

SECTION 3(9)

HIV / AIDS AND VIRAL HEPATITIS

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Policy Requirement

The Council's Health, Safety and Welfare Policy necessitates that employees and users of Council services are protected from the risk of Human Immunodeficiency Virus (HIV) infection and viral hepatitis so far as is reasonably practicable. Also, that proper care and support is given to employees and service users who have these viruses. Individual departments are recommended to formulate a policy statement based on this requirement. The key to prevention is the provision of clear and accurate information which enables people to protect themselves both at work and in their personal lives. This section highlights the main areas of work in which a policy is likely to be needed.

The development of departmental procedures should be subject to regular review, taking account of how effectively policies have worked and of any new information available.

Introduction

The main causes for concern are:

- 1) Acquired Immune Deficiency Syndrome (AIDS). The infectious agent in AIDS is HIV and
- 2) Viral Hepatitis B and C - for the present purpose and simplicity both types are taken together although there are some differences.

When contracted, both HIV and viral hepatitis can cause an infection for life. However, only a small proportion of the population of the UK are affected by them.

HIV

Human Immunodeficiency Virus (HIV) affects the body's immune system by destroying and inactivating the defence cells. When the immune system is weakened in this way, infections which would normally be fought off easily (opportunistic infections) can become life-threatening. The occurrence of one or more of certain of these opportunistic infections or conditions could lead to a diagnosis of Acquired Immune Deficiency Syndrome (AIDS). It is not yet known what percentage of people with HIV should go on to become ill or to develop AIDS. Whether they become ill or remain well, people with the virus should continue to be infected, and able to infect others.

HIV is far less infectious than many other viruses. When HIV attacks the body's immune system, AIDS can then develop. However, most people infected with HIV are well and show no symptoms. The symptoms are those of the subsequent disease. When the infection develops into AIDS, it attacks the body's ability to defend itself against disease.

Short duration "flu-like" illness in the early stages has been reported by persons infected by the virus who have not developed AIDS. No vaccine is available and research has not yet produced a cure. Treatment is limited to relief of symptoms of the subsequent illness.

It is contracted in three main ways - through sexual intercourse with an infected person, through the transfer of infected blood or blood products and from an infected mother to her unborn or new-born child. It is passed in blood, semen and vaginal secretions and possibly in a mother's milk. It is also passed on to unborn children from an infected mother.

HIV does not survive long outside the body. There is no evidence that it can be spread by sneezing, coughing, sharing eating and drinking utensils or by normal social or work contact, or that it can be caught from saliva or tears or from, for example, food, towels, lavatories, telephones, swimming pools, library books, refuse, clothes, furniture or personal belongings.

Viral Hepatitis

Viral Hepatitis B and C are also a cause for concern. Symptoms are insidious with loss of appetite, vague abdominal discomfort, nausea & vomiting and possibly progressing to jaundice. Vaccinations are available, but there is no specific treatment. Protective immunity can follow infection and carriers occur.

Transmission

Due to their differing natures, there are some differences between Viral Hepatitis types B and C and from HIV in their ability to be transmitted (eg: Hepatitis may be transmitted by saliva, but there are no known cases of AIDS being transmitted in this way). However, the same precautions will protect from both HIV, Viral Hepatitis and other infections.

Routes of infection

Positively identified routes of infection are:

- (a) Intimate sexual contact with infected persons.
- (b) Shared use with infected persons of razors, toothbrushes, etc where bleeding may occur.
- (c) Shared use of syringes or needles with infected persons.
- (d) Transmission from an infected mother to her baby before or at birth.
- (e) Infected blood entering the body through open or broken skin.
- (f) Transfer of contaminated blood or blood products either accidentally or by transfusion. (All transfusion products are now being screened for the infection and blood pre heat-treated. There is no risk to donors.)
- (g) Hepatitis may be transferred by saliva, but not AIDS.

