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GUIDELINES FOR CARE AND ACCOMMODATION OF PATIENTS AT HIGH RISK OF
INFECTION WITH HUMAN IMMUNODEFICIENCY VIRUS

Introduction

Human Immunodeficiency Virus (HIV) may result in a variety of clinical conditions, the most severe being AIDS. Guidance on clinical and laboratory aspects of safety are contained in the ACDP Guidelines* which form the basis for the Lothian Health Board's safety recommendations.

These Lothian Health Board Guidelines are intended to help individuals look after patients appropriately while ensuring the protection of staff against infection. Although they are applicable in most situations, it may in some cases be necessary to refer to the ACDP Guidelines if an item of concern is not covered here.

* "LAV/HTLVIII - The causative agent for AIDS and related conditions - Revised Guidelines from the Advisory Committee on Dangerous Pathogens, June 1986"

Recommended precautions for patient management

Simple measures to protect staff against all infections, (not only HIV), are appropriate for all individuals whether or not they are considered "at risk" of AIDS, and include:

- 1) Avoiding penetrating injuries with needles or other "sharps";
- 2) Avoiding situations where a patient's body fluids come into contact with skin, eyes or mouth;
- 3) Covering cuts and skin abrasions, on both staff and patient, with an impermeable dressing;
- 4) Wearing gloves, and if necessary a disposable apron, when undertaking tasks that might result in skin contamination by body fluids. e.g. taking blood, dealing with haematemesis or vomiting, giving toilet assistance or mouth care.
- 5) Paying attention to personal hygiene, particularly hand washing, and taking care not to eat, drink or smoke where there is potential for contamination.

Consistent application of these precautions will allow patients presenting a "risk of infection" (as defined under "who may be infected with HIV" below) to be nursed safely in ordinary open wards except when they have uncontrolled loss of body fluids or are mentally disturbed.

There is no risk from normal social contact or from close proximity. The infection is not transmitted by droplets, by

shared eating or drinking utensils, via clothing and linen or by sharing toilet facilities.

Additional precautions

Source isolation ("barrier precautions") is rarely required but should be instituted on the instruction of the Consultant responsible for the patient, or his deputy, when:

- 1) There is actual or likely external bleeding, e.g. haematemesis, melaena;
- 2) Uncontrolled loss of body fluids occurs, e.g. incontinence, vomiting;
- 3) Invasive procedures are to be undertaken on the ward;
- 4) The patient is mentally disturbed or confused.

Patients with AIDS

Patients with AIDS are no more likely to transmit HIV than those carrying the virus who do not have the disease. Gloves and aprons should be used if it is necessary to help the patient with his or her toilet or when providing mouth care. Barrier nursing is required only when the circumstances listed above i.e. bleeding, incontinence, etc., dictate this or if the patient has some other infection in addition to HIV that requires this precaution.

Who may be infected with HIV?

Individuals should be considered to present an increased "risk of infection" if they:

1. Have AIDS or HIV-related disease;
2. Are anti-HIV positive;
3. Belong to an at-risk group irrespective of their blood test result. That is:
 - a) Injection drug users since 1980;
 - b) Homosexual or bisexual males;
 - c) Recipients of blood clotting factor concentrates (haemophiliacs);
4. Have lived in an area of high anti-HIV prevalence, e.g. sub-Saharan Africa.
5. Are sexual partners of any of the above;
6. Are babies born to women in the above groups.

Needle stick injury

(LAAG)

If any injury occurs with a needle or other "sharp" contaminated with blood known, or thought likely, to be infected with HIV, the wound should be thoroughly washed with soap and water and bleeding encouraged by venous occlusion. Advice should be sought as soon as possible from the Occupational Health Service. It is most important to remember that blood from a "risk of infection" patient may be infected with hepatitis B virus (i.e. HBSAg positive) in which case protection with Hepatitis B immunoglobulin and vaccination may be appropriate.

