



St Edmund's College
University of Cambridge

HIV AND AIDS POLICY

*ST EDMUNDS
COLLEGE
CAMBRIDGE*

Introduction

Although the risk of infection in the workplace is very low for those who do not have direct contact with blood or blood products, there still remains a certain anxiety about HIV and AIDS.

The first section of these Guidelines covers information on best practice; Appendix I is a list of contacts for managers, advisors and health professionals; Appendix II sets out the legal requirements for the disposal of clinical waste; Appendices III and IV are guidelines for dealing with spillages of body fluids and for laboratory work with blood products (mostly taken from the University of Cambridge Guidelines). Although relevant to these Guidelines, neither Appendix II nor Appendix III is HIV or AIDS specific.

General Awareness of Facts

To reduce the fear of HIV/AIDS, introduce an HIV education programme for all staff which could include:

- Explanatory leaflets
- Special presentations and videos.
- Managers and HR staff should receive training to enable them to answer employees' questions.

Training must be relevant and specific to the needs of the group it is aimed at. General equalities issues should also be included in the training programme.

What is HIV? – Human Immunodeficiency Virus – is a virus that leads to damage of the cells of the immune system. People who have HIV may show no symptoms and may remain well and healthy for many years. HIV is transmitted through bodily fluids. It infects and damages the host's CD4 lymphocytes, also known as T lymphocytes, the white blood cells associated with the immune response.

On infecting the CD4 cells, the virus hijacks the cell's normal functioning, forcing it to become a "factory" producing more viruses, which then infect further cells. The CD4 count then depletes as HIV infection progresses.

Without effective treatment, the immune system becomes compromised and the individual eventually develops the symptoms of AIDS. These include severe weight loss, night sweats, enlarged lymph nodes and opportunistic infections.

HIV is not transmitted through everyday work and social contact. It is not transmitted via cutlery, toilets or infections such as colds or flu.

What is AIDS?— Acquired Immune Deficiency Syndrome – is a disease caused by the human immune deficiency virus (HIV) which attacks the body's natural defence system and leaves it open to various infections and cancers. Anti-retroviral treatments have been developed which, taken in combination, can slow or halt the progression of infection. The term AIDS isn't used very often now. Late-stage or advanced HIV is sometimes used instead.

How HIV is Transmitted:

- through contaminated blood entering a person's bloodstream
- through the use of shared equipment when injecting drugs
- through oral, vaginal or anal intercourse without using a dental dam, condom or femidom
- from an infected mother to her baby, during pregnancy or delivery, or from breast milk

Most HIV positive people are very careful not to pass on infection to their partners and those around them. There is, however, a greater risk of HIV being passed on when people do not know that they are infected. **Working, living, eating and socialising with anyone living with HIV poses no risk of infection.**

Occupational transmission

All informed medical opinions suggest that there is virtually no possibility of HIV transmission in work situations which do not involve direct contact with blood or blood products. Few jobs involve direct contact with blood products. However, the level of anxiety generated by inaccurate media coverage of the issue should be recognised.

People with certain responsibilities, e.g. Porters, Housekeeping Department staff, College Nurses or First Aid Personnel, Gardeners, and Maintenance Staff may be more likely to encounter cases of needle stick injury or accidental blood spillage. Members of such groups should make themselves acquainted with the sharps injury procedure. Post exposure Prophylaxis (anti-HIV drugs) may be offered if transmission is within the last three days (72 hours) so it is **essential that early advice is sought by attending the Accident & Emergency Department, Addenbrookes Hospital, Hills Road, Cambridge.**

Employers must make a thorough assessment of health risks to staff and the public, and introduce necessary protective measures. Contaminated sharps such as needles are particularly hazardous and must be disposed of safely. Needlestick injuries are reportable to the Health and Safety Executive **if they result in HIV infection.** 1

Risk assessment

Managers need to:

- identify the hazards – where BBVs (Blood-Borne Virus) may be present;
- decide who might be harmed and how – which employees and others may be exposed to BBVs and how this might happen, for example through dealing with accidents or handling contaminated items for cleaning or disposal;

- assess how likely it is that BBVs could cause ill health and decide if existing precautions are adequate or whether more should be done. Factors to consider include: - the frequency and scale of contact with blood or other body fluids; - the number of different persons' blood/body fluids with which contact is made; - any existing information on injuries reported in the workplace; - the quality of control measures used;

- record your findings;

- review your risk assessment and revise it, if necessary.

