

Blood and body fluid exposure

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Executive summary

The key points to note in this policy are:

- Prevention of infection with blood borne viruses is key
- We treat all blood and body fluids as infectious
- All Police employees who are routinely exposed to blood and body fluids should be vaccinated
- Assessment by a health professional is important, as soon as possible after exposure.

Policy statement and principles

This policy and associated [guidelines](#) outline our approach to blood and body fluid exposure, why it is important, and how we approach it as an organisation.

What?

Blood and body fluids are capable of carrying and transmitting blood-borne viruses such as HIV, Hepatitis B and Hepatitis C. This policy and the associated guidelines provide information and guidance to our employees about the risks, response and prevention methods that are relevant.

Why?

Due to the nature of policing roles, it is important that employees understand the risks associated with exposure to blood and body fluids, and are equipped with the knowledge they need to protect themselves from infection.

The wellness and safety of our employees is crucial. NZ Police aim to keep our employees safe by informing them and providing guidance on best practice.

How?

We focus on prevention, by ensuring that employees at risk of exposure are vaccinated, and by promoting awareness about exposure to blood and body fluids.

Our employees know the risks, and treat all blood and body fluid as infectious.

After exposure, employees are assessed by a health professional as soon as possible.

We use the following 'Blood and body fluid exposure guidelines' to inform our approach.

Further information and guidelines

For more information, see the 'Blood and body fluid exposure guidelines'.

- [Risk of contracting blood-borne viruses](#)
- [Responding to exposure situations](#)
- [Prevention, standard precautions and infection control](#)
- [Environmental risk assessment](#)
- [Employee rights](#)

Risk of contracting blood-borne viruses

Transmission and prevalence of blood-borne viruses in New Zealand

All blood has been screened for HIV in New Zealand since 1985, hepatitis B virus since the 1970s and hepatitis C virus since 1992.

- An estimated 100,000 people in New Zealand live with chronic hepatitis B virus. Vaccination provides protection from Hep B.
- An estimated 50,000 people in New Zealand live with chronic hepatitis C virus. There is no vaccine for Hep C but the virus can be cured.
- New Zealand has one of the lowest prevalence rates of HIV in the world with an estimated 2900 people living with HIV. There is no cure for HIV but treatment is available.

What is the risk of infection after exposure?

Police employees like other emergency service workers or hospital workers are at risk of blood-borne virus exposure. After any exposure, it is important that the risk of infection is assessed by a qualified health professional.

There are many factors that determine the risk of infection. It depends on how the person has been exposed to the virus, the type of virus, how much of the virus the person with the infection (source) has in their body and, for hepatitis B virus, the immune status of the exposed person.