The Council As A Service Provider

Providing services

Departments should, wherever possible, provide services for people with AIDS, an HIV-related illness or viral hepatitis as part of the existing arrangements for service delivery.

Because these viruses are not transmitted by normal social or work contact involved in delivering Council services, departments should not deny access to services to anyone on the ground that he or she is known or suspected to be HIV positive, have an HIV-related illness, have AIDS or be suffering from viral hepatitis.

Departments should not require anyone seeking a Council service to state whether he or she is HIV positive, has an HIV-related illness, has AIDS or has viral hepatitis except where, for good reason, a service requires medical information about a client.

Hygiene

Good working practices and infection control measures should prevent these viral infections as they should other infections. Departments must ensure there are procedures and instructions to maintain good working practices and infection control measures.

Departments should review working procedures for all relevant departmental operations to ensure they are fully understood, are effective in preventing the spread of infection and are in operation.

Departments should ensure that employees follow the advice on specific hygiene practices given by Central Government Departments. These should become standard procedures with all service users.

Other organisations

Organisations or individuals providing a statutory service on behalf of the Council should be expected to follow the same policy as the Council, with regard to service provision, hygiene and confidentiality.

Where departments are responsible for regulating or licensing individuals or organisations and as part of that function are responsible for ensuring adequate hygiene standards, the department must take into account any special matters relating to HIV/AIDS or viral hepatitis.

Confidentiality

The disclosure of information may only take place with the consent of the service user.

Where a client or service user is known to have an HIV-related illness, to have AIDS, to be HIV positive or have viral hepatitis, the Council must maintain strict confidentiality and if it is necessary to hold this information to do so in a secure system. Such information should be confidential to the Council and not to an individual employee. Employees receiving such information must confirm to the service user that it will be passed only to such employees who, with the service user's consent, need to know.

The Service Manager must decide which, if any, employees need to know. In all cases information should be disclosed to the minimum number of employees necessary to provide proper care and services. These employees must not pass the information on to any other employee or service user and should understand it would be a disciplinary offence to do so.

If an employee receives information accidentally about the confidential medical status of a client or a service user, the same duty of confidentiality must apply as if the employee was authorised to receive the information. Comprehensive guidance on confidentiality can be found below.

Information

The Council should provide information both corporately and departmentally for users of services, as appropriate, to help reduce any misunderstanding or fears about the risk of infection and about AIDS, HIV, viral hepatitis and related issues.

Health And Safety At Work

Risk of occupational infection

The risk to Council employees of acquiring an infection from HIV or viral hepatitis through work-related activity is extremely low.

It is important that employees should be aware of the possible risks of infection with HIV and by other more highly infectious pathogens (such as Hepatitis B) and that they should adhere strictly to infection control procedures which are designed for their protection.

Employees should understand that there could be instances in which they would be working with someone with HIV or viral hepatitis but would not know it. This situation might arise because the person is unaware of his/her own status, because he/she has not shared the information with anyone, or because he/she has refused consent for the information to be shared within a given

set of circumstances, eg: where the information has no relevance to the service required. In addition, there could be many more instances in which employees could come into contact with people with other undiagnosed infections or in which a choice has been made not to share diagnostic information. For these reasons, it is vital that employees should understand the importance of adhering to control of infection procedures in potentially hazardous situations.

"Universal" control of infection procedures

Control of infection can only reliably take place when exactly the same ("universal") precautions are taken in each and every instance which is likely to involve direct contact with potentially infectious substances.

Employees must recognise that body fluids and body products must always be regarded as potentially infectious, and they should use exactly the same control of infection procedures for everyone.

Although HIV and viral hepatitis can only be transmitted in very specific ways and where body fluids (eg: blood, semen, vaginal fluids) are present, the use of good hygiene practices in dealing with all body fluids and body products affords employees protection against a wide range of infections.