Experience shows that the risk of BBV infection is low for the majority of occupations, as direct contact with blood and body fluids does not occur regularly. Much depends on the nature of the exposure. Not all exposures result in infection.

Managers may wish to refer to Health and Safety Executive (HSE) guidance; Five steps to risk assessment.

Special considerations for first aiders

If you are a first aider in the workplace, the risk of being infected with a BBV while carrying out your duties is small. There has been no recorded case of HIV or HBV (Hepatitis B Virus) being passed on during mouth-to-mouth resuscitation. The following precautions can be taken to reduce the risk of infection:

- cover any cuts or grazes on your skin with a waterproof dressing;

- wear suitable disposable gloves when dealing with blood or any other body fluids;

- where splashing is possible; also use suitable protection such as mask with visor and a disposable plastic apron (available at the Porter's Lodge, Nurse surgery and in high risk area first aid boxes).

- use devices such as face shields (with one way valve) when you give mouth-to-mouth resuscitation, but only if you have been trained to use them;

- wash your hands after each procedure with soap and water. Use alcohol gel after (if available).

For small amounts of spilled bodily fluids:

1. Wear nitrile gloves and apron. Use disposable paper towels to absorb any spilled bodily fluids and wipe down any contaminated furnishings and flooring with disinfectant/detergent wipes or spray which kills 99.999% of organisms (bleach substitute), as many surfaces are intolerant of bleach. This is available in the Housekeeping Department.

2. Place used disposable towels, wipes and gloves into a plastic bag, seal, label, and dispose of in black waste bin. Wash hands thoroughly after.

3. Spillage kits are available from the Housekeeping Department if needed. Please inform the Housekeeping Department if further cleaning is required.

For large amounts of spilled bodily fluids:

1. Cordon off the area and contact the Housekeeping Department, who will arrange for the area to be cleaned appropriately (See appendix 111).

It is not normally necessary for first aiders in the workplace to be immunised against HBV, unless the risk assessment indicates it is appropriate. As a first aider it is important to remember that you should not withhold treatment for fear of being infected with a BBV (Blood- Borne Virus).

First aiders should be given up-to-date training and advice on HIV. There have been no cases of infection transmitted by administration of first aid measures and usual hygiene precautions will protect against HIV. There should be a commitment to reduce any occupational risks of infection where jobs involve contact with blood and other body fluids. Managers should display first aid posters which should include sharps injuries and have local procedures to hand.

Sharps Injury or Bite

If a person has, or may have been, exposed to a blood- borne virus, this first aid advice should be followed immediately:

The casualty should:

- Encourage the wound to bleed, ideally by holding it under running water
- Wash the wound using running water and plenty of soap. Do not scrub or suck the wound while you're washing.
- Dry the wound and cover it with a waterproof plaster or dressing
- Seek urgent medical advice as treatment may be required to reduce the risk of infection: **attend the nearest Accident and Emergency (A&E) Department** (Addenbrookes Hospital, Hills Road, Cambridge CB2 0QQ). The University Occupational Health Service also give advice (see Appendix III).
- Inform your manager immediately as information will need to be gathered and an incident report completed.
- Ensure the sharp item is not left for others to harm themselves. Contact Housekeeping Department for safe disposal or Porters if out of hours.

NB: Once someone has used a needle, viruses in their blood, such as hepatitis B, hepatitis C or HIV, may contaminate it. Blood may also contaminate other sharps: knives, scalpels, lancets, and broken glass, so the same principles above would apply.

Sports accidents

Sports which are likely to involve injury (wounds, cuts, bites, or scratches) may present some risk of transmission of blood-borne infection. Any open cuts or breaks in the skin

should be washed with plenty of water. Wounds should then be covered securely with a waterproof dressing. People tending those injured should wear disposable gloves, and sponges and cloths should not be re-used. If an ice pack is required then the disposable 'single use only' type should be used.