Estimated risk of transmission from a known positive source

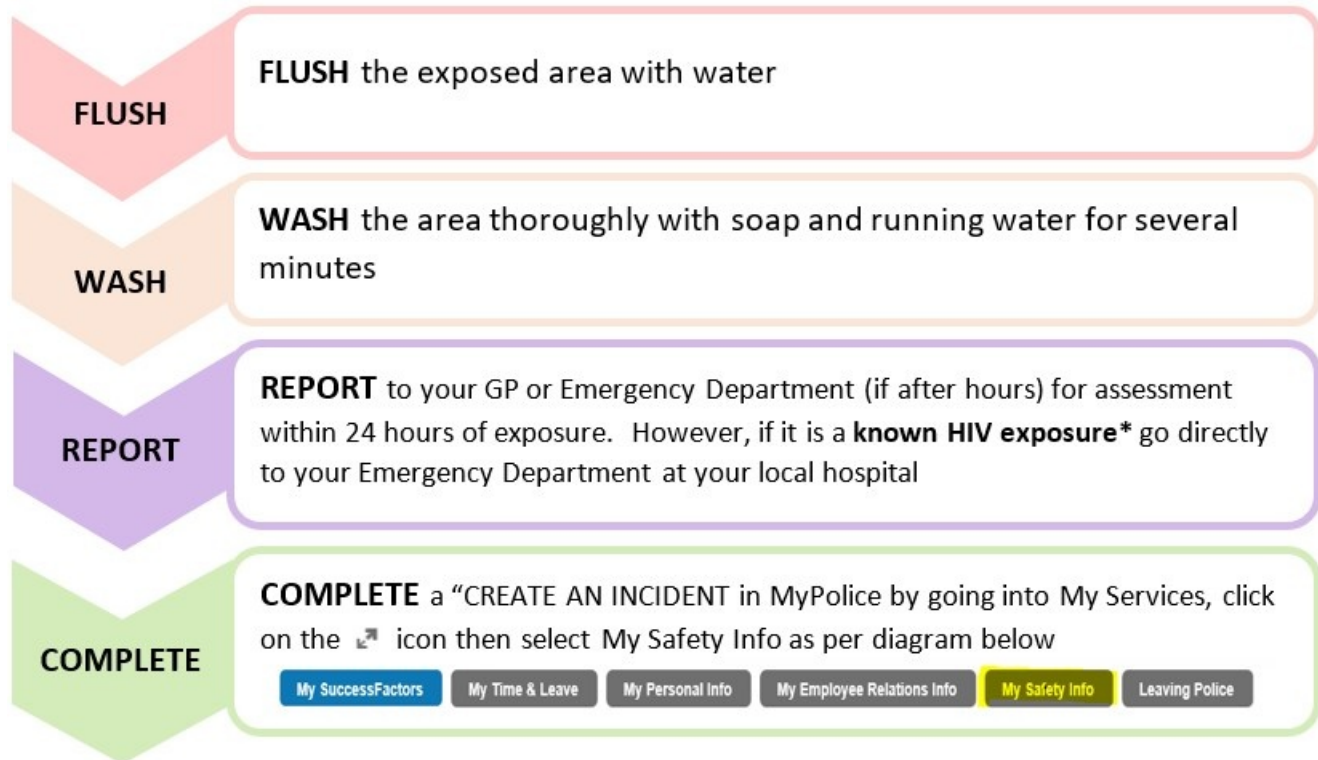
Type of Exposure	Source Status		
	Hepatitis B+	Hepatitis C+	HIV+
Blood and saliva to intact skin and skin-to-skin contact	Zero	Zero	Zero
Saliva in bites that break the skin	Very Low	Zero	Zero
Blood contact with broken skin, mouth or eyes e.g. <ul style="list-style-type: none"> - Punch from a bleeding person to body causing break in skin - Large blood splash, e.g. bleeding artery - Blood contact to mouth from giving mouth-to-mouth resuscitation if no protective equipment used 	Moderate	Low	Low
Needle-stick injury and other penetrating injuries e.g. <ul style="list-style-type: none"> - Cut by a blade which recently cut another person - Needle-stick injury from recently used needle 	Very High	High	Moderate
Sexual exposure (no condom used) <ul style="list-style-type: none"> - Oral - Vaginal or anal (insertive) - Anal (receptive) 	Moderate High High	Zero Very Low Low	Very Low Moderate Very High

Responding to exposure situations

Immediate action after exposure to blood or body fluids

If you are exposed to blood or bodily fluids you are at risk of contracting:

- Hepatitis B
- Hepatitis C
- HIV (Human immunodeficiency virus)



***KNOWN HIV EXPOSURE:** There is direct contact of blood from the HIV infected person through a cut or break in the skin, eyes or mouth or through the piercing of the skin from a needle or sharp object.

Get advice from a health professional

If you are exposed to blood and bodily fluids in the course of your work, you should seek advice from a health professional and an assessment of your risk of infection as soon as possible. You may get advice from a health professional of your choice but it is preferable to seek advice from a qualified health professional experienced in the management of blood-borne exposures.

You should also seek advice from a qualified health professional for tetanus exposure and vaccination. Follow-up is needed after a needle-stick injury.

Whilst a blood-borne health risk assessment is important, in fact occupational blood borne transmission is rare and no further action may be needed. See '[Risk of contracting blood borne viruses](#)' for more information.

Implications for the source of the exposure

The source individual (if known) has a right to privacy, and their blood-borne virus status cannot be disclosed without their consent. The source individual also has the right not to disclose their own blood-borne virus status, and even if they do, it may not be reliable because their health status may have changed since their last test.

Informing the source and requesting samples from them

It is sensible and reasonable to inform the person who is the source of the blood that a body fluid accident has occurred and to enquire as to whether they know their hepatitis B, hepatitis C or HIV status. The source individual should be told of the importance of hepatitis B, hepatitis C or HIV status in deciding the most appropriate care for the employee who was exposed to infection.

The source individual should be requested to provide blood samples to determine (or confirm) their status and to provide valuable information for treatment of the employee. If the source individual agrees they should be referred to the Police Medical Officer or medical practitioner. If the source individual refuses ensure this is thoroughly documented using MyPolice, "Create an incident".

Normally Police Medical Officers will be used to take the samples and assess the risks. Where no Police Medical Officers are available, General Practitioners must be used.

Specific consent must be given to the Police Medical Officer for the taking of samples. The source individual should also be told that the employee who was exposed to infection will be advised of the results as this is vital in deciding the most appropriate care for the employee.

The source individual should be offered pre and post-test counselling (if appropriate) and should be assured of confidentiality in the testing procedure.

