INFECTION CONTROL PROCEDURE FOR VIRAL HEPATITIS

Introduction
Viral hepatitis is a common and potentially serious infectious disease caused by several viral agents which can lead to marked inflammation and necrosis of the liver. The recognised forms of viral hepatitis are similar clinically, but the agents that cause them are distinct.

In order to prevent the possible spread of hepatitis amongst patients and staff it is recognised that the UHB requires a procedural document to ensure effective management of infection. This is especially necessary in the case of an infectious incident/outbreak, as detailed in the UHB Infection Control Procedure for Infectious Incidents and Outbreaks.

Aim
To provide a structure and appropriate advice to staff for the prevention and management of hepatitis at all health board locations.

Objectives
- To provide advice on action required on the admission of a patient known or suspected of having viral hepatitis.
- To provide advice on action required when a case of viral hepatitis develops in a health board institution.
- To provide advice on the action required during an infectious incident or outbreak situation caused by viral hepatitis.
- To provide advice on the communications necessary whenever a cluster of cases of viral hepatitis develops.

Scope
This procedure applies to all of our staff in all locations including those with honorary contracts and students on placement at Cardiff and Vale UHB.

Cardiff And Vale UHB accepts its responsibility under the Health and Safety at Work Act etc. 1974 and the Control of Substances Hazardous to Health Regulations 2002, to take all reasonable precautions to prevent exposure to hepatitis in patients, staff and other persons working at or using its premises.
Equality Impact Assessment

An Equality Impact Assessment has been completed

Documents to read alongside this Procedure

C&V UHB Decontamination Procedure
C&V UHB Infection Control Protocol for Needle stick and Similar Sharps Injuries
C&V UHB Isolation Procedure
C&V UHB Standard Precautions
C&V UHB Hand Decontamination Procedure
C&V UHB Waste Management Policy
All Wales NHS Dress code

Approved by
To be approved to by the Infection Prevention & Control Group

Accountable Executive or Clinical Board Director
Director of Infection Prevention & Control

Author(s)
Infection Prevention & Control Group

Disclaimer
If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate.

Summary of reviews/amendments

<table>
<thead>
<tr>
<th>Version Number</th>
<th>Date of Review Approved</th>
<th>Date Published</th>
<th>Summary of Amendments</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>23.06.15</td>
<td>23/07/15</td>
<td>Revised document</td>
</tr>
<tr>
<td></td>
<td>Contents Page</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---------------------------------------------------</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>SUMMARY</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>IMMUNISATION</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>CONTROL MEASURES FOR HEPATITIS A and E</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>CONTROL MEASURES FOR HEPATITIS B and C</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>CONTACT PRECAUTIONS AGAINST BLOOD-BORNE VIRUSES</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>ACCIDENTAL SHARPS INJURY/BLOOD AND BODY FLUID EXPOSURE</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>RESOURCES</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>TRAINING</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>IMPLEMENTATION</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>EQUALITY</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>AUDIT</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>REVIEW</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>REFERENCES</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Appendix 1</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Appendix 2</td>
<td>19</td>
<td></td>
</tr>
</tbody>
</table>
1 SUMMARY

1.1 Viral hepatitis is a common and potentially serious infectious disease caused by several viral agents and marked by inflammation of the liver.

1.2 Hepatitis A is transmitted via the faecal-oral route, with person-to-person spread being the usual mechanism of transmission although contaminated food or drink may sometimes be involved. In Hepatitis A, asymptomatic disease is common in children and severity tends to increase with age. Occasional cases of fulminating hepatitis may occur but there is no chronic carrier state and little likelihood of chronic liver damage.

1.3 Hepatitis E is transmitted via the faecal-oral route. The infection is spread by the ingestion of contaminated water and by uncooked/undercooked food (pork and shellfish), while secondary clinical cases seem uncommon. In general, the disease is self-limited and chronic infection has only been shown with immunocompromised patients (especially in solid organ transplants). HEV can produce severe or fulminant hepatitis in pregnant women with a mortality rate of 20% during the third trimester.

1.4 Hepatitis B is transmitted mainly by the parenteral route. In hospitals, transmission most commonly occurs through blood-to-blood contact, including injury with contaminated sharp instruments. However, other body fluids of infected persons have been implicated in transmission of disease. Other routes by which the virus may be transmitted include the sharing of needles by intravenous drug abusers, following sexual intercourse or by perinatal transmission from mother to child.

1.5 Some infected adults become chronic carriers of the hepatitis B virus with hepatitis B surface antigen (HBsAg) persisting for longer than six months. Chronic carriage is more frequent in those infected perinatally. Among carriers of the virus, those in whom hepatitis B e-antigen (HBeAg) is detectable are the most infectious. Those with antibody to HBeAg (anti-HBe) are generally of low infectivity.

