



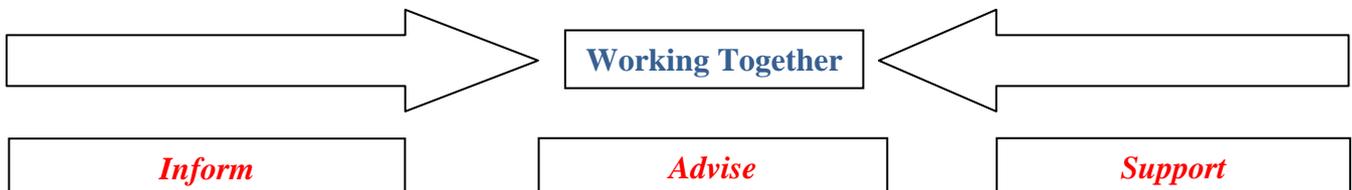
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JOINT HR POLICY DOCUMENT

CONTROL OF INFECTION





Control of Infection

Policy owners	DCC Norfolk / DCC Suffolk
Policy holder	Head of HR Service Delivery (Norfolk & Suffolk)
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Approved by

Legal Services	N/A
Policy owner	✓
JJNCC	✓ 15.09.15

Note: *By signing the above you are authorising the policy for publication and are accepting responsibility for the policy on behalf of the Chief Constables.*

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Note: *Please send the original Policy with both signatures on it to the Norfolk CPU for the audit trail.*

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Other related documents

- Joint Occupational Health Policy (to be developed)
- Norfolk [Occupational Health and Safety FPD](#)
- [National Policing Improvement Agency Circular NPIA 05/2011](#)

Legal Basis

<i>Act (title and year)</i>
The Health and Social Care Act 2008
Police Regulations & Determinations 2003
Working Time Regulations 1998

Other legislation which you must check this document against

<i>Act (title and year)</i>
Human Rights Act 1998 (in particular A.14 – Prohibition of discrimination)
Equality Act 2010
Crime and Disorder Act 1998
Health and Safety at Work etc. Act 1974 and associated Regulations
General Data Protection Regulation (GDPR) and Data Protection Act 2018
Freedom Of Information Act 2000
The Civil Contingencies Act 2004

1. Introduction

- 1.1 Norfolk and Suffolk Constabularies are committed to:
- fulfilling their obligations under the Health and Safety at Work Act 1974, Police Health and Safety Act 1997 and Control of Substances Hazardous to Health Regulations 2002; and
 - observing current best practice to provide safe working methods and workplaces, so far as is reasonably practicable; and
 - protecting workers from any micro-organisms that they may be exposed to at work.
- 1.2 Extensive public contact will put some staff at higher risk of infection. These will typically, but not exclusively, be Uniformed Officers, Detectives, Detention Staff, Coroners Officers, Forensic Staff, Occupational Health staff and anyone providing first aid to members of the public.
- 1.3 Both Constabularies will therefore take all reasonably practicable steps to safeguard staff from infection. The measures to be taken will include providing appropriate training; raising awareness of the hazards; setting out responsibilities for preventing infection; providing protective equipment (and requiring staff at risk to use them); and providing information about immunisation against Hepatitis for those at risk.
- 1.4 The Joint Occupational Health and Safety Department will work in partnership with other agencies, including the Department of Health, the Health Protection Agency, and the Health and Safety Executive, to ensure it observes best practice.

