in some infected persons and the tendency of the viruses to persist as chronic infections, many people who carry these blood-borne viruses may not be aware of this fact.

In adopting standard infection control precautions with all service users, the risk of transmission of these viruses will be minimised. As always, care should be taken with sharps, please refer to the 'Safe management of sharps and inoculation injuries Policy for Domiciliary Care staff' and in line with Health and Safety Executive Guidance regarding sharps, consideration should be given to using safer sharps devices, e.g. retractable needles.

The quality of infection prevention and control procedures should be such that, in principle, no extra precautions are required for service users known to carry these viruses.

Standard infection control precautions for reducing the risk of transmission of BBVs

Always:

- Keep cuts or broken skin covered with waterproof dressings
- Protect eyes, mouth and nose from blood splashes where there is a risk of splashing
- Avoid direct skin contact with blood and blood stained body fluids (if blood/blood stained body fluids are splashed on to the skin, wash off promptly with soap and water)
- Wear disposable latex/nitrile gloves when contact with blood or blood stained body fluids is likely
- Always clean hands before putting on and after removing gloves
- Always clean hands before and after giving first aid
- Never share razors or toothbrushes
- Contain and promptly clean and disinfect surfaces contaminated by spillages of blood and body fluids, please refer to the 'Safe management of blood and body fluids Policy for Domiciliary Care staff', for advice on cleaning spillages of blood/blood stained body fluids

Disposal of waste in the home

Contaminated paper towels, kitchen roll, gloves and aprons used during the care of a service user, should be put in the appropriate waste bag and disposed of as per local Waste management Policy.

Service user's personal hygiene waste such as sanitary towels, tampons and continence pads should be adequately wrapped and secured in a plastic bag prior to disposal in domestic waste. Please refer to the 'Safe disposal of waste Policy for Domiciliary Care staff'.

Vomit, urine and faeces can be flushed down the toilet.

Specimen collection

Standard infection control precautions should be used when collecting any specimens. Please refer to the 'Specimen collection Policy for Domiciliary Care staff'.

7. Management of BBV exposure

Please refer to the 'Safe management of blood and body fluids Policy for Domiciliary Care staff'.

8. References

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