1.6 Hepatitis C is also transmitted by the parenteral route and a significant proportion of those infected go on to develop chronic liver disease.

1.7 All Health Care Workers who perform exposure prone procedures, and all students must be immunised against hepatitis B, unless immunity to hepatitis B as a result of natural infection or previous immunisation has been documented. Other members of staff that are also at risk of acquiring hepatitis B occupationally, should also be immunised.

1.8 Diagnosed or suspected cases of hepatitis A, B, C or E must be notified to the Consultant in Communicable Disease Control of the
1.9 Health Authority. The UHB Infection Prevention and Control Department should also be informed.

1.10 A patient that is known or suspected to have hepatitis A or E should be admitted directly into a single room, and contact precautions instituted. If no single rooms are available then the quietest area of the ward should be used. A patient who is diagnosed after admission should be transferred to a single room as soon as possible.

1.11 A known hepatitis B or C positive patient can be admitted to the open ward; single room isolation is not required unless there is a risk of bleeding and possible environmental contamination. A patient that is diagnosed after admission need only be transferred to a single room if there is the risk of environmental contamination with blood. Please refer to the UHB’s Prevention and Control of Blood-Borne Virus Infections in Haemodialysis Units for specific guidance on control measures for viral hepatitis in patients undergoing haemodialysis.

1.12 Flag all specimens to the laboratory as “high risk”.

1.13 The following measures will help to minimize the risk of exposure to hepatitis viruses:

- Hand decontamination should be performed in accordance with CAV UHB Hand Decontamination Procedure. Hand decontamination with soap and water before and after contact with each patient and their environment, before putting on and after removing gloves; change gloves between patients (appendix 2).

- Cover existing wounds, skin lesions and all breaks in exposed skin with waterproof dressings; wear gloves if hands are extensively affected, or get another staff member to carry out task.

- Wear appropriate PPE, gloves and apron and consider face and eye protection where contact with blood or other body fluids can be anticipated, and when cleaning equipment prior to sterilisation or disinfection, when handling chemical disinfectants and when cleaning up spillages. Please refer to the C&V UHB the Standard Precautions and Decontamination Procedures.

- Clear up spillage of blood promptly and disinfect surfaces with the appropriate disinfectant and PPE. Please refer to the C&V UHB Decontamination Procedure.

- Do not wear open footwear in situations where blood may be spilt, or where sharp instruments or needles are handled. Please refer to the All Wales NHS Dress Code.
• Avoid sharps usage where possible by using safety devices. Where sharps usage is essential, exercise particular care in handling and disposal.

Sharp injuries must be dealt with immediately. Please refer to the C&V UHB Infection Control Procedure for Needlestick and Similar Sharps Injuries.

• Follow safe procedures for disposal of contaminated waste. Please refer to the C&V UHB Waste Procedure Policy.

2. IMMUNISATION

2.1 All Health Care Workers who perform exposure prone procedures (EPP), and all medical, dental, nursing and midwifery students should be immunised against hepatitis B, unless immunity to hepatitis B as a result of natural infection or previous immunisation has been documented. Other members of staff that are also at risk of acquiring hepatitis B occupationally should also be immunised.

2.2 EPP are those where there is a risk that injury to the worker may result in the exposure of the patient’s open tissues to the blood of the worker. These procedures include those where the worker’s gloved hands may be in contact with sharp instruments, needle tips and sharp tissues (speckles of bone and teeth) inside a patient’s open body cavity, wound or confined anatomical space where the hands or finger tips may not be completely visible at all times.

2.3 Staff who perform EPP must have a blood test to confirm immunity 2 - 4 months after completing vaccination. Tests for past or current infection should be carried out at the time of giving the vaccine to staff who have lived in countries with a high prevalence of hepatitis B.

2.4 The immunisation programme, the collection of blood samples and the necessary follow up will be undertaken by the Occupational Health Department in accordance with current guidelines.

2.5 The following Health Care Workers with current hepatitis B infection (defined as a positive hepatitis B surface antigen test) are excluded from performing exposure prone procedures:

• Health Care Workers who are hepatitis B surface antigen (HBsAg) positive and hepatitis B ‘e’ antigen (HbeAg) positive

• Health Care Workers who are hepatitis B surface antigen (HBsAg) positive and HBeAg negative, but with a hepatitis B viral load which exceeds $10^3$ (i.e. 1000) genome equivalents per ml
• Health Care Workers who are hepatitis B surface antigen (HBsAg) positive and HBeAg negative, but who have been associated with a previous episode of transmission to patients whilst HBeAg negative.