It is very difficult to guarantee complete confidentiality in the situation where a source individual (source of blood/body fluid) is found to be infected with hepatitis B, hepatitis C or HIV as this will change the management of the employee who will be aware of the source individual's immune status. The source individual must be made aware of this.

Employees should not delay their risk assessment pending results of source testing

After exposure, employees should not delay having a risk assessment from a qualified health professional. If the health professional determines there is a risk of infection, best practice is to seek consent from the source before testing for blood-borne viruses. Waiting for the source's test results is not necessary and may delay treatments for the employee which need to begin as soon as possible. If blood test results are negative in the source, it does not always mean there is no risk of infection. The person may still be in the 'window period' (the period after infection and before the virus may be detected in the person's blood) and potentially be infectious.

Employee testing and avoiding transmission while waiting for results

Employees who have a blood-borne virus exposure may be tested for infection as part of the risk assessment. While waiting for test results it is important not to place others at risk.

- Practice safer sex, i.e. use a condom for vaginal or anal intercourse
- Cover any sores, cuts or abrasions and attend to any household blood spills yourself
- Do not share personal items such as razors and toothbrushes
- Do not share injecting equipment and dispose of used injecting equipment safely
- Do not donate blood or organs
- Seek advice from a qualified health professional if you are, or are planning to become pregnant or are breast feeding.

A possible blood-borne virus exposure should not affect ability to perform normal duties. You should speak to the qualified health professional conducting the risk assessment if you are concerned about returning to work.

Providing support

Experiencing a blood-borne virus exposure can be stressful. Your health professional and your designated NZ Police employee assistance services are available to provide support during this period.

- NZ Police Wellness Services: Contact local district Wellness Advisor
- Employment assistance programme (EAP): 0800 327 669

Reporting exposure

Employees must report all work related incidents of exposure to blood and body fluids as soon as possible using MyPolice either on a mobility device or PC. To enter an incident/ report select self-service/ My safety Info/ Create an incident. Ensure all cuts and grazes on hands are also entered in the report.

Prevention, standard precautions and infection control

General prevention

Always keep any cuts or breaks in your skin covered with waterproof plaster(s)

Wear PPE (Gloves & protective clothing) when you may be exposed to body fluids

Know it before you need it: Know your immunity status to hepatitis B

Nb. All NZ Police are offered Hepatitis B vaccinations when you enter NZ Police. To clarify your immunity ring the RNZPC Health clinic on (04) 2383223 or DD: 43223

Standard precautions should be taken by everyone

Standard precautions ensure a high level of protection against blood borne viruses and other infections.

THE RULE IS: TREAT ALL BLOOD AND BODY FLUIDS AS INFECTIOUS

Standard precautions should be taken by everyone who has contact with blood, body fluids, broken skin, and eye, nose or mouth surfaces. Standard precautions are just that; standard for all, not just those suspected or known to have a blood borne virus.

Following standardised infection control procedures helps protect Police employees from occupational exposure to all blood borne viruses and other infections. These procedures are:

Personal protective equipment (gloves and protective clothing)

- Wear personal protective equipment (gloves and protective clothing).
- Wear disposable gloves in situations where you may be in contact with blood or body fluids. The gloves do not have to be sterile.
- Wear personal protective equipment, such as eyewear and face shields, when there is any chance of being splashed or sprayed in the face.
- Note that gloves marketed as 'needle stick resistant' do not provide complete protection and should not be relied on to prevent injury.

Personal Protection Kit (PPK)

Each employee must be provided with a personal protection kit (PPK) before deployment which consists of:

- A pair of disposable latex or nitrile gloves
- A disposable face shield for mouth to mouth resuscitation
- A small supply of waterproof dressings to cover minor abrasions or cuts
- Small printed cards detailing directions for use of contents, accident procedures and a basic flow chart for CPR.

Districts must maintain a readily available supply of these items so that staff can keep their kits fully stocked. It is the responsibility of staff to keep their PPK stocked.

Avoid exposure to broken skin

- Cover your own open wounds/cuts/blisters no matter how small, with waterproof dressings. This is especially important for injuries to your hands
- Avoid creams that may cause dermatitis or broken skin

- Avoid contact with a person's mouth or teeth, open wounds, etc.
- Safely handle and dispose of sharp objects such as needles, blades and broken glass
- Hold a syringe by the barrel, never touch the needle, do not re-cap, bend or break the needle
- Do not remove the needle from the barrel
- Never move your hands across your body when handling a sharp
- Dispose of the sharp in a sharps container (a yellow, rigid walled container displaying the biohazard label and symbol)
- When in the field, dispose of a sharp in a thick plastic drink bottle if a sharps container is not available
- Take the sharps container to the sharp rather than carrying the sharp around.

