



# Protection Against Blood-Borne Infections Policy

2022  
Version 4

PFEW Policy Document

The PFEW Policy Department has embarked on a concerted effort to formulate and/or revise policy documents, titled "Policy Refresh", on key topics concerning its members.

These strategic documents are evidence-based, aligned with PFEW's Business Areas, as well as championed by National Board members.

It is aimed for PFEW to maintain clear policy positions on key topics, that allows members to have clarity on PFEW's official position statements that are backed by evidence.

This project was initiated in the first quarter of 2021 and we welcome your comments or questions. Please direct your email to:

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# PROTECTION AGAINST INFECTIONS FROM BLOOD-BORNE VIRUSES POLICY

Version 4

## Policy Principles and Rationale

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, procedures and risk assessments in place to deal with bodily fluids and BBVs, and officers must be provided with appropriate protective equipment.

## Background

Under the Health and Safety at Work etc Act 1974 (HSWA) and the Management of Health and Safety at Work Regulations 1999 forces have the legal responsibility, as the employer, for the health, safety and welfare of their officers and staff.

HSWA states employers have to ensure, so far as is reasonably practicable, the health, safety and welfare at work of their employees and anyone whose health or safety may be put at risk because of, or in connection with the activities of persons at work. PFEW believes that there is no legal reason for the police service to be treated differently from any other service or organisation. The qualification "so far as is reasonably practicable" is a high standard to meet. The chief constable must consider whether there is a possibility of danger and take all reasonable steps to protect against it. This includes considering risks which are not obvious and showing that it was not reasonably practicable to do more to prevent that risk.

Section 2(2) of the HSWA states forces legally must provide clear instructions, information, adequate training and equipment to keep their employees safe; failure to do so could be potentially both a civil and a criminal offence.

Forces have also committed, via Op Hampshire, to recognise the impact that assaults have on officers, and ensure measures are in place to safeguard them from the trauma of these incidents. PFEW encourages forces to manage exposure to potential life threatening/changing infectious diseases in a similar way. These types of events often have a significant impact on officers and their families whilst they wait for test results and is an area where employers need to be cognisant of the implications for mental wellbeing.

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 the infected person's blood – or other bodily fluids – the infectious agent may be transferred into the other person's bodies and infect them.

All police officers and staff therefore, depending on the role they carry out, have a varying level of risk from infection. For this reason, it is imperative that forces have accurate and up-to-date policies and procedures for the management of viruses transmitted through bodily fluids and blood. They should also ensure they utilise full or dynamic risk assessments which are suitable robust, proportionate, carefully considered and non-bureaucratic and:

- Identify significant risks
- Set out systems of work which specify appropriate control measures, equipment and competences, and
- are effectively implemented.

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 an injury from a sharp object (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.

There remains a significant stigma around those suspected of carrying these viruses therefore forces should be reminded of the need to deal with these incidents with due sensitivity and confidentiality.

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

- Forces have suitable policies, procedures, and risk assessments in place to help protect officers and prevent infection.
- Officers are provided with appropriate personal protection equipment, which should include needle and cut resistant gloves.
- 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 force's 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, including the need to seek immediate hospital treatment should the risk from the cross-contamination merit it. This consideration is essential as some anti-viral medication needs to be commenced within 72hrs of contact
- 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 Hepatitis B (or encourage officers get this via their own GP)
- additional antiviral treatments for Hepatitis B, C and HIV where post-exposure assessment by a clinician deems it appropriate.

PFEW considers that the Police Service has a duty to ensure officers are issued with the best possible equipment for their physical protection. Under Regulation 4 of Personal Protective Equipment at Work

Regulations 1992, every employer shall ensure that suitable personal protective equipment (PPE) is provided to their workers who may be exposed to risk. PFEW are aware Reg 4(1A) states, where the characteristics of any policing activity are such that complying with this obligation would conflict with the exercise of that activity or with an officer's performance, then the obligation to provide PPE has only to be complied with so far as is reasonably practicable. We will work with chief constables to ensure where this happens, appropriate control measures are in place to maintain safety

PFEW believes officers should be provided with appropriate PPE, including:

- Disposable gloves,
- Needle and cut resistant gloves,
- Resusci-shields or Pocket Masks,
- Spit guards

### **Policy Statement**

PFEW will:

- Require forces to 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.
- Require forces to 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.

### **Scope of the Policy**

This policy applies to all police officers.

### **Key Stakeholders**

- The National Police Chiefs' Council (NPCC)
- The Association of Police and Crime Commissioners (APCC)
- Home Office, UK Government
- PFEW Membership
- Local Branch Chairs and Secretaries
- His Majesty's Inspectorate of Constabulary and Fire Service (HMICFRS)
- College of Policing
- Chief Police Officers' Staff Association (CPOSA)

*Note: This is not an exhaustive list*

**Policy Review**

Recommend to review after the 12-month period.

**Policy Document – Versions**

Version 4	Drafted by PFEW Business Area Health and Safety Lead	Policy Approved by National Board on 29/09/2022	Policy to be reviewed in 12 months
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**Approved by National Board on 29<sup>th</sup> September 2022**