2.6 All other categories of Health Care Workers need not be barred from any area of work, including renal dialysis units.

2.7 Staff whose work involves exposure prone procedures and who fail to respond to the vaccine can continue their work unless they are HBsAg positive carriers of the virus, in which case the above criteria will apply.

2.8 Immunisation of medical, dental and midwifery students should be at the start of their training.

3. **CONTROL MEASURES FOR HEPATITIS A and E**

3.1 Any diagnosed or suspected case of hepatitis A or E must be notified to Public Health Wales (029 20 402478), followed by notification on the official form, by the clinician who considers or diagnoses the infection. The UHB Infection Prevention and Control Department should also be informed.

3.2 The transmission of both viruses is by the faecal-oral route.

3.3 For hepatitis A, the infectious agent is found in the faeces, reaching peak levels 7 - 14 days before the onset of symptoms, and continuing for a few days after onset of jaundice. Transmission of the virus via blood is extremely unlikely.

3.4 For hepatitis E, the incubation period following exposure to the hepatitis E virus ranges from 3 – 8 weeks, with a mean of 40 days. The period of communicability is unknown but virus excretion in stools has been demonstrated up to 14 days after the onset of jaundice. Transmission of the virus via blood is extremely unlikely.

3.5 **ADMISSION OF KNOWN OR SUSPECTED CASE**

3.5.1 A patient that is diagnosed or suspected to have hepatitis A or E should be admitted directly into a single room, and contact precautions instituted (see below). If no single rooms are available then the quietest area of the ward should be used.

3.6 **CASE REPORTED AFTER ADMISSION**

3.6.1 A patient that is suspected of having hepatitis A or E, or who is diagnosed after admission, should be transferred to a single room as soon as possible and contact precautions instituted (see below).
3.7 **ISOLATION/PRECAUTIONS**

3.7.1 Patients with hepatitis A require contact isolation for a period of 7 days after onset of jaundice, while patients with hepatitis E require contact isolation for 14 days.

- A single room with toilet facilities should be used for the patient. If toilet facilities are not available in the room, use disposable bedpans. If the patient is well enough to use the common toilet facilities then these must be cleaned and disinfected immediately after use.

- Visitors and members of staff from other departments must report to the nurse-in-charge before entering the room.

- Patients should not leave the room to attend other departments without prior arrangements.

- A contact isolation sign (orange) should be displayed on the door (appendix 1).

- The door should be kept closed at all times.

- Gloves and apron must be worn for handling contaminated materials.

- Impervious aprons/gowns should be used if soiling is likely.

- Masks are not required.

- Hand decontamination should be performed in accordance with CAV UHB Hand Decontamination Procedure. Hand decontamination must be performed before entering the room, after touching the patient, after being in contact with potentially infected materials and the patients’ environment, and after the removal of disposable gloves (appendix 2). In each case, hands should be initially washed with soap and water and then disinfected with an approved hand disinfectant e.g. alcohol gel.

- While there is no need to flag laboratory specimens for hepatitis A or E as high risk, if the patient is jaundiced and hepatitis A or E has not yet been confirmed, then specimens should be flagged as high risk.

3.7.2 For further information see the Cardiff & Vale UHB Isolation procedure

3.8 **DISPOSAL OF CONTAMINATED MATERIAL**

3.8.1 All infected waste should be disposed of into the appropriate clinical waste bag (HTM 07-01 Safe Management of Healthcare Waste 2006)
3.9 DECONTAMINATION AND TERMINAL CLEANING

Detailed information on decontamination procedures for individual pieces of equipment, the environment, and blood spillages is given in the C&V UHB Decontamination and Infection Control Standard Precautions Procedures.

3.9.1 The patient's room needs to be cleaned twice daily with a combined detergent and releasing agent using a 0.1% 1,000 ppm (e.g. Atichlor +).

Any equipment used by the patient needs to be cleaned and disinfected using an agent as above.

All linen should be placed in the appropriate bag for infected linen and returned to the laundry.

3.9.2 After discharge the patient's room must be cleaned thoroughly with a combined detergent and releasing agent using a 0.1% 1,000 ppm (e.g. Atichlor +). Curtains will also need to be changed. Decontamination of the mattress surface is also required using a 0.1% (1 000 ppm) of a disinfectant and chlorine releasing agent and the mattress checked. The room should be allowed to dry thoroughly and may then be used for another patient.

Hydrogen Peroxide Vapour (HPV) clean should then be carried out in accordance to instructions.