Venesection and Laboratory Investigations

Blood should be taken from "risk of infection" patients only by trained staff wearing gloves and if required to avoid contamination, a gown, apron or eye protection. After taking the exact amount of blood required, the needle should be removed with care from the syringe and the sample container(s) filled gently and without splashing. Needles should not be re-sheathed because of the considerable risk of inoculation injury, but should be placed immediately in a puncture proof bin.

Only investigations essential for patient management should be requested. The request form should indicate clearly that the patient is in a "risk of infection" group. For laboratory investigations a "risk of infection" sticker should be placed on both the sample container and the request form.

HIV antibody testing

At present no blood test is completely reliable in identifying all those infected with HIV and it is important not to place too much reliance on test results when deciding whether an individual is potentially infectious. A positive test means that the virus may be present and that the patient is probably infectious. A negative anti-HIV test does not exclude infection.

For this reason, testing patients will seldom have a part to play in control of infection, since a "risk of infection" patient (as defined under "who may be infected with HIV"), should be managed in a way that minimizes the risk to staff irrespective of his or her test result. Testing for this purpose is available through the virus laboratories at the Medical School and the City Hospital, but should generally be carried out with the agreement of the patient following counselling about the consequences of the procedure. When test results become available, it is important to arrange post test counselling, especially in the case of a "positive" result.

The Lothian Health Board AIDS Advisory Group does not recommend routine testing or screening of health service staff, nor at present does it consider it desirable that their serum should be stored for later analysis. Any member of staff wishing to have the anti-HIV test or to have serum stored should make an appointment for the Screening and Counselling Clinic, City Hospital.

Disinfectants for use against HIV

HIV is fragile and susceptible to a wide range of chemical disinfectants. The best agents to use include:

- a) Hypochlorite solution. (A freshly prepared dilution containing 10,000 ppm available chlorine is recommended for spillages of blood and vomit. This is equivalent to household bleach diluted 1:10 in water, and is best utilized by puring onto paper towels that are placed over the spill. More bleach is then poured gently on top. For treatment of minor surface contamination more dilute hypochlorite with 1,000 ppm available chlorine is suitable. This is equivalent to household bleach diluted 1:100 in water);
- b) Glutaraldehyde solution (a freshly activated 2% solution is recommended and is particularly useful for disinfection of instruments that might be corroded by hypochlorite);
- c) Ethyl or isopropyl alcohol (a 70% solution is recommended for treatment of minor contamination of surfaces as an alternative to (a) or (b)).

ADVICE ON AIDS AND THE AIDS GUIDELINES

If advice is needed on these guidelines or on any aspect of the care of AIDS or other AIDS-risk patients, it may be obtained from your hospital's control of infection committee or from the following Lothian AIDS Advisory Group members:

Dr C.A. Ludlam, Consultant Haematologist, Department of Haematology, Royal Infirmary of Edinburgh, Lauriston Place, Edinburgh (031 229 2477 ext **GRO-C**).

Dr George Bath, Community Medicine Specialist, Lothian Health Board, 11 Drumsheugh Gardens, Edinburgh (031 225 1341 ext **GRO-C**).

Dr R.P. Brettell, Consultant Physician, Infectious Disease Unit, City Hospital, Greenbank Drive, Edinburgh **GRO-C**.

Dr J. Gillon, Consultant, Blood Transfusion Service, Regional Centre, Royal Infirmary of Edinburgh, Lauriston Place, Edinburgh (031 229 2477 ext **GRO-C**).

Dr A.F. MacLeod, Community Medicine Specialist, Carlton House, Carlton Terrace, Edinburgh **GRO-C**.

Dr A. McMillan, Consultant Physician, Department of Genito-Urinary Medicine, Royal Infirmary of Edinburgh, Lauriston Place, Edinburgh **GRO-C**.

Dr J.F. Peutherer, Consultant, Virus Diagnostic Laboratory, University of Edinburgh Medical School, Teviot Place, Edinburgh (031 667 1011 ext **GRO-C**).

Dr C.M. Steel, Consultant, MRC Cytogenetics Unit, Western General Hospital, Crewe Road, Edinburgh **GRO-C**.