Precautions

- (a) Avoid bodily contact where blood might be transferred.
- (b) Wear heavy protective gloves and an apron when cleaning or working on toilets or sanitary facilities. (These should already be in use for protection from other forms of infection.)
- (c) Keep open wounds (cuts, scratches or abrasions) covered with waterproof dressings.
- (d) Employees with eczema or dermatitis of hands and/or forearms should not care for people known to be infected.
- (e) If administering first aid (see below) to open wounds, wear disposable protective gloves, and a disposable apron if available, and use disposable disinfectant tissues.
- (f) Mop up blood, etc spillages with paper towels after using a 1 in 10 solution of household bleach. Suitable protective clothing, including disposable gloves, must be worn. Urine should be mopped up using paper towels before washing the area with detergent solution. After the initial clearance and when work is completed, the site of the spillage should be disinfected further.
- (g) Dispose of soiled dressings, gloves, tissues, etc by incineration or as clinical waste.
- (h) Thoroughly wash any part of the body which may have become contaminated - soap and cold water have been found to be effective.
- (i) Wash and dry hands thoroughly whenever necessary and after any of the above.

Sharp Injuries

What is a Sharp?

A sharp is any potentially infected waste item capable of cutting or piercing the skin. The following items (whether contaminated with bio-hazardous waste or not) are considered sharps and must be disposed in sharps containers and managed as sharps waste.

- Needles
- Needles with syringes
- Needles with attached tubing
- Blades (razors, scalpels etc.)

Some examples:



Any broken glass suspected to be contaminated with medical/bio-hazardous waste should also be disposed in sharps containers

Sharps injuries

Sharps injuries are a higher risk for certain workers generally because of careless or malicious disposal. There may be occasions where members of the public find needles they have found in public areas. Under no circumstances should hypodermic needles be handled with bare hands. Employees can be exposed to Sharps in the material they handle during the course of their work and have been found in:

- Bags of rubbish
- Clothing
- Car seats
- Green waste
- Public toilets
- Recreation areas (parks, landscaping, children's playgrounds, subways etc)
- Discarded litter/litter bins (inside cigarette packets, sweet packaging, drinks cans)
- Demolition materials.

Risks

The risk of infection depends on whether the sharp is infected and how much material enters the bloodstream. Risks include:

- blood borne diseases (eg hepatitis and HIV/AIDS);
- direct exposure can happen through accidental contamination from discarded needles.
- If the sharp has been contaminated by soil there may also be a risk of tetanus

Because of the work they do or where they are based some members of staff may be at higher risk including those whose work involves:

- Waste Collection & Disposal
- Waste Recycling
- Street Cleansing (including public toilets)
- Landscape Services etc.
- Outdoor Leisure Facilities
- Healthcare Staff, including School Nursing Service
- Any staff who work with persons who normally use syringes

Preventing or controlling the risk

Consider the following comments and precautions, and adapt them to your local circumstances to establish a safe system of work:

- Be alert! Look for obvious needles before handling waste.
- Take the view that all needles could be potentially infected; therefore the risk will need to be managed.
- Adopt suitable control measures to protect those members of staff identified as being at risk. For those staff identified as being at high risk consider offering immunisation against blood borne diseases and tetanus.
- Ensure that employees and line management understand the risks through proper: information/instruction; training; and supervision.
- Provide appropriate equipment for handling and disposal of sharps, e.g.:
 - tools for picking up needles e.g. litter picker/tweezers/dustpan & hand brush
 - sharps boxes (capable of safely containing needles);and
 - always wear suitable gloves
 - puncture resistant footwear (for those who regularly work in areas with overgrown vegetation)
- Suitable gloves should always be used when using tools to move needles. Gloves should be selected to give a high degree of puncture resistance. Remember that gloves should not be relied upon to give adequate protection on their own, but used as secondary protection in the case of accidental contact/puncture wounds.

What to do if you discover have a Sharp?

- Until the sharp can be safely retrieved secure the area to ensure the sharp does not come into contact with any person
- Always wear suitable gloves – even when using tools to move needles. Gloves should not be relied on to give total protection, but they can help resist punctures in case of accidental contact: sweep up needles with a dust pan and brush; or use a pincer tool.