3.10 TRANSFER OF PATIENTS

3.10.1 The nurse-in-charge of the ward is responsible for ensuring that the necessary information regarding the patient's current status is passed onto a senior member of staff of the receiving ward, department or hospital.

3.10.2 In the Hospital - Transfer to other wards should be avoided if at all possible. If transfer has to be effected the receiving ward must be informed of the current status of the patient.

3.10.3 Visits to other departments and surgical operations - Visits to other departments should be kept to a minimum. When this is needed, prior arrangements must be made with the senior staff of the department concerned. Patients should be seen at the end of the working session and should spend the minimum time in the department. They should be sent for when the receiving department is ready. These guidelines
should never obstruct the clinical care of patients where procedures are deemed as clinically necessary.

3.10.4 Transfer to other hospitals - Inter-hospital movement should be kept to a minimum. It is the responsibility of the transferring ward to inform the receiving hospital/ward of the current status of the patient (and to flag the patients notes where necessary).

3.10.5 Discharge - The General Practitioner must be advised of the patients status at discharge.

3.11 HEALTH CARE PERSONNEL

3.11.1 Health Care Personnel are not at risk from occupational exposure to hepatitis A or E as long as the standard infection prevention and control procedures are adhered to. In an outbreak situation, the Infection Prevention and Control Doctor and Consultant Virologists will decide on what action is required to protect staff.

3.12 SHARPS/BODY FLUID EXPOSURE

3.12.1 Although hepatitis A or E is not normally spread by the parenteral route, due care must always be applied to avoid “sharps injuries/blood and body fluid exposures”.

4. CONTROL MEASURES FOR HEPATITIS B and C

4.1 Any diagnosed or suspected case of acute hepatitis B or C must be notified to Public Health Wales (029 20 402478) followed by notification on the official form by the clinician who considers or diagnoses the infection. The UHB Infection Prevention and Control Department should be informed of all known or suspected hepatitis cases.

4.2 Known Hepatitis B patients should be cared for by known responders to the hepatitis B vaccine for high risk clinical duties.

4.3 Transmission of hepatitis B or C most commonly occurs as a result of blood-to-blood contact, including injury with contaminated sharp instruments.

4.4 ADMISSION OF KNOWN CASE

4.4.1 A known hepatitis B or C positive patient can be admitted to the open ward; single room isolation is not required unless there is a risk of bleeding with significant environmental contamination when single room contact precautions should be instituted immediately (see below). Contact precautions against blood-borne viruses should be instituted at all times.
4.5 **CASE REPORTED AFTER ADMISSION**

4.5.1 A patient that is suspected of having hepatitis B or C, or is diagnosed after admission, can remain where they are situated in the ward. Transfer to a single room with appropriate contact precautions is preferable if there is a risk of bleeding with significant environmental contamination. Contact precautions against blood-borne viruses should be instituted immediately.

4.6 **ISOLATION/PRECAUTIONS**

4.6.1 Patients with hepatitis B or C require contact precautions against blood-borne viruses to be instituted on admission or when diagnosed after admission.

4.6.2 A single room is not usually required; however if there is likely to be bleeding which could cause significant contamination of the environment, then a single room should be used. Where a single room is being used:

- Visitors and members of staff from other departments must report to the nurse-in-charge of the ward prior to entering the room.
- Patients should not leave the ward to attend other departments without prior arrangements.
- A contact isolation sign (orange) must be displayed on the door (appendix 1)
- The door should be kept closed at all times.
- Gloves and apron must be worn when touching blood or body fluids, and must be discarded before leaving the room/area.
- Impervious aprons should be used if soiling of clothing with blood or body fluids is likely.
- Masks or face and eye protection are not required unless splashing with blood or other body fluids is likely. Where there is a high risk of contamination with blood or body fluids through splashing, protecting the eyes with goggles/visor and the mouth with a mask will be necessary. Alternatively a fluid shield face mask with integral visor can be used.
- Hand decontamination should be performed in accordance with CAV UHB Hand Decontamination Procedure. Hand decontamination with soap and water and then disinfected with an appropriate hand disinfectant (e.g. alcohol gel) if they become contaminated or are
suspected of being contaminated. Hand decontamination must also be performed before leaving the patients’ room/ward area, even if gloves have been worn (appendix 2)

- Care must be taken to prevent needle stick injuries and all sharp items must be disposed of properly. See Cardiff and Vale NHS UHB Infection Control Protocol for Needlestick and Similar Sharps Injuries

- Flag all specimens to the laboratory as “high risk”.