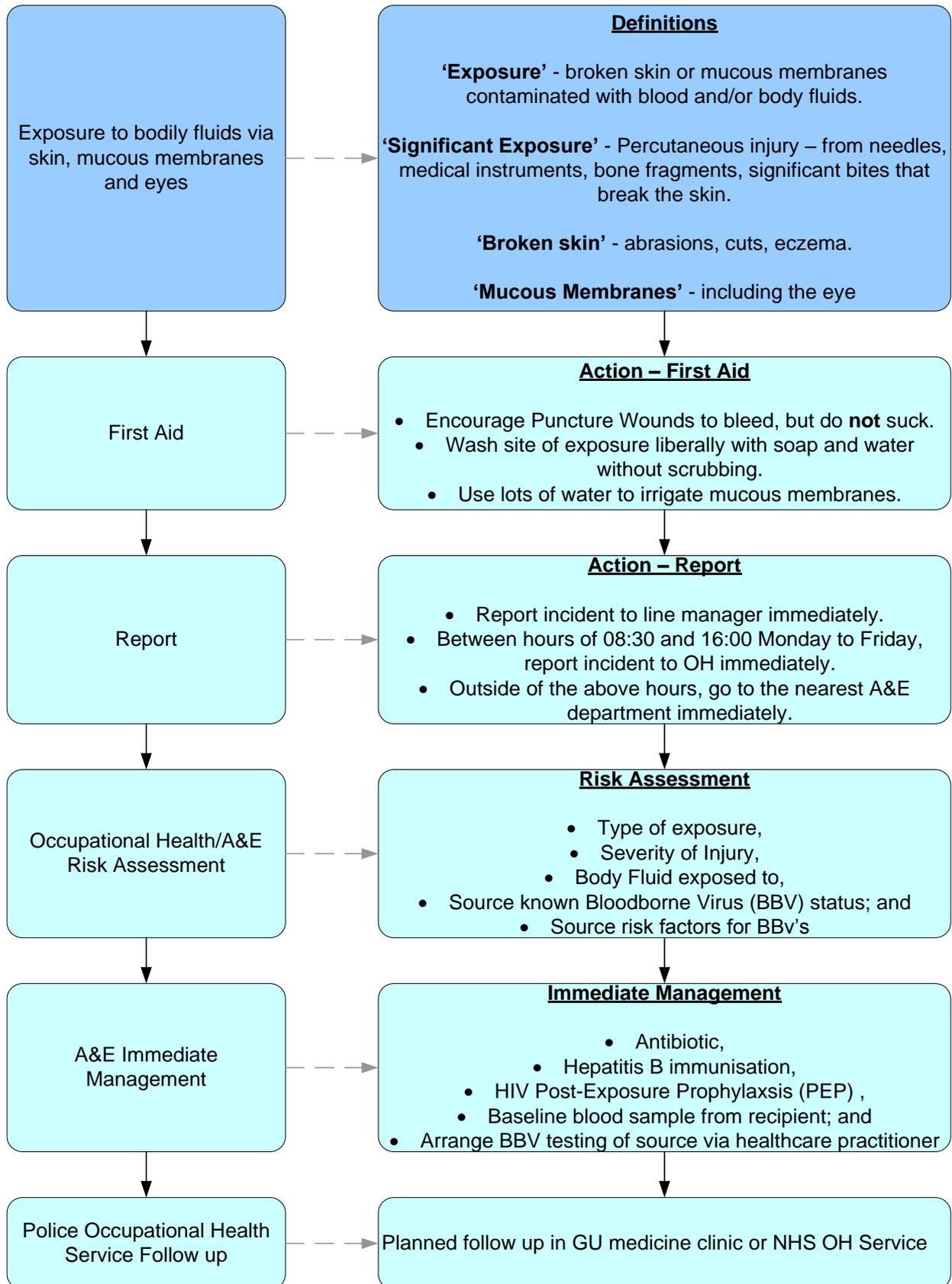
2. Recording Blood borne virus information on Police Records

- 2.1 Details of offenders who are known to be infected with blood borne viruses (BBVs), and who use such infections in order to threaten police officers and staff, can be recorded on the Police National Computer (PNC) as a warning marker.

3. Risk assessment, training and further information

- 3.1 Although the operational risk to police officers and staff from blood borne viruses regardless of role is very low, the Joint Occupational Health and Safety Department will provide suitable risk assessment, post incident, information, training upon entry to employment in either Constabulary, as well as ongoing support through health promotion and education and vaccination programmes.

4. Procedure in the event of possible contact with infected bodily fluids



5. Immunisation against Hepatitis B

- 5.1 Immunisation against Hepatitis B is recommended by the Health Protection Agency (HPA) for all individuals at risk from infection. Joint Force policy will follow the recommendations for immunisation in the Department of Health (2006) Immunisation against Infectious Disease (The Green Book).
- 5.2 The Joint Occupational Health and Safety Department will identify all those officers and staff that are at increased risk and offer vaccination services free of charge; retain records of the vaccinations provided; whether the vaccination is declined; when boosters are required and any subsequent test needed to ensure the vaccination is still effective.