Confidentiality

As with any medical condition, information about individuals should be treated as **strictly confidential**. The guidelines drawn up by the General Medical Council state that confidentiality should be breached only in the most exceptional circumstances. It is strongly advised that disclosure should take place only on terms agreed with the individual concerned, and that his/her informed written consent should be sought on each occasion (unless this would be deemed detrimental to the individual).

Confidentiality and law (in brief)

Employers have no right to know the results of any medical examinations of their employees, including tests for HIV. Under the Access to Medical Reports Act 1988, an employer must obtain written consent from an employee before applying to the employee's doctor for a medical report. The employee has the right to see this report to request amendments or to refuse consent if they disagree with the medical report. Medical reports should not contain clinical details or results of tests. They should be an assessment of the person's fitness for work only. If an employer does know that an employee has AIDS or is HIV positive, this knowledge should be kept confidential. Otherwise, they could be subject to legal action for breach of confidence.

Under the Equalities Act 2010 it is unlawful to discriminate against a job applicant because of their HIV status. In addition, indirect discrimination now covers those who are HIV positive. This means that a job applicant or employee could claim that a particular rule or requirement in place disadvantages people who are HIV positive. Employment will not be affected by HIV status; HIV infection alone does not affect people's ability to do their job unless they develop illnesses that makes them unfit to work. Employees who develop AIDS symptoms, that affect their work performance, shall be treated like anyone else with a life threatening condition. The Equality Act 2010 includes a provision which makes it unlawful, except in certain circumstances, for employers to ask about a candidate's health before offering them work. There is no reason why someone who is HIV positive cannot continue to work normally as long as they are fit to do so. Staff should also have the opportunity to review their needs and their annual appraisal could be used to do so. Managers should act reasonably, taking account of all the circumstances, such as the individual's ability to continue working satisfactorily, the possibility of a move to different duties, and any medical advice received. The employee should also be kept fully informed if employment is at risk.

Non- Discrimination

The policy of St Edmunds College is to provide a work environment for its employees that are free from harassment and/or discrimination. Colleagues who engage in acts of harassment and/or discrimination will face the disciplinary procedure that may include termination of employment. Accordingly, colleague situations related to HIV and AIDS are governed by the following Principles:

- St Edmunds college treats HIV/AIDS the same as other illnesses in terms of all of our employee policies and benefits, including health and life insurance, disability benefits and leaves of absence..
- Colleagues who feel they have been discriminated against as a result of having, being perceived as having, living with or being affected by HIV/AIDS, and those who have any other related concerns, are encouraged to discuss this with their manager or Human Resource Manager.
- All colleagues must adhere to our non-discrimination policy. Colleagues who refuse to work with, withhold services from, harass or otherwise discriminate against another colleague because of his/her having HIV/AIDS, being perceived as having, living with HIV/AIDS, or being otherwise affected by HIV/AIDS, will be subject to discipline and/or other corrective actions.

Health promotion

HIV infections and AIDS raise the issues of sex, sexuality, drug abuse, disability, and death. These are very emotive subjects, therefore managers and supervisors should be encouraged to explore the issues that they raise. They should also develop the skills needed to support those who are living with HIV, to address issues of stigma and discrimination and to help prevent the spread of infection. Everyone must know whom to approach for accurate, sensitive and confidential advice.

Managers, First Aid Personnel and staff, such as Housekeeping, Porters, College Nurses, Gardeners and Maintenance Staff should attend regular training workshops, such as those run by DHIVERSE (see Appendix I).

It is particularly important that senior staff with management responsibilities should attend training courses, since it is they who will have to deal with the human and personal problems which may arise from cases of AIDS or HIV. The College Nurse will liaise with the Domestic Manager to organise workshops for staff.

Travel and study abroad

AIDS and HIV infection occur in all parts of the world, although much attention has been focused on certain areas with known high prevalence. Those concerned with travel and study abroad are encouraged to seek information on medical provision and relevant foreign entry requirements.

