Prevention of Blood Borne Infection Policy

1 Policy statement

CCM takes extremely seriously the health, safety and welfare of its entire staff. It acknowledges the risks of needle stick injuries and blood borne infections that may arise because of the nature of some services and duties our employees carry out and its responsibility under the Health and Safety Act 1974 as amended, to reduce such risks.

The purpose of this policy is to enable the company to meet its obligation to protect staff as far as is reasonably practicable.

2 Scope

This policy applies to all staff, including temporary and agency staff, contractors and those on work experience. It forms an integrate part of the company Health and Safety policy and applies along with specific local guidance for managing needle stick and body fluids in the workplace.

The policy applies to all situations/environments in which needles and/or body fluids may be present in connection with the duties and activities of our staff.

Endorsed by;  
G Doherty, Managing Director:  
Dated: 01/06/2016
3 Policy Aims

The aim of this policy is to ensure that appropriate prompt advice, treatment and follow up is available to all CCM Staff following accidental exposure to potential blood or body fluid borne infections.

It is important for employees to know:

- What action to take.
- Who has responsibility to ensure proper assessment?
- Where to go for treatment and follow up.
- How to report the incident so that systems can be revised and future injuries reduced or avoided.

Blood and body fluids can transmit a large number of infections. This policy deals with those blood borne infections with which there is associated a significant risk of infection after needle stick injury or blood splash to broken skin or mucous membranes.

The main causes of concern are HIV, Hepatitis B virus and Hepatitis C virus.

If an employee sustains a sharps injury the risk of acquiring infection depends on whom the sharp instrument was used and the nature of the injury. If an operative receives a sharps injury they should encourage bleeding and report immediately to the nearest Accident Emergency Department (minor injuries) for further treatment and advice.

4 Responsibilities

4.1 Directors

- Making sure that there are arrangements for identifying, evaluating and managing risk associated with needle stick, and blood borne infections;
- Providing resources for putting the policy into practice; and making sure that there are arrangements for monitoring incidents of needle stick, blood borne infections and that the company management team regularly reviews the effectiveness of the policy.

4.2 Senior and Line Managers

- Ensure that all staff is aware of the policy.
- Ensure that risk assessments are carried out and reviewed regularly.
- Ensure procedures and safe systems of work into practice that are designed to eliminate or reduce the likelihood of needle stick and blood borne infections.
- Ensure that staff and individuals identified as being “at risk” are given appropriate information, instruction and training (including training at induction, updates and refresher training when necessary).
- Ensure that appropriate support is given to staff involved in any incident of possible infection, and monitoring the effectiveness of preventative measures through an effective system of reporting, investigating and recording incidents.
4.3 All staff

- Taking reasonable care of themselves and other people who may be affected by their actions.
- Co-operating by following rules and procedures designed for safe working.
- Reporting all incidents involving needle stick or possible blood borne infection.
- Taking part in training designed to meet the requirements of the policy.
- Reporting any dangers they identify or any concerns they may have about potential injury or infection or the environment in which they work.

5 Assessing risk

5.1 Risk in all work areas that pose an actual or potential risk of needle stick or blood borne infection to staff must be assessed. The assessment will involve:

Identifying situations/areas where this risk exits. It should identify who will be affected and how, and what control measures are needed to eliminate or reduce the risk to the lowest level reasonably practicable. A competent person must carry out the risk assessment and it should be recorded and shared with relevant others. The following details should be recorded.

- The extent and nature of the risks;
- The factors that contribute to the risk - including job content and work environment;
- The safe systems of work to be followed to eliminate or reduce the risks.

5.2 These details should be communicated to staff, and risk assessments reviewed and updated to the required schedule, or sooner if circumstances change.

6 Prevention of contamination

6.1 Where there is an increased risk of injury of needle stick or possible contact with bodily fluids CCM will institute the necessary controls and in some instances offer immunisation against Hepatitis B as part of the controls in place.

All employees involved in activities that may require them to dispose of needles or body fluids must be instructed regarding the hazards and prevention of blood and other body fluid borne infections.

6.2 The following good working practices must be followed to prevent such incidents:

- Use of supplied tongs to pick-up needles.
- Use of disinfectant agents.
- Cover any breaks in the skin e.g. cut, abrasion, burn, dermatitis or other skin condition with a waterproof adhesive dressing.
- Immunisation against Hep B.
- Safe disposal of sharps/needles into a suitable sharps container.
- Avoid overfilling of the sharps container.
- Secure segregation of collected sharps and body fluid waste.
- Implement a safe procedure of collection and disposal for sharps and body fluid waste by identifying a licensed company/carrier.
- Wearing of suitable Personal Protective Equipment (Gloves, Goggles, Apron, and mask).
7 Staff Support

7.1 the event of an employee being or suspected as being infected by HIV, Hepatitis B virus or Hepatitis C virus as a result of needle stick injury or body fluid infection whilst carrying out their duties, CCM will ensure the appropriate action is taken. Managers are responsible for making sure that debriefing is carried out as soon as possible after the incident.

Staff may need time off to get medical attention, legal advice, or counseling support. An independent and confidential counseling service is also available through Head Office. Managers can refer staff for counseling support or they can refer themselves.

8 Reporting and recording

8.1 All should report all incidents of needle stick (including near misses) to their line manager or the QUENSH manager at the earliest opportunity. Managers should record this on an accident report form and investigate the matter.

In line with company procedures (Accident Reporting) the company must inform the Health and Safety Executive within ten days of an incident if any staff member is absent from work for more than three days in a row as a result of a needle stick or possible infection.

All reports and information will be monitored regularly to ensure the effectiveness of this policy, controls and procedures.