4.7 DISPOSAL OF CONTAMINATED MATERIAL

4.7.1 All infected waste should be disposed of into the appropriate clinical waste bag (HTM 07-01 Safe Management of Healthcare Waste 2006)

4.8 DECONTAMINATION AND TERMINAL CLEANING

4.8.1 Detailed information on decontamination procedures for individual pieces of equipment, the environment, and blood spillages is given in the Cardiff & Vale NHS UHB Decontamination Procedure and Infection Control Standard Precautions Procedure

Any linen that is contaminated with bodily fluids should be placed in the appropriate bag for infected linen and returned to the laundry.

4.8.2 The disinfectant of choice for environmental use is a combined detergent and chlorine releasing agent (e.g. Atichlor +) for blood spillages in both clinical and non-clinical areas chlorine releasing disinfectant granules or a hypochlorite solution (10,000 ppm) should be used.

4.8.3 After discharge the patients room/environment must be cleaned thoroughly with a combined detergent and releasing agent using a 0.1% 1,000 ppm (e.g. Atichlor +). Curtains will also need to be changed. Decontamination of the mattress surface is also required using a 0.1% (1 000 ppm) of a disinfectant and chlorine releasing agent and the mattress checked. The room should be allowed to dry thoroughly and may then be used for another patient.

Hydrogen Peroxide Vapour (HPV) clean should then be carried out in accordance to instructions.
4.9 TRANSFER OF PATIENTS

4.9.1 The nurse-in-charge of the ward is responsible for ensuring that the necessary information regarding the patient’s current status is passed onto a senior member of staff of the receiving ward, department or hospital.

- Within the Hospital - If transfer has to be effected the receiving ward should be informed of the current status of the patient.

- Visits to other departments and surgical operations - When this is needed, prior arrangements must be made with the senior staff of the department concerned. Where necessary, it is the responsibility of the transferring ward to inform the receiving department of the current status of the patient and to flag the patient’s notes. These guidelines should never jeopardise clinical need.

- Transfer to other hospitals - It is the responsibility of the transferring ward to inform the receiving hospital/ward of the current status of the patient and to flag the patients notes where necessary.

- Discharge - The General Practitioner must be advised of the patient’s status at discharge.

4.10 HEALTH CARE PERSONNEL

4.10.1 All Health Care Workers who perform exposure prone procedures, and all medical, dental, nursing and midwifery students should be immunised against hepatitis B, unless immunity to hepatitis B as a result of natural infection or previous immunisation has been documented. Other members of staff that are at risk of acquiring hepatitis B occupationally, should also be immunised.

4.10.2 The Occupational Health Department, in accordance with current guidelines will undertake the immunisation programme, collection of blood samples and necessary follow up.

4.10.3 Sharp injuries must be dealt with immediately. Please refer to the C&V UHB Infection Control protocol for Needlestick and Similar Sharps Injuries.

5. CONTACT PRECAUTIONS AGAINST BLOOD-BORNE VIRUSES

5.1 Blood-borne viruses (BBVs) which may represent a potential hazard to other patients and health-care workers are those which are associated with chronic carriage and viraemia in affected individuals. These include HIV and the hepatitis B (HBV) and C (HCV) viruses.
5.2 In general, the risks of transmission of BBVs to health care workers arise from the possibility of exposure to blood and exceptionally to certain other body fluids or body tissues from an infected patient. These include the following:

<table>
<thead>
<tr>
<th>Body fluids which should be handled with the same precautions as blood</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Cerebrospinal fluid</td>
</tr>
<tr>
<td>Peritoneal fluid</td>
</tr>
<tr>
<td>Pleural fluid</td>
</tr>
<tr>
<td>Pericardial fluid</td>
</tr>
<tr>
<td>Synovial fluid</td>
</tr>
<tr>
<td>Amniotic fluid</td>
</tr>
<tr>
<td>Semen</td>
</tr>
<tr>
<td>Vaginal secretions</td>
</tr>
<tr>
<td>Breast milk</td>
</tr>
<tr>
<td>2. Any other body fluid containing visible blood, including saliva in association with dentistry</td>
</tr>
<tr>
<td>3. Unfixed tissues and organs</td>
</tr>
</tbody>
</table>

5.3 The risk of transmission for each virus is proportional to the prevalence of that infection in the population served, the infectious status of the individual source patient, which may or may not be known, and the type of occupational exposure.

5.4 In the health care setting, transmission most commonly occurs after percutaneous exposure to a patient's blood by "sharps" or "needlestick" injury. In the non-immune person, the risk of acquiring hepatitis B virus from needlestick exposure to blood containing HBs antigen and no antibody to HBe antigen is approximately 33%. The risk of HIV transmission after percutaneous