



Control of Contagious and Infectious Diseases (Hepatitis B and HIV)

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This document has been assessed for:	
Compliance with Legislation	<input checked="" type="checkbox"/>
Equality Impact Assessment	<input checked="" type="checkbox"/>
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Important notice: During times of national emergency or pandemic, the head of HR will approve relevant and necessary changes to policy and process to allow the spirit of the policy to be maintained whilst caring for and supporting our people.

1. Policy statement

Cleveland Police has a duty of care to ensure that its' Police Officers and Police Staff are not made ill by the effects of their work. Where threat of infection poses a significant risk to mental or physical wellbeing the general requirement of the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999 apply.

Cleveland Police is not under any legal duty to prevent ill health caused by problems outside work.

The procedures set out in this document apply to all Police Officers, Police Staff; including those employed by the Police and Crime Commissioner and partner agencies where appropriate, Special Constables and Volunteers.

This policy must be applied fairly, equally, and consistently by and to all Police Officers and Police Staff employees irrespective of age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation or any other unjustifiable grounds.

2. Purpose

The purpose of this policy is to provide written guidance for Police Officers and Police Staff when dealing with exposure to body fluids and the risk of infection from contagious/infectious diseases and infestations.

Employees have a legal responsibility under Health and Safety legislation in adhering to these measures and in communicating them to others (e.g. Contractors and Agency Staff) that may be exposed in the course of their duties.

These practices and measures are also designed to protect the public from infection from staff members in the event that a staff member may already be infected outside of work, although the overall risk is small.

2.1 Infection

Infection is the invasion of the body by organisms causing disease.

2.2 Control of Infection

The method by which the exposure of individuals to contaminated substances is reduced.

2.3 Route of Transmission

The methods by which an organism is transferred to an individual:

- Inhalation;
- Ingestion;
- Injection; and
- Absorption (through the skin and mucous membranes).

2.4 Needle Stick Injury or Bites

Sharps injuries or bites are injuries which involve penetration or breaking of the skin by a sharp pointed object which could be contaminated with blood or body fluids.

Further information and advice can be found on the Force Wellbeing SharePoint on the link here: [Wellbeing - Home \(sharepoint.com\)](https://sharepoint.com)

2.5 Body Fluids

Body fluids include:

- Blood;
- Nasal secretions;
- Urine;
- Faeces;
- Vomit;
- Semen;
- Vaginal fluid;
- Sputum;
- Saliva, tears;
- Breast milk.

2.6 Personnel at risk

Anyone whose risk of exposure to hazardous organisms is increased due to the nature of their work. For example, people:

- In physical contact with the general public, their body fluids and contaminated property;
- In physical contact with animals, their body fluids and contaminated waste;
- In contact with contaminated water, sewage and soil;
- Searching undergrowth, especially woodlands and forest;
- Travelling abroad in the course of their work;
- Attending post-mortem examinations and bodies at scenes; and
- Analysing body fluids in the laboratory.

Risk should be assessed based upon the nature of contact and potential for transfer of infectious disease.

2.7 Personal Protective Equipment (PPE)

Personal Protective Equipment means all equipment which is intended to be worn or held by a person at work which protects them against one or more risks to their health and safety and any addition or accessory designed to meet that objective.

The use of PPE is one of the control measures available to protect against risks to health and safety. Safe working practices such as those outlined in this policy should always be utilised alongside the use of appropriate PPE.

All individuals potentially at risk, therefore, must be aware of the content and guidance contained in this policy.

2.8 Hepatitis B

Hepatitis B is one of the most prevalent blood-borne viruses world-wide and is a major cause of liver disease and liver cancer. There is no specific treatment for Hepatitis B.

Routes of transmission

Hepatitis B can be transmitted by contact with the blood or bodily fluids from an infected person. It can also be spread through bodily fluids that are contaminated going into the eyes, nose, mouth or onto broken skin.

