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This circular is about:	BLOOD-BORNE VIRUSES: GUIDANCE TO THE POLICE SERVICE
From: Workforce Strategy	
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For more information contact:	Matt Johnston Workforce Strategy NPIA 1st Floor, Fry Building 2 Marsham Street London SW1P 4DF matt.johnston@npia.pnn.police.uk
This circular is addressed to:	Chief Officers of Police
Copies are being sent to:	Clerks to Police Authorities, H R Directors

Dear Chief Officer

Blood-Borne Viruses: Guidance to the Police Service

Replaces NPIA(WSU)(SVOH)(09)1

Blood-Borne Viruses – general statement

1. There are three main blood-borne viruses, Hepatitis B, Hepatitis C and Human Immunodeficiency Virus (HIV). None of which are contagious through ordinary social contact; police officers and police staff may be at risk of infection in certain situations within their role.

Introduction

2. The purpose of this circular is to promote:
 - I. Safe practices and procedures in relation to situations which may pose a risk of infection from blood-borne viruses.
 - II. Greater awareness amongst police officers and staff about blood-borne viruses, thus reducing unnecessary concern.
 - III. Sensitive and informed treatment of people who have a blood-borne virus.

Recording Blood-Borne Virus Information on Police Records

3. The power already exists for the Police Service to retain as a warning marker on the Police National Computer (PNC) details of offenders who are known to be infected with blood-borne viruses and who use such infections in order to threaten police officers and staff.

Procedures in the event of possible contact with infected body fluids

4. Chief Officers should ensure that police officers and staff have prompt access to information to help them identify incidents which may pose a threat to their health and that they know what to do in an emergency and where to seek advice based on the guidance below.
5. The immediate, initial risk assessment, and where necessary, treatment for blood exposure incidents should take place in Accident & Emergency Departments. Force occupational health units should liaise with their local NHS Trusts to ensure that police officers who may require follow up assessment and treatment are managed appropriately.

Education and Training

6. Although the operational risk to police officers and staff from blood-borne viruses is very low, they need to understand how the infections can and cannot be transmitted

– both for their own protection and to ensure the appropriate and sensitive treatment of others. For this reason Chief Officers should implement whatever level of training or education they deem necessary within their forces to ensure that police officers and staff can understand basic facts about all blood-borne viruses and have sufficient knowledge to deal safely and confidently with situations where there is possible risk of infection.

All incidents involving spillage of blood or body fluids must be treated with care because of the possible risk from blood-borne infections

7. Chief Officers are asked to make suitable arrangements to ensure that the relevant parts of the guidance are brought to the attention of all police officers, Special Constables and police staff and contracted workers who may come into contact with blood or body fluids. They should also ensure that their force infection control policies are revised and updated as and when necessary, to reflect the guidance contained in this circular.
8. Chief Officers may find it helpful to designate and publicise a single point of expertise and advice within their force to which staff could turn in the event of an incident.
9. Chief Officers are asked to note and act upon the advice relating to the training and education of staff and also the recording of blood-borne virus information on criminal records.

Immunisation against Hepatitis B

10. Immunisation against Hepatitis B is recommended by the Health Protection Agency (HPA) for all individuals at risk from infection. All forces should refer to the current information and recommendations for Hepatitis B immunisation in the Department of Health (2006) Immunisation against Infectious Disease (The Green Book). It is available online at:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_079917

11. The responsibility for an immunisation programme for members of staff is an employers' responsibility and a decision to vaccinate police officers and staff lies with their force. Forces should engage in a process of risk assessment to determine which of their police officers and staff are in need of the additional protection given by these vaccinations, then make arrangements to provide them. Any costs incurred would have to be borne by the Police Service.
12. If a force has identified through a rigorous risk assessment that a member of staff requires an immunisation program, then the force must provide the vaccination free of charge and keep records of what type of vaccination as provided; if the vaccination as declined; when boosters are required and any subsequent test needed to ensure the vaccination is still effective.

