

Witness Name: Mr Andrew John Furlong

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**EXHIBIT WITN3073002**

**Blood Borne Virus – Known or Suspected UHL Infection Prevention Guideline**

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## **1. Introduction**

- 1.1 The transmission of blood borne viruses from patient to patient, patient to healthcare worker or health care worker to patient can have serious consequences and therefore specific guidelines need to be in place to reduce this risk.
- 1.2 All staff must possess an awareness of their role in prevention transmission of these viruses in their area of work. Not only is this part of their professional duty but it is a requirement under the Health and Safety at Work Act (1974) and the Control of Substances Hazardous to Health (COSHH) regulations (2002).
- 1.3 The general principles of managing patients with known or suspected blood borne viruses follows Standard precautions. These standard precautions are a set of guidelines aimed originally at reducing the risk of exposure to blood borne viruses.
- 1.4 Certain areas in the Trust may have an increased risk of transmission of blood borne viruses due to the patients they see. An example of these areas are delivery suite and renal dialysis units.

## **2. Scope**

- 2.1 This guideline applies to all staff employed within University Hospitals of Leicester NHS Trust and staff working in a contracted or training capacity who have contact with patients and/or body fluids.
- 2.2 This guideline is directed towards the provision of precautionary measures to minimise the risk of transmission of Blood Borne viruses (BBV's) to healthcare personnel and others in contact with patients know or suspected to have a BBV.
- 2.3 The guideline does not provide the necessary advice on management of exposure to blood borne viruses if this should occur. For specific management once exposure has occurred then see Management of occupational exposure to BBV policy

## **3. Procedural Statements**

**All staff must use standard precautions when dealing with blood or body fluids from any patient irrespective of their blood borne virus status**

### **3.1 Standard Precautions**

#### **3.1.1 Standard precautions include**

- a) Hand hygiene – See Hand Hygiene Policy
- b) Correct use of Personal Protective Equipment
- c) Safe handling and disposal of sharps
- d) Environmental hygiene including management of spillages
- e) Vaccination

### 3.2 Source isolation

3.2.1 Patients who are known or suspected to have a blood borne virus can be nursed on the open ward unless they have the following risk factors.

- a) Bleeding or likely to bleed
- b) Incontinent of urine or faeces
- c) Unconscious, therefore at increased risk as unable to control own body fluids
- d) Post operative with open or drained wounds

### 3.3 Clinical Samples

3.3.1 Clinical specimens from patients with known or suspected to have a blood borne virus **must** be labelled as high risk and placed in a biohazard bag.

3.3.2 The sample and request form must be labelled as Danger of Infection or High risk. Stickers are available from Pathology stores (ext 5968)

3.3.3 Biopsy material must be sent to the laboratory in fixative. If examination of fresh or frozen material is essential for diagnostic reasons, a suitable procedure must be discussed and agreed with the receiving pathologist.

### 3.4 Deceased patients

3.4.1 Patients known or suspected to have a blood borne virus should be placed in a body bag and appropriate parts of the death notification form completed (For more information see Care of the Deceased Patient "last offices" policy)

### 3.5 Vaccination

3.5.1 Vaccination of all health care workers that may be exposed to blood and body fluids during the course of their work should be offered a course of Hepatitis B vaccine. Vaccination is given by occupational health. (See Staff Health – Communicable Disease Guidelines)

## 4. Education and Training

4.1 Standard Infection Prevention precautions are taught during Induction and during on-going infection prevention mandatory training

## 5. Monitoring and Audit Criteria

Key Performance Indicator	Method of Assessment	Frequency	Lead
Standard precautions including correct use of personal protective equipment and source isolation precautions	Audit completed by infection prevention team	Quarterly	Lead Nurse Infection Prevention
Environmental audits	Carried out monthly by matron and domestic supervisor. 90% scores required for a pass. Non	Monthly	Matrons

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Author: Islwyn Jones Infection Prevention  
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Page 2 of 4

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	achievement of 90% triggers escalation and re-audit.		
Hand Hygiene Compliance at ward/department level	CMG staff monthly using tool approved by infection prevention	Monthly	CMG Heads of Nursing
Equipment Cleaning and Decontamination Audit	Annual audit completed by CMG staff	Annual	Lead Nurse Infection Prevention

## 6. Legal Liability Guideline Statement

- 6.1 Guidelines or Procedures issued and approved by the Trust are considered to represent best practice. Staff may only exceptionally depart from any relevant Trust guidelines or Procedures and always only providing that such departure is confined to the specific needs of individual circumstances. In healthcare delivery such departure shall only be undertaken where, in the judgement of the responsible healthcare professional it is fully appropriate and justifiable - such decision to be fully recorded in the patient's notes

## 7. Supporting Documents and Key References

UHL Cleaning and decontamination for infection prevention policy B5/2006

UHL Hand Hygiene Policy B32/2003

UHL Health care environment cleaning policy B36/2010

UHL Preventing Transmission of Infection Policy B65/2011

UHL Sharps management Policy B7/2006

UHL Staff Health – Communicable Infections Guidelines B9/2006

UHL Care of the Deceased Patient "last offices" policy B28/2010

Management of occupational exposure to BBV policy B42/2007

Control of Substances Hazardous to Health (COSHH) Regulations (2002)

Good practice guidelines for renal dialysis/transplantation units: prevention and control of blood-borne virus infection Department of Health (2002)

Health and Safety at Work Act (1974)

## 8. Key Words

Blood Borne

Hepatitis

HIV

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This table is used to track the development and approval and dissemination of the document and any changes made on revised / reviewed versions

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<b>Lead Officer:</b>	Liz Collins		<b>Job Title:</b> Lead Nurse Infection Prevention
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