- Do not try to re-sheath needles.
- Place item in a sharps box – take the box to the sharp, not the sharp to the box (where possible). Try to put the sharps box on an even surface before opening it to deposit the needle.
- Do not overfill sharps boxes or try to push the contents down.
- Inform your line Manager and Corporate Health & Safety Team as soon as possible.

Arranging Disposal

Until disposal takes place Sharps should always be kept in an appropriate, secure container. (Sharps boxes and good gloves are not expensive). Sharps items are classed as clinical waste and there are special requirements on how they can be transported. It is recommended that establishments/schools use the Councils Street Cleansing contractor. The Street Cleansing Team work 7 days a week; 7 am – 6 pm weekdays and approximately 7 am – 2 pm at weekends. Therefore most incidents can be dealt with during the working day.

For disposal advice telephone Customer Services on: 01344 352000 or e-mail at: customer.services@bracknell-forest.gov.uk. If you opt for your sharps box to be collected by Street Cleansing you will need a cost code.

What to do if you receive a sharps injury

If you suffer an injury from a sharp which may be contaminated:

- Encourage the wound to gently bleed, ideally holding it under running water
- Wash the wound using running water and plenty of soap
- Don't scrub the wound whilst you are washing it
- Don't suck the wound
- Dry the wound and cover it with a waterproof plaster or dressing
- Seek urgent medical attention
- Report the incident (see below)

Reporting incidents

Some sharps injuries may be reportable to the HSE must be under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR). For more information see paragraph entitled 'Reporting Work-Related Sharps Injuries' at the following link: <http://www.hse.gov.uk/healthservices/needlesticks/actions.htm>

It is essential that staff report all needle finds to their Manager, Corporate Health & Safety Team and the Council's Drug Action Team This will help the Council identify high risk areas that may require special attention.

Further Guidance

Detailed guidance is available on the HSE's website:

- What you need to know: [HSE Guidance on Sharps Injuries](#)
- Waste Management & Recycling: [Handling Needles in Waste & Recycling](#)
- Guidance for Healthcare Workers [Health Services Information Sheet 7](#)

The Council As An Employer

Recruiting and selecting staff

In considering applications for Council posts, departments must not discriminate against applicants who are, for example, HIV positive or have an HIV-related illness or who have AIDS.

The Council's existing procedures for determining the medical fitness of applicants for Council posts should apply to HIV and viral hepatitis as to any other condition. Relevant medical information must be disclosed in the confidential medical questionnaire which the Council's Occupational Health Adviser uses to determine fitness. This information remains confidential to the Occupational Health Adviser. The Occupational Health Adviser should make a recommendation relating to fitness to the relevant Personnel Section.

Current employees

The Council does not require employees to be tested for HIV or viral hepatitis. As with any other serious medical condition, departments should not require employees to inform the Council, but hopes that they should do so in order that extra support can be given.

Departments should expect employees who have an HIV-related illness, AIDS, who are HIV positive or have viral hepatitis to work as usual subject to the normal health requirements that apply to all employees.

There is no risk of employees being infected with HIV or viral hepatitis at work unless they have direct contact with blood, semen or vaginal fluids and face the possibility of infection through a cut or accidental injection. It should be expected that employees who know or think that another employee, client or service user is HIV positive or has viral hepatitis to work as usual and at their normal work place. If employees have concerns, they can obtain appropriate advice from their line manager or from the Personnel Section. Departments should provide all necessary protection for staff against infection in accordance with current National Guidelines.

Confidentiality regarding employees

Departments should maintain strict confidentiality where an employee is known to have AIDS, be HIV positive or viral hepatitis. Information given to the Council's Occupational Health Adviser will remain confidential and will not be passed to any Council officer unless the employee agrees. When an officer does receive information from the Occupational Health Adviser with the employee's agreement, or from an employee direct, that officer must decide, with the employee's agreement, whether there is a need for a minimum number of other employees to know. Those other employees must not pass the information to any other employee.