Operational Precautions

13. Training and educational programmes for staff about blood-borne viruses should ensure that the relative risks are placed in perspective. Caution should however be exercised in respect of all detainees, or other persons, dealt with by members of staff, as it is impossible to know whether a person is infected with a communicable disease or infestation without prior knowledge. Therefore the use of universal precautions is to be encouraged.
14. The main operational risk to police officers or staff occurs where blood from an infected person comes into contact with an open wound, rash or sore; deep human bite; splashes to eyes and mouth or if the skin is punctured by a contaminated needle or other sharp object. This may occur during a range of policing or support duties. It is therefore essential that a risk assessment of all activities includes reference to the risk of blood borne viruses and where appropriate, the necessary controls to reduce those risks.
15. All police officers and staff should be encouraged to:
 - Cover all cuts, grazes or abrasions with a waterproof plaster or dressing while on duty.

- Wash off blood which is splashed onto their skin with plenty of soap and water as soon as possible. Scrubbing the skin should be avoided to minimise damage to the natural protective skin barrier.
- Where the eyes or mouth have been exposed to blood or body fluids, they should be washed copiously with water. For puncture wounds, the wound should be gently encouraged to bleed, but not scrubbed or sucked, and should be washed with soap and water.
- Wear uniform leather gloves where there is a risk of being cut, grazed or pierced – for example at road traffic collisions or when searching vehicles or property for syringes. Disposable (plastic, latex or vinyl) gloves should be worn under leather gloves if there is heavy bleeding or spillage and a risk that leather gloves might become sodden.
- Wear disposable plastic, latex or vinyl gloves whenever there is likely to be contact with another person's blood or other body fluids. Plastic bags should be provided for the disposal of used gloves.
- Wash hands with soap at the first opportunity after contact with another person's blood or other body fluids whether or not wearing protective gloves.
- A pack containing disposable gloves, plastic bags for used materials, paper towels and liquid hand cleaner should be carried on all police vehicles. Similar packs should be available in station offices and cell blocks.
- Arrangements should be made with local authorities for the appropriate disposal of clinical waste.

General Cleaning and Disinfection

16. Chief Officers should ensure that all police officers, police staff responsible for cleaning and cleaning contractors are familiar with current procedures for dealing with the cleaning and disinfection of premises or equipment and are properly equipped.

Resuscitation

17. The risk of contracting a blood-borne virus during direct mouth-to-mouth resuscitation is extremely low; though to date there have been no clinical studies to determine the exact risk. The most common reason for resuscitation is cardiac arrest, which requires immediate action. In these circumstances, mouth-to-mouth resuscitation should not be withheld and resuscitation attempts not delayed.
18. Where blood is present in the mouth or visible in the saliva the theoretical risk of infection is higher and a protective device that prevents direct contact between the rescuer and victim, such as the Resusci-Shield or Pocket Mask often found in First Aid kits, should be considered. However, where such a device is not at hand, the extremely low risk of infection means that resuscitation should proceed regardless.

Care of People in Custody with a Blood-Borne Virus

19. In most cases police officers and staff will simply not know whether a person is infected with a blood-borne virus. Even if someone claims to be positive the information may or may not be reliable. Sometimes, however, police officers or staff will be aware that a person is infected. The employment of standard hygiene practices for all staff and the application of universal precautions should apply to everyone dealing with blood or body fluids to help ensure protection.
20. People infected with HIV are especially in need of care and support. Despite current advances in medication, investigation and monitoring which enable many HIV positive people to live normal lives, they must live continually with not only the fear of a life-threatening illness but also with a grave social stigma commonly associated with those who suffer from this disease. Police officers and staff can help by being well-informed about the virus and how it is transmitted and by dealing with infected persons confidently and having regard to their individual needs and respect for their human rights.

Confidentiality

21. Sensitive information about a person's health should be treated as confidential. It is unnecessary, insensitive, and a serious breach of confidentiality and the Data Protection Act 1998 to label or mark a detainee's' cell, cutlery, crockery etc. to denote their infectious status.