Members of staff who are required to travel abroad should be informed before they begin their employment that in certain countries they may be required to take the HIV antibody test. Students should also be informed in advance if their course is likely to require visits to such countries. If an individual student does not wish to be tested, alternative arrangements should be made if possible; the student should not be penalised. The requirements for short trips of less than a month may be different from the requirements for extended study visits. In some places it may be wise to carry sterile syringes and other medical supplies. It should also be noted that some diseases and infections are more serious for people living with HIV, and some inoculations are not advised for HIV positive people.

For further information about travel abroad, undergraduates should contact their general practitioner, travel clinics or reputable charity such as DHIVERSE. Senior members of the University, research students and staff should contact the University Occupational Health Service (see Appendix I).

Medical students going to countries with a high prevalence of HIV/AIDS should contact the Occupational Health Service for advice in the early stages of planning their elective.

HIV test

Testing for HIV and other sexually transmitted infections is offered locally by iCaSH (integrated Contraception and Sexual Health services) at Lime Tree Clinic, Brookfields Hospital, 351 Mill Road, Cambridge, CB1 3DF (see Appendix I). Appointments are necessary, but clients can telephone directly without referral by a general practitioner. All tests are confidential. Notes at the GUM clinic are kept separate from other records; they do not enter the hospital file and general practitioners are not informed. It is possible to attend any GUM clinic and clients may remain anonymous if they wish. Clients are seen by a health adviser or doctor for a pre-test discussion and all HIV test results are given in person. A wide range of on-going support is available from DHIVERSE and the University Counselling Service.

Contacts for people who are HIV positive

It is recommended that anyone living with HIV contacts iCaSH, DHIVERSE or the University Counselling Service, to become aware of the medical advice, services and support available. The College Nurse is also available for advice and support. Please see the appendix for contact details.

Life insurance and HIV/AIDS

The Association of British Insurers (www.abi.org.uk) has produced a 'Statement of Practice – Underwriting Life Insurance for HIV/AIDS'. This recommends to members that for life insurance proposals they no longer ask whether the applicant has had an HIV test or counselling but confine any question to asking only about positive test results or treatment. They will, however, continue to assess risks through clear questions on matters material to the risk. If further information is required, it will be sought only with the permission of the applicant.

Needs of people with HIV/AIDS

People who are living with HIV have the right and the potential to lead as full a life as any other member of the University. Colleges and University institutions are asked to support them in the same way as those living with any other chronic condition. An increasing number will enjoy long periods of well-being, during which they may be able to cope with the demands of employment or academic life, although there may be periods when they need specialised hospital care.

APPENDIX I

Local information and advice

DHIVERSE

Office B, Dales Brewery

Gwydir Street

Cambridge CB1 2LJ

Tel: 01223 508805

Fax: 01223 508808

e-mail: info@dhiverse.org.uk

www.dhiverse.org.uk

Advice, information, training and support including befriending, counselling and a gay men's health project.

Occupational Health and Safety

16 Mill Lane

Cambridge

CB2 1SB

Tel: 01223 336594

Advice on occupational health at work and on travel abroad.

Consultant in Communicable Disease Control

Health Protection Team

PHE East of England

Thetford Healthy Living Centre

Croxton Rd

Thetford

IP24 1JD

iCaSH (Contraception and Sexual Health)

Lime Tree Clinic

Brookfields Hospital

351 Mill Road

Cambridge

CB1 3DF

*Sexual health services including screening and treatment for STIs, **HIV testing**, Chlamydia screening, family planning, contraception.*

Tele: 0300 300 30 30

The University Counselling Service

2-3 Bene't Place, Lensfield Road

Cambridge

CB2 1EL

Tel: 01223 332865

Email: counsellingreception@admin.cam.ac.uk

www.counselling.cam.ac.uk

Counselling for staff and students.

Cambridge University Students Union

17 Mill Lane

Cambridge

CB2 1RX

Tel: 01223 333313

Email: advice@studentadvice.cam.ac.uk

www.cusu.cam.ac.uk

Tel: 0300 303 8537

Safe haven fax: 01842 765 260

Generic email: anglia.hpu@phe.gov.uk

Advice on student care and the disposal of clinical waste.

Centre 33

33 Clarendon Street

Cambridge CB1 1JX

Tel: 01223 316488

Monday – Wednesday 10 a.m. – 8.15 p.m.