If an employee receives confidential information accidentally about the medical status of another employee, the same duty of confidentiality should apply and it should be a disciplinary offence to pass the information on to anyone else.

Education and training

The Council is able to provide training for Council employees to address fears and communicate accurate information about HIV, viral hepatitis and Council policy (see under HEALTH EDUCATION below).

Significance for first aiders

These infections, are carried in the bloodstream of infected persons, but are not easily transmitted to others unless the blood is injected or where large quantities of infected blood come into contact with broken skin. Moreover, there is no conclusive evidence that infection has occurred as a result of infected blood coming into contact with a person's skin, for example, the hands, as would occur when carrying out first aid. Nevertheless, any blood that splashes on unprotected skin should be washed away with soap and water as soon as possible.

HIV has been found only occasionally in saliva and in a very small quantity when compared with blood, no incidence of transmission from saliva has been documented. No HIV infection is known to have occurred as a result of carrying out mouth-to-mouth resuscitation. The risk to a first aider of suffering any infection when giving mouth-to-mouth resuscitation is extremely small and should not discourage a prompt response in a life-saving emergency.

As a precautionary measure, all first aiders are issued with a one-way valve unit for use in resuscitation and a supply of disposable polythene gloves for use when dealing with cases involving blood loss. The use of rigid airways by those unskilled in their use may cause bleeding, increasing rather than diminishing any risk of infection.

The Chief Medical Advisers of the Voluntary Aid Societies (St John Ambulance, St Andrews Ambulance Association and the British Red Cross Society), after consultation with the Chief Medical Officer of the Department of Health and Social Security, have seen no grounds for recommending changes in resuscitation techniques or procedures for arresting bleeding, as described in the First Aid Manual, because of AIDS or the virus associated with it.

The Council should distribute specific advice to all trained and appointed first aiders. This advice should become the basis for universal procedures.

Counselling staff

For employees who are concerned about or who have contracted HIV or AIDS, the Council is able to provide initial advice on counselling services. Requests should be made to the Personnel Section in the Corporate Services Department. The Council recognises that some employees may prefer to make their own arrangements to see a counsellor.

Confidentiality

Legal position

The 1974 Venereal Disease Regulations (Statutory Instrument 1974/9) place Health Authorities under an obligation to maintain strict confidentiality of information in relation to people with sexually transmitted diseases.

HIV has been designated a sexually transmitted disease and is covered by these Regulations. The Department of Health has subsequently indicated that the same principle of confidentiality must apply to local authorities in relation to people with HIV infection and HIV disease. This principle should be accepted and adopted by departments.

Definition of confidentiality

Where a person is known or is believed to be infected with HIV, to have HIV disease or viral hepatitis, the information, regardless of how it has been acquired, must be held in total confidence. That is to say the person holding the information must not disclose it to a third party,

record the information or use it in any other way without the explicit, informed consent in writing of the infected person.

For children and young people under the age of sixteen, the consent of the parent(s) or guardian(s) must be sought. Depending on their age and understanding, the young person should be involved in this process.

To share, record or use the information in any way without consent would constitute a breach of confidentiality.

Breach of confidentiality

It is accepted that most breaches of confidentiality are accidental, rather than deliberate. However, a deliberate breach, negligent and/or persistent accidental breaches of confidentiality, in whatever context, should be regarded as serious matters which may lead to disciplinary action being taken against the employee(s) concerned. Deliberate breaches of confidentiality may be regarded as gross misconduct that could result in dismissal.

Strict confidentiality must be maintained regardless of how the information is received - directly or indirectly, deliberately or accidentally.

No employee should tell any other person, employee of the Council or otherwise of a person's confidential medical status without first the informed consent of the infected person and then agreement by management.