Prevention of needle-stick and sharps injuries when doing searches

- Take a slow systematic approach to searching
- Do not slide your hand when searching
- Do not put your hands in places you cannot see into e.g. bags, cupboards, drawers, under a mattress
- Use tools, instead of your hand, to examine hard-to-access area
- Empty the bags and containers onto a flat surface for inspection, rather than putting your hands inside.
- Use mirrors and adequate lighting (including torches) to assist with the search.

Environmental blood and body-substance spills

Where it is required:

- Deal with blood and body-substance spills as soon as possible
- A 'spills kit' should be readily available for blood spills. A spills kit should contain:
 - PVC household rubber or disposable latex gloves
 - plastic apron
 - eye protection
 - face masks
 - cleaning agents
 - disposable absorbent material (e.g. paper towels)
 - a leak-proof waste bag
 - mop and bucket with a lid.
- Wear personal protective equipment (gloves, goggles, waterproof apron).
- Clean spills, including those on clothing, with paper towels and dispose of towels immediately. Change contaminated clothing as soon as possible.
- Wash spills on hard surfaces with detergent and cold water and allow to air dry.
- Wash furnishings such as chairs and mattresses with cold water and detergent and allow to dry.
- Wash soiled uniforms and other clothing separately in cold water. Washing in hot water will cause the bloodstain to clot and stay on the clothes. Wash leather goods (belts, shoes) with soap and cold water.

Prevention by vaccination

It is recommended all Police staff routinely exposed to the risk of blood borne viruses should be vaccinated against hepatitis B to protect themselves and others. As part of 'Be Safe, Feel Safe' vaccination should also be available by personal choice to individuals who may be exceptionally exposed due to failed control measures (e.g., Property and Exhibits workers).

RNZPC hepatitis B vaccination programme

All constabulary employees must show proof of immunity status and history of vaccination.

As part of the NZ Police recruiting process, an applicant is required to provide documentation of hepatitis B: AntiHBs (immunity) and a

baseline HBsAg (disease/infection). These results are then interpreted by NZ Police registered health professionals.

All hepatitis B results are kept in your MyPolice internal Medical Services and a record is also maintained at the RNZPC Health clinic.

Full primary series vaccination is provided by RNZPC: An accelerated schedule is used for hepatitis B vaccination due to the shortened time period Police recruits are in training.

Schedule

- Week 2: 1st Vaccination
- Week 6: 2nd Vaccination
- Week 10: 3rd Vaccination
- Week 15: Follow up serology

Booster Vaccination Only

If indicated a booster vaccination is given in week 2 of training with repeat serology for Anti-HBs 1 month later.

Interpretation of HBV serology results for health providers

See [Ministry of Health information](#).

Employee rights

No discrimination

Hepatitis B, hepatitis C and HIV are highly stigmatised conditions. Many people living with these viruses experience discrimination. Policies and practices that protect people's privacy and confidentiality are important. Legislation prohibits discrimination against people with a blood-borne virus. There are also laws protecting people's health information. Discrimination happens because of fear and misunderstanding. Having good quality information about blood-borne viruses and how they are spread can help remove the fear about transmission and reduce discrimination.

There is no need to isolate or deal with a person any differently because he or she is known to have, or is suspected of having, a blood-borne virus infection. Standard precautions are protective and should be used with all people. A person's suspected blood-borne virus status or sexual orientation must not be recorded in Police records unless it is directly relevant to a crime.

There may be occasions where employees learn of a person's blood-borne virus status. In this case, the information is strictly confidential. It is essential that every effort is made to protect the privacy rights of the person concerned. In the case of a person in custody disclosing their blood-borne virus status, you should follow the 'Procedures for custody area staff' in the 'People in Police detention' chapter and local policies and procedures about arrangements for providing access to medication and medical care.

Police employees with a blood-borne virus

Police employees should:

- know their own status with regard to blood-borne viruses. Knowing your status means you can get the right health care for yourself.
- adhere to standard precautions to avoid transmitting blood-borne viruses in the workplace. It should be considered an ethical duty to avoid placing co-workers or the public at risk.

Police employees are not required to tell their employer about their blood-borne virus status. Employers must not discriminate against their employees on the basis of their blood-borne virus status. Employees who have a blood-borne virus infection should consult a suitably qualified health professional to assess their risk of transmitting the virus during the performance of normal duties.

If you have a blood-borne virus and this becomes known to the employer or other Police employees, because you told them or as a result of testing (e.g. following an exposure or as part of a vaccination program), this information must be kept confidential and not disclosed to anyone without your consent. Employee's rights to privacy and confidentiality must be protected and respected.

Reference: The facts about hepatitis B, hepatitis C and HIV

See [ANZPAA information](#).

Further Information

- [The Hepatitis Foundation of NZ](#)
 - [New Zealand AIDS Foundation](#)
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