Friday and Saturday 10 a.m. – 1.30 p.m.

e-mail: help@centre33.org.uk

www.centre33.org.uk

*Information and counselling for people under 25,
support for young carers and free pregnancy tests.
Information and referral advice*

National information and advice

Terrence Higgins Trust

52–54 Grays Inn Road

London WC1X 8JU

Helpline 0845 1221 200

e-mail: info@tht.org.uk

www.tht.org.uk

*Personal, general and financial advice on HIV and
sexually transmitted infections.*

Family Planning Association

<http://www.fpa.org.uk/sexually-transmitted->

Inclusion Drug Service

1a Fortescue Road

Cambridge

CB4 2JS

Advice and information line: 0300 555 0101

*Drug information and treatment service, needle
exchange, self-referral for counselling and health
assessments.*

Life with HIV

www.lifewithhiv.org.uk

HIV Aware

www.hivaware.org.uk

PEP (Post Exposure Prophylaxis)

<https://www.nhs.uk/common-health-questions/medicines/can-post-exposure-prophylaxis-peg-stop-me-getting-hiv/>

PrEP (Pre-Exposure Prophylaxis)

<https://www.england.nhs.uk/2017/08/nhs-england-announces-worlds-largest-single-prep-implementation-trial-to-prevent-hiv-infection/>

APPENDIX II

General rules for clinical waste

Disposal of clinical waste is governed by the Collection and Disposal of Waste Regulations, 1990, Special Waste Regulations 1996, and the Environmental Protection Act 1990, section 34. These regulations place obligations on District Councils to collect clinical waste from private dwellings and residential homes and to dispose of it in such a way that it is not a hazard to those collecting it or to the general public. The definition of clinical waste is very broad including “any waste which consists wholly or partly of human tissue, blood or other body fluids, excretions, drugs, swabs or dressings or syringes, needles or other sharp instrument”.

Clinical waste may be generated in the homes of people who are receiving treatment for infectious conditions or having dressings to wounds, ulcers, etc., and from people who have a notifiable infectious disease.

Clinical waste in the community should be disposed of as follows:

1. Soiled incontinence materials, disposable nappies, etc.

These materials present no significant risk of infection and should be disposed of by being wrapped in several sheets of newspaper, placed in a plastic bag and placed in the general waste bin.

2. Materials generated by community nurses in patients' homes in dressing wounds, ulcers, etc.

The nurse will be responsible for advising patients on the methods of disposal and for supplying yellow sacks for use by those patients identified above to be in need of a special collection. Where it is the view of the nurse that the waste presents a particular risk of infection or where large quantities of waste are generated i.e. more than one sack full a week, the Consultant in Communicable Disease Control will be informed. He or she will then make arrangements with the relevant District Council to collect the waste.

3. **Clinical waste from cases of statutorily notifiable diseases including HIV and AIDS**

Clinical waste from people suffering from notifiable disease may present a potential risk of infection. In appropriate cases, e.g. hepatitis B, tuberculosis, etc. the Consultant in Communicable Disease Control will inform the relevant Environmental Health Department of the need for a collection of clinical waste. The requirement may be short-lived or for a prolonged period, e.g. for people with HIV/AIDS. Yellow plastic bags will be provided and waste will be **disposed of by incineration**.

4. People on home dialysis

The District Council is responsible for the weekly collection of waste. New patients are notified to the Environmental Health Department by the Consultant in Communicable Disease Control. The waste will be disposed of by incineration.

6. First aid materials

First aid materials normally present no significant risk of infection and should be placed in a plastic bag, sealed and labelled and put in the general waste bin. In larger premises, e.g. schools or factories where more than one domestic refuse sack per week of such waste is generated, it may be necessary to organise a separate clinical waste collection on a regular basis. Details of premises generating

such waste in these quantities should be passed to the Consultant in Communicable Disease Control, who will consult with the relevant District Council.