Minimising the possibility of a breach of confidentiality

The basic, common-sense principle governing confidentiality is that in order to minimise the likelihood of a breach, the number of people who have access to sensitive information should be kept to an absolute minimum.

This principle should be applied when examining issues such as who needs to know, why those people need to know and how to take sensitive information out of any system, minimising the number of people with access to it.

"Need to know" principle

The need to know a person's confidential medical status rarely applies in a local authority context. However, there are certain instances in which information relating to, for example, HIV infection or HIV disease might influence eligibility for a particular service if the individual needs of a person with HIV can be met only through the use of HIV-specific funding. There is a "need to know" only when a decision to provide or deny a service hinges on this specific information and this information only.

All employees should understand that universal precautions are designed to protect them in all situations where control of infection is an issue. In such situations there is no "need to know".

Even where there is a "need to know", the explicit informed consent of the client must be obtained before any information can be shared.

Obtaining "informed consent" to share information

Where there is a possibility that information concerning a person's medical status may need to be shared with a third party, the informed consent of the infected person must be sought.

Consent can only be "informed" if the infected person knows why the information might need to be shared, and with whom, and what the third party would do with the information, including how that information would be recorded and who would have access to it. An explanation must also be given of the possible consequences of withholding consent. If consent is withheld, the information must not be shared.

If consent is given, the person who is to pass the information on must ensure that a "contract" is negotiated, understood and agreed in writing with the third party (why information is shared, what should be done with the information, how information is to be recorded and who should have access to it). Only when clear understanding and agreement is reached may the information be shared.

If the third party feels the infected person would benefit from the further sharing of information outside already agreed limits, the same procedure around the negotiation of a contract must be entered into directly with the infected person.

Recording information

Where it is known that a person has been diagnosed as having, for example, HIV infection or HIV disease, explicit reference to the diagnosis should be avoided, wherever possible.

Information concerning specific opportunistic infections is often of greater relevance than the diagnosis itself and consideration should be given to whether or not the diagnosis needs to be recorded at all.

Where information on a person's medical status is to be recorded, the explicit, informed consent in writing of the infected person must be sought.

An explanation must be given of why the information should be recorded, what should be recorded, how the information should be kept and who should have access to it.

Records where consent is withheld

Records which include details of a person's confidential medical status, or other information of a highly personal or sensitive nature, must not be held in an open access system. Arrangements must be made to restrict the number of people with access to such information and to ensure that records are securely held. Staff with access to such systems must have received appropriate training.

It is important to establish good practice in this area which can be applied to various medical conditions. Unless this is the case, the confidentiality of people could be inadvertently breached through the creation of a system of record-keeping which would be exclusive to this client group.

Self-disclosure

There may be instances in which people with, for example, HIV could freely disclose information, with little or no apparent concern for the consequences. Where it occurs, the person(s) receiving the information must nevertheless adhere to the principles outlined in this section.

Monitoring

Information relating to the number of people with HIV or AIDS who are receiving services, and the nature of those services, should be collected. Identifying information should be coded and kept separately.

Workers leaving the Council's employment

Information relating to knowledge of an individual's confidential medical status should be regarded as privileged information and former employees of the Council should be required to continue to maintain strict confidentiality after leaving the Council's employment.

Health Education

The Council, as an employer, has a role to play in promoting the health of its employees. It also has a duty to promote the health of service users where this is one of its statutory responsibilities, for example children and young people who are in its care, children and young people who attend its schools.

The Department of Health and the Department of Education have stated that education about HIV is crucial to the prevention of the spread of the virus. Departments should make appropriate information available to both employees and service users.

General

Departmental policies

Prime responsibility for detailed departmental policy lies with Directors (see Section 1). Directors should prepare policies for their services, detailing how the corporate Health, Safety and Welfare Policy is to be implemented within their departments.

Where appropriate the policies should identify:

- a) groups of staff likely to have specific responsibilities for providing services to people with HIV/AIDS, and
- b) a nominated officer to be responsible for co-ordinating the departmental action on HIV/AIDS.