PROTECTION AGAINST INFECTION WITH BLOOD-BORNE VIRUSES

Version 3

1. Policy statement

Police officers’ health and safety at work must be protected wherever possible. Police officers may be at risk from infection from bodily fluids and blood-borne viruses (BBVs) and officers should be fully informed of the extent of this risk. This should be presented in an accurate and evidence-based manner to ensure officers have an accurate understanding of the risk as well as avoiding any stigmatising or discriminatory approach to people who may pass on infection.

PFEW believes forces must have fully informed and accurate policies and procedures in place to deal with bodily fluids and BBVs and officers must be provided with appropriate protective equipment.

2. Responsibility

The INB is responsible for all policy formation.

3. Summary

The primary legal responsibility for the health and safety of officers lies with forces (the “employer”). It is the responsibility of forces to protect the health and safety of officers and to provide a safe working environment (as much as this is possible). Forces should ensure they have the necessary knowledge skills in order to do this.

People suffering from certain infections may have the agent of disease present in their blood. In some cases the organisms persist in the blood for long periods and in sufficient numbers to represent a high risk of transmission. If others are exposed to their blood – or other bodily fluids – the infectious agent may be transferred into their bodies and infect them. ¹

All operational police officers are therefore at risk from infection. It is imperative, therefore, that forces have accurate and up-to-date policies and procedures for the treatment of bodily fluids and blood-borne viruses.

¹ HSE Advisory Committee on Dangerous Pathogens Protection against blood-borne infections in the workplace: HIV and Hepatitis.
BBVs of major concern in relation to police officers are HIV and hepatitis B and C. BBVs may be passed from one person to another via a sharps injury (e.g., used needle, razor), blood or body fluid contact onto broken skin or blood or body fluid contact onto mucous membranes, e.g., eyes, nose, mouth.

This risk should not be overstated, however it is vital that:

1. Forces have suitable policies and procedures in place to help protect officers and prevent infection.
2. Officers are provided with appropriate personal protection equipment.
3. Officers are made aware of the policies and procedures and are provided with suitable training in the use of the protective equipment.

It is essential that forces policies cover a number of issues, including:

- advising officers on the main areas of risk
- the universal precautions that should be taken by officers to reduce any risk, such as covering cuts and wounds with a waterproof dressing and wearing disposable gloves
- what to do in the event of an exposure
- the appropriate methods for the disposal of contaminated material/cleaning up of bodily fluids.
- what post-exposure measures are available
- the role of occupational health departments
- Immunisation against Hep B (or encourage officers get this via their own GP?)
- additional antiviral treatments for Hep B, C and HIV where post-exposure assessment by a clinician deems it appropriate.

PFEW believes officers should be provided with appropriate personal protective equipment, including:

- Disposable gloves
- Leather gloves (for vehicle searches)
- Resusci-shields or Pocket Masks
- Spit guards

4. Procedures/implementation

PFEW will

- Ensure forces consult with local federation representatives with regards to health and safety measures, including on the issue of bodily fluids and BBVs.
- Press forces to undertake full risk assessments where necessary, with regards to bodily fluids and BBVs.
- Press forces to develop full policies and procedures in relation to bodily fluids and BBV, which cover the areas set out above.
• Ensure forces provide officers with the necessary personal protective equipment.

• Press forces to ensure that officers are made aware of the policies and procedures and are provided with suitable training in the use of protective equipment.

Responsibility is delegated to the General Secretary and/or appropriate sub-committee.

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Signed by:

[Signature]
Chairman

[Signature]
General Secretary