Enquiries should be addressed to:

Consultant in Communicable Disease Control
Health Protection Team

PHE East of England

Thetford Healthy Living Centre

Croxton Rd

Thetford

IP24 1JD

Tel: 0300 303 8537

Waste at St Edmunds:

The first aid waste generated at the College is mostly small amounts of **non infectious waste**. In college rooms and offices this can be placed in a clear plastic bag, sealed and labelled, and placed in the general waste bin. Larger amounts can be taken to the College Nurse for disposal into the yellow 'offensive clinical waste bin'.

Any **infectious waste** (e.g. **HIV** or **other infectious disease**) should be put in a **yellow plastic bag**, along with the PPE used and **labelled HAZARDOUS**. If individuals are under the care of a Community Nurse then please discuss the arrangement for special disposal.

Please discuss any problems regarding infected waste with the College Nurse. If the CN is off duty then the Housekeeping Department (Domestic Manager or Deputy) or Porters' Lodge will temporarily deal with the waste. The infected waste will then be put into a **dedicated sealable tub for incineration** and stored in a locked area. The College Nurse will liaise with the Domestic manager to have the tub removed from the college, by the specialist hygiene waste company, for incineration.

APPENDIX III

Guidelines regarding blood and other body fluids (General advice not specific to HIV or AIDS)

Personal hygiene

1. Razors, toothbrushes, or other equipment that could become contaminated with blood should not be shared.
2. Minor cuts, open or weeping skin lesions, and abrasions should be covered with waterproof or other suitable dressings.
3. Sanitary towels should be put into sealed sanitary waste bins for regular collection by the hygiene waste specialists. Tampons may be flushed down the toilet unless a notice states otherwise; if so use the sealed sanitary waste bin.

Accidents involving external bleeding

1. Normal first aid procedures should be followed, including the use of disposable nitrile gloves, where possible, for protection.
2. The wound should be washed immediately with soap and water, and a suitable dressing and pressure pad applied if necessary. Where possible the injured person should be encouraged to carry out this task.
3. Medical advice should be sought as soon as possible.
4. In dealing with splashes of blood from one person to another:
 - (a) splashes of blood on the skin should be washed off immediately with soap and water;
 - (b) splashes of blood into the eyes or mouth should be washed out immediately with copious amounts of water;
 - (c) Medical advice should be sought as soon as possible, especially if the injured person is known to be HIV positive, as prophylactic treatment may be required for the exposed person.
5. Blood or body fluid spillage should be cleared up as soon as possible (see cleaning note on general hygiene). PPE should be worn. Contaminated surfaces should be cleaned with a suitable product which is both a detergent and disinfectant and kills 99.999% viruses and bacteria (see House Keeping). Bleach is often recommended but this has a corrosive effect on many surfaces and can be hazardous to health. The Nurse stocks chlorine tablets if absolutely necessary.
6. The disposable gloves, paper towels or cloths and contaminated dressings etc. should be put into a clear plastic bag. The bag should then be sealed, labelled and put into a refuse sack in the normal manner.

General hygiene

1. Cleaning:
 - (a) Normal cleaning methods should be used. No special disinfectants are necessary for either the bath or toilet;
 - (b) Paper towels or disposable cloths should be used;
 - (c) Separate cloths or paper towels should be used for the kitchen, bathroom and toilet.
2. Spillages of blood and vomit should be cleared up as quickly as possible.
 - (a) Apply a suitable product to the spillage which is both a detergent and a disinfectant and one which is effective against 99.999% of viruses and bacteria. Use disposable paper towels to clear up. Disposable nitrile gloves should be worn. The area should be well ventilated. A spillage kit should be available in the Housekeeping Department and Porters' Lodge.

- (b) Gloves and paper towels should be sealed in a plastic bag and put into the general waste bin.

3. Sheets, towels and clothing that are stained with blood should be washed in a washing machine, ideally at 95°C for 10 minutes (or wash at the highest temperature the fabric will allow). Do not wash by hand. Red alginate bags (dissolvable) are available at the Nurse Surgery for blood stained items.

Everyone should ensure that their own cuts and abrasions are covered with waterproof or other suitable dressings and gloves applied before giving physical care or dealing with any body fluids.

All staff should be trained to use the cleaning products.

Spill kits should be used as per instructions.

COSHH data sheets should be to hand in a dedicated folder.

Storage of disposable gloves, aprons, goggles and cleaning products:

Everyone should be made aware of the storage location of PPE (gloves, aprons, masks/visors), bags, cleaning products and COSHH data sheets.

Waste disposal

1. Soiled 'offensive' waste (such as nappies and pads), including protective disposable gloves, should be put into a plastic bag and secured. This waste should be put in the general black.
2. Used condoms should be wrapped and disposed of in a sealed sanitary waste disposal unit. If this is not possible, wrapped used condoms should be placed in a plastic bag, sealed effectively and disposed of in the general waste bin. Condoms should not be flushed down the toilet.
3. Sanitary towels should be put into sealed sanitary disposal units for collection. If this is not possible, sanitary towels should be wrapped and placed in a plastic bag, sealed effectively and disposed of in the general waste bin. Tampons may be flushed down the toilet, unless a sign states otherwise; in which case dispose of as sanitary towels.
4. When work is completed: hands should be washed and dried and rubbed with alcohol sanitiser (if available).

Further information for the Manager/Employer

Treatment and follow-up of a sharp injury – The manager/employer must ensure that, when notified of any incident in which an employee has been injured by a sharp that has or may have exposed them to a blood-borne virus, the employee:

- has followed the first aid advice on page 4
- has immediate access to medical advice;
- has been offered post-exposure prophylaxis and any other medical treatment, as advised by a doctor; and
- the employer has considered whether counselling would be appropriate for the employee. Advice for doctors on the appropriate treatment and

Recording and investigating the incident – regulation 7(1) Employers must make a record of the sharps injury when they are notified of it, whoever provides that notification. They must investigate the circumstances and causes of the incident and take any action required. The injured person is required to provide sufficient information to their employer to allow them to carry out this investigation. The record of the injury should include who was injured, and when and where the incident occurred. If possible, the summary record should contain sufficient detail to identify what type of sharp was involved, at what stage of a procedure or post-procedure/disposal of the sharp the injury occurred, and the severity of the injury. If the employer has an existing accident book or other recording system, it will be appropriate to use this for the record of sharps injuries. The extent of the accident investigation should be proportionate to the potential severity of the incident.

APPENDIX IV

Laboratory work with blood products or viable HIV

Blood and body fluid specimens which are known or suspected to be infected with HIV should be handled in accordance with guidelines produced by the Advisory Committee on Dangerous Pathogens. A higher level of risk may arise from work with concentrated HIV solutions.

Staff undertaking higher risk work should undergo pre-placement screening by the Consultant Occupational Health Physician. Certain disorders may make an individual susceptible to infection if accidental exposure occurs; the general suitability of an individual for this type of work must be considered. Prospective workers will be counselled confidentially by the Consultant Occupational Physician so that they are aware of the risks involved and know what to do in event of an accident.

Before any member of staff embarks on higher risk work, a blood sample will be taken; this will be stored frozen and will be kept until destruction is ordered with the agreement of the individual. The sample will be coded and will not be tested without the consent of the person concerned. There is no need for pre-employment or routine HIV testing. An annual health review will be required to record occupational incidents and to monitor the individual's health. HIV testing may be performed at the request of the individual after appropriate counselling.

Accidental exposure to HIV in the laboratory may occur from splashes to the skin and eyes or through inoculation injury; aerosols of high titre material can also be a hazard. Splashes to the eyes or mucous membranes should be washed with soap and water. Inoculation injuries of the skin should be washed thoroughly with soap and water and made to bleed freely. The incident should be reported to the University's Occupational Health and Safety Service immediately. Outside 'office' hours or if the Occupational Health Service cannot be contacted, the individual concerned should go to the Accident & Emergency department at Addenbrooke's Hospital. Post exposure prophylactic medication is routinely available on a 24-hour basis from the Duty Specialist Registrar in Infectious Diseases at Addenbrooke's Hospital.

References:

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Unison '*Working With HIV*' accessed 06.06.2018

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accessed 13.06.18.

NHS FPA '*HIV Looking after your sexual Health*' FPA October 2017. Public
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Public Health Agency '*Guidance on Infection Control in Schools and Other
Childcare Settings*' March 2017.