It can also be transmitted from mother to baby; across the placenta and by breastfeeding (although current screening processes significantly reduce this risk of transmission).

All body fluids should be treated as a potential Hepatitis 'B' risk.

Vaccine

There is a vaccine commonly used for immunisation against infection caused by Hepatitis B (also known as HBV).

The immunisation consists of three doses of vaccine, available through Wellbeing vaccination service or your local General Practitioner. Ideally the vaccination should be administered as follows:

- The first on the elected date;
- The second a month later;
- The third six months after the initial dose.

These vaccinations should then be followed by a blood test three months later, which indicates the level of immunity, and determines if a booster vaccine is required.

Please contact Wellbeing for details of vaccination service.

The extent to which the individual has received prior treatment for Hepatitis B (e.g. immunisation) also influences the chances of contracting the virus. An individual who has recently received a full course of vaccine is almost certainly covered against infection whilst those who have received partial doses or were vaccinated many years ago are unlikely to be effectively protected against the virus.

It should be noted that vaccination is no guarantee of total protection; safe working practices are the primary means of protection.

Acquired Immunity and Non-responders

An individual who has been infected with Hepatitis 'B' in the past will have acquired immunity. In addition, a small proportion of the population (no more than 5%) exhibits natural immunity.

There is a very small proportion of individuals who do not show any evidence of having developed immunity during a blood test, even though they have received the three dose vaccination series. These are called non-responders. Anyone who falls under this category will be required to go through the full three dose vaccination process again and get tested for immunity on its completion.

2.9 Hepatitis C

Hepatitis C another blood borne virus that is transmitted in a similar way is transmitted in a very similar way and there is no vaccine currently available for Hepatitis C, however there are effective treatments available for Hepatitis C.

A blood test will identify if you have the infection.

Please contact Wellbeing for advice and guidance in the case of exposure to Hepatitis C.

2.10 Human Immunodeficiency Virus (H.I.V)/Acquired Immune Deficiency Syndrome (A.I.D.S)

H.I.V is a virus which attacks and damages the body's defence system stopping it from effectively fighting certain infections. H.I.V a fragile virus, is known to be less infectious than Hepatitis 'B', therefore there is a low risk of H.I.V from needle stick injury. However, there is at present, no known cure or vaccine for H.I.V and therefore good hygiene measures and safe working practices must always be adopted.

Routes of Transmission

H.I.V is transmitted through contact with:

- Blood;
- Body fluids contaminated with blood;
- Semen and vaginal fluid through unprotected sexual intercourse;
- From mother to baby; across placenta and by breast feeding.

Tears, sweat and saliva are not considered to be a risk from the transmission of H.I.V; HIV is not passed on through:

- Spitting;
- Kissing;
- being bitten;
- contact with unbroken, healthy skin;
- being sneezed on;
- sharing baths, towels or cutlery;
- using the same toilets;
- mouth-to-mouth resuscitation;
- contact with animals or insects like mosquitoes.

The only way to find out if you have HIV is to have an HIV test.

You should seek medical advice immediately if you think there is a chance you could have been exposed to HIV.

A health professional will discuss the testing process and whether you should take emergency HIV medicine.

There is an anti-HIV medicine called Post-Exposure Prophylaxis (PEP) which **may** stop you becoming infected, if taken within 72 hours of being exposed to the virus, but this will usually only be administered in extremely high-risk cases and it does have side effects.

Please contact Wellbeing for advice and guidance in the case of exposure to HIV.

2.11 Testing of Individuals

We do not have any right to the medical information of any individuals, without their consent.

3. Underpinning procedures

Useful information and can also be found on the wellbeing SharePoint site on the link here: [Wellbeing - Home](#) or by contacting a member of the wellbeing team.