6. Operational Precautions

- 6.1 The main operational risk to police officers or staff occurs where blood from an infected person comes into contact with an open wound, rash or sore; deep human bite; splashes to eyes and mouth or if the skin is punctured by a contaminated needle or other sharp object. This may occur during a range of policing or support duties therefore it is essential that pre-planned and dynamic risk assessment of all activities includes reference to the risk of blood borne viruses and, where appropriate, the necessary controls to reduce those risks.
- 6.2 All police officers and staff should observe the following universal precautions:
- Cover all cuts, grazes or abrasions with a waterproof plaster or dressing while on duty.
 - Wash off blood which is splashed onto their skin with plenty of soap and water as soon as possible. Scrubbing the skin should be avoided to minimise damage to the natural protective skin barrier.
 - Where the eyes or mouth have been exposed to blood or body fluids, they should be washed copiously with water. For puncture wounds, the wound should be gently encouraged to bleed, but not scrubbed or sucked, and should be washed with soap and water.
 - Wear uniform leather gloves where there is a risk of being cut, grazed or pierced, for example, at road traffic collisions or when searching vehicles or property for syringes. Disposable (plastic, latex or vinyl) gloves should be worn under leather gloves if there is heavy bleeding or spillage and a risk that leather gloves might become sodden.
 - Wear disposable plastic, latex or vinyl gloves whenever there is likely to be contact with another person's blood or body fluids. Plastic bags should be provided for the disposal of used gloves.

- Wash hands with soap and water at the first opportunity after contact with another person's blood or other body fluids whether or not wearing protective gloves.
- A pack containing disposable gloves, plastic bags for used materials, paper towels and liquid hand cleaner should be carried on all police vehicles. Similar packs should be available in stations, offices and detention centres.
- Arrangements should be in place for the appropriate disposal of clinical waste.

7. General Cleaning and Disinfection

- 7.1 If any areas of police controlled, operational premises or police vehicles have been soiled by blood and/or body fluids, the area or vehicle should be taken out of service until appropriately cleaned. All premises have arrangements in place for the cleaning of areas contaminated or soiled. Details of these arrangements can be accessed on both Constabulary's Health and Safety Intranet sites.

8. Resuscitation

- 8.1 The risk of contracting a blood borne virus during direct mouth to mouth resuscitation is extremely low. The most common reason for resuscitation is cardiac arrest, which requires immediate action. In these circumstances, mouth to mouth resuscitation should not be withheld and resuscitation attempts not delayed.
- 8.2 Where blood is present in the mouth or visible in the saliva the theoretical risk is higher and protective device that prevents the direct contact between the rescuer and victim, such as the Resusci-Shield or Pocket Mask should be considered, however, where such a device is not at hand, the risk of infection is classed as extremely low.

9. Care of People in Custody

- 9.1 In most cases police officers and staff will simply not know whether a person is infected with a blood borne virus. Even if someone claims to be positive the information may or may not be reliable. Sometimes, however, police officers or staff will be aware that a person is infected. The employment of standard hygiene practices for all staff and the application of universal precautions should apply to everyone dealing with blood or body fluids to help ensure protection.
- 9.2 People infected with HIV are especially in need of care and support. Despite current advances in medication, investigation and monitoring which enable many HIV positive people to live normal lives, they must live continually with not only the fear of a life-threatening illness but also with a grave social stigma commonly associated with those who suffer from this disease. Police officers and staff can help by being well-informed about the virus and how it is transmitted and by dealing with

infected persons confidently and having regard to their individual needs and respect for their human rights.

10. Confidentiality

10.1 Sensitive information about a person's health should be treated as confidential. It is unnecessary, insensitive, and a serious breach of confidentiality, GDPR and the Data Protection Act 2018 to label or mark a detainee's cell, cutlery, crockery etc. to denote their infectious status.

11. Other infectious disease and infestation

11.1 The risk of contracting an infectious disease or infestation while performing the duties of a member of the police service is extremely low. However, it is acknowledged that there is a need to provide sufficient information about conditions of public health concern that are occasionally encountered when working with members of the public.

11.2 The most current and accurate information on the following conditions is available via the National Health Service. The following links will provide guidance and information:

- [Head Lice](#)
- [Pubic lice](#)
- [Lyme Disease](#)
- [Tuberculosis \(TB\)](#)
- [Leptospirosis \(Weils Disease\)](#)
- [Tetanus](#)
- [Scabies](#)
- [Health A-Z - Conditions and treatments](#)

12. Diversity Issues

12.1 All Staff are reminded that they should be mindful of possible diversity issues in relation to the provision of any First Aid and/or resuscitation. For further information and guidance on these issues, please refer to the Diversity intranet sites in each respective Force, or contact your Force Diversity team for advice.