Further information on operational policies and procedures can be found on the Force Intranet on the following link: [Operational Policies and Guidance](#)

3.1 Safe Working Practice

A safe working practice is designed to eliminate or minimize the risk from infection. Examples are:

- Have a course of Hepatitis B Immunisation available from Wellbeing vaccination service or your General Practitioner (GP);
- Adopt good personal hygiene practices, wash hands regularly with soap and hot water;
- Cover all cuts or sores with a waterproof dressing;
- Protect eyes, nose and mouth from blood splashes, including dried body fluids;
- Use appropriate personal protective equipment to avoid contamination (gloves, goggles, mask, resuscitation aids, etc);
- Take extra care when searching persons or property.

3.2 Hepatitis B Virus

Hepatitis B virus is believed to be still present for an undetermined length of time, probably weeks, in dried body fluids.

3.3 Use of Gloves

Wear disposable gloves whenever there is likely to be contact with blood or other body fluids.

Uniform slash resistant gloves should be worn when there is risk of skin being cut, grazed or punctured, for example at road traffic accidents and when searching vehicles or property. Disposable gloves should be worn under the leather gloves if there is also a risk of contamination via body fluids.

When removing disposable gloves, peel off from wrist down to the fingers effectively turning them inside out, thereby enclosing any contamination. Do not allow them to 'snap off'.

Never re-use disposable gloves and **never** rinse or wash them before removing. Used gloves should be placed in a clinical waste bag, sealed and labelled.

3.4 Searching Procedures

Exercise the greatest possible caution when searching suspects, particularly if they are violent or uncooperative.

Ask for help with the search, if necessary.

Ask the suspect what they have in their pockets.

Further advice on searching can be obtained from any Police Search Adviser.

3.5 Action where personal contamination may have occurred

The objects or instruments which pose the greatest risk include knives, scalpels, needles, syringes, and glass or thick plastics contaminated with blood or body fluids.

Contamination is when a person is splashed with blood or other body fluids on a part of the body, which has recent cuts or abrasions, or when blood or saliva has been splashed into the eyes and mouth:

- If eyes or mouth are splashed, irrigate with cool tap water as soon as possible;
- If an object is embedded in the skin or the wound is bleeding profusely, medical attention should be sought immediately. Any object embedded in the skin should not be removed until medical advice is sought;
- If the injury is superficial and no object is embedded, the wound and surrounding skin should be washed with soap and water as soon as possible, bleeding should be encouraged;
- It is important to try and establish when the object may have last been contaminated, for example when was the needle used for injecting? If possible, the object should be collected and placed in a puncture proof container;
- Individuals who sustain needle stick injuries or potential exposure should attend one of the local Accident and Emergency Departments (North Tees General Hospital or James Cook University Hospital) as soon as possible; a full explanation of the injury and circumstances should be provided when attending A & E, to enable appropriate post exposure advice and appropriate treatment may be given as well.

Wellbeing should be notified as soon as possible to arrange local post exposure procedure; including further blood tests and any additional booster vaccination that may be required and to provide the necessary support and guidance following an exposure incident.

Any injury must also be reported by completing the Injury on Duty Form (Force template A09-03).

3.6 Handling of contaminated clothing required for forensic evidence

Any contaminated clothing required for forensic evidential purposes must be handled wearing disposable gloves. Clothing **must** be dried in a forensic drying cabinet.

The drying cabinet must always be cleaned after use. This is to reduce the likelihood of infection and to ensure against secondary contamination.

When clothing is dry it should be bagged in an exhibits bag, sealed and labelled with bio-hazard tape, both of which are available from Stores.

3.7 Decontamination of operational/training equipment

All operational and training equipment such as batons, shields, footwear, helmets and visors contaminated with body fluids must be cleaned as soon as possible with decontaminant wipes. There is an increased risk of infection if equipment is shared. Body armour should be cleaned in accordance with manufacturers guidelines. Clothing which is heavily contaminated should be disposed of as per the local disposal procedure.

3.8 Spillages

Cleaning of minor spillages of blood or body fluids may be undertaken using spill kits. Instructions for use should be followed carefully.

Decontamination Kits should be available in Custody Suites and any other identified high-risk areas.

All individuals must also adhere to guidelines when dealing with spillages. Hepatitis 'B' immunization and Universal precautions should also apply:

- Wear a disposable gown or apron if your clothing is likely to be in contact with an individual's blood or body fluids;
- Wear a mask if there is a chance of blood or body fluids splashing into your mouth;
- Wear protective eyewear if there is a chance of blood or body fluids splashing into your eyes;
- When cleaning spillages of blood or body fluids do not touch your face or mouth;
- Wear disposable gloves;
- Place any broken glass in a puncture resistant container (sharp-safe bin), take extreme care;
- Clean the area with paper wipes;
- Wipe the area with a disinfectant solution appropriate for the task or a fresh 1:10 concentration of household bleach. If this detergent is not available, soap and hot water would suffice as an interim measure.

3.9 Disposal of blood and body fluid

Dispose of any blood or body fluid by flushing it down the toilet or any drain that is connected to a sanitary sewer.

Dispose of any soiled non-sharp item in a clinical waste bag.

3.10 Handling corpses

There is a significant risk of contracting a variety of infections from the handling of a corpse particularly those that are partially decayed. Therefore, appropriate precautions need to be taken by all individuals to minimise the risk of blood borne infections. The precautions required are identical to those required in the procedure for Hepatitis B/ HIV prevention. Any individuals who consider they have been exposed to any infection should adhere to the advice as noted previously.

3.11 Disposal of sharps

- Do not bend or break a used needle;
- Never touch a used needle or try to remove it from a syringe;
- Discard all used needles into a sharps bin;
- Keep the sharps box close to you when dealing with needles. Do not be tempted to carry an unsheathed needle any distance;
- Do not put your hand into a sharps bin;
- Seal the sharps bin when it is 2/3 full to prevent overfilling the container;
- Store sealed sharps bins safely until they are collected by a specified and licensed contractor.

3.12 Disposal of non-sharps

- Any non-sharp items which may have been soiled with blood or other body fluids should be placed in a clinical waste bag;
- If the outside of the clinical waste bag has blood or body fluids on it, place into a clinical waste bag;
- Label the bag as bio-hazardous;
- The appointed contractor will collect and dispose of these bags.

3.13 Handling soiled linen

- Wear gloves when handling linen soiled with blood, body fluids or mites/parasites;
- Place the linen in a plastic disposal bag at the place it has become soiled. Do not carry soiled linen any distance;
- Linen should be washed over hot water with detergent for 25 minutes. If the fabric requires a cool temperature cycle, low temperature detergent should be used;
- Minor contamination of mattresses can be cleansed using 1:10 bleach solution;

- Dispose of gloves in a clinical waste bag;
- Wash your hands.

3.14 Severe contamination

This involves large amounts of body fluid contaminants or a significant area of coverage. In these cases, where the Line Manager or Custody Officer(s) does not think that it is safe or appropriate to carry out local decontamination, they should undertake the following procedure:

- The room, equipment or vehicle should be taken out of service immediately;
- Contact the service desk on extension 1234 to arrange appropriate cleaning;
- Equipment must not be dismantled;
- Household rubber gloves and a disposable overall must be worn;
- Wellington boots must be worn and must be cleaned with fresh combination of 1:10 bleach after use, sealed and labelled.

3.15 Contaminated cell blankets, pillows, and mattresses

Contaminated cell blankets, pillows or mattresses must be double bagged in appropriately sized clinical waste bags, sealed and labelled. Disposal should be carried out via local clinical waste removal arrangements.

3.16 Risk of infection from dogs or horses

The risk of contracting diseases from dogs and horses is very low. The most likely infections are from skin infections, ringworm, and infestations.

Prevention of these requires simple hygiene measures as follows:

- Always wash your hands before handling food;
- Do not allow animals to lick your face;
- Cover any open wounds before handling animals;
- Be especially careful when dealing with animals that are known to have infections or infestations;
- All Police Officers/Police Staff involved with dogs and horses (their own and through work) should also ensure that they are immunised against tetanus and have regular booster injections.

3.17 Clinical Waste Disposal

i) Procedure

The following procedure relates to the safe storage and disposal of clinical type waste from Cleveland Police premises.

Clinical Waste includes:

- Blood/body fluid soiled gauzes/swabs, rubber gloves, bandages etc., and sharp instruments from medical rooms;
- Blood/body fluid soiled items or garments from cell areas;
- Paper towels or other items used directly for the cleaning of spillages of blood, urine, faeces etc;
- Resuscitation aids, rubber gloves or other protective equipment which may have been used either on Cleveland Police premises or whilst out on operational duties;
- Used needles/sharps handed in or taken from prisoners in custody areas.

ii) Dealing with Clinical Waste

Each police location shall nominate suitable storage areas for clinical waste which must be brought to the attention of all relevant individuals. At locations where custody areas exist, the most suitable storage point would be in close proximity to this area.

All clinical waste shall be placed in clinical waste bags marked with the words 'Clinical Waste' and stored in the nominated storage area prior to disposal. Double bagging should be considered where necessary for added safety. Sharp instruments **MUST NOT** be placed in clinical waste bags. Each clinical waste bag shall be securely sealed using tape.

Sharps bins should be provided in medical rooms/cell areas, public enquiry desks or other suitable places for storage of contaminated sharp instruments used by medical personnel or which have been otherwise found. When 2/3 full the sharps bin should be closed and sealed with tape. They should then be labelled as to which location they are from and stored in the nominated storage area prior to disposal.

Any protective equipment used either during first-aid treatment, e.g. resuscitation aids, rubber gloves etc., or for other purposes, whether used on Cleveland Police premises, or whilst out on operational duties should be brought into the nearest nominated clinical waste storage area and placed in a clinical waste bag.

iii) Disposal of Clinical Waste

Arrangements will be made for clinical waste to be transferred as soon as possible for incineration when the need arises. The Contractor responsible for this service will undertake this task. Queries should be directed through the SSC service desk on extension 1234 (Option 2)

4. Appendices

There are no appendices associated with this policy.

5. Compliance and monitoring

The Head of HR is responsible for the accuracy and integrity of this document. This policy will be continuously monitored, and updated when appropriate, to ensure full compliance with legislation.

The Head of HR will review this process to ensure that all aspects are being adhered to in accordance with the framework of this policy.

6. Version control

This policy will be reviewed and updated at least every three years by the owner, and more frequently if necessary.

The Corporate Services Department will ensure this document is available on the intranet.

The following identifies all version changes.

Version	Date	Reason for update	Author
0.1	Nov 2010	Policy Review	██████████
0.2	April 2011	Overview update due to outsourcing changes	██████████
1.2	July 2012	Inclusion of appendix 1 document	██████████
1.3	April 2015	Policy amend to include the Ebola Virus	██████████
1.4	August 2017	Policy updated to reflect changes to OHU working and latest H & S information. Appendix 1 amended to include more information on additional contagious and infectious diseases. Appendix 2 – how to deal with needle stick injuries added to policy	██████████
1.5	Mar 2019	Review date extension	██████████
1.6	August 2019	Policy updated to reflect new HR structure and updated appendices	██████████ ██████████

		re Needlestick injuries	
1.7	Feb 2020	Change of owner Dept. name	██████████
1.8	Apr 2020	Addition of COVID 19 message	██████████
1.9	November 2021	Policy review to ensure information is correct and up to date Removal of Appendices refer to wellbeing SharePoint instead	██████████
1.10	November 2023	Update to Wellbeing SharePoint page links and QA. Correction to version control for v1.5	█ ██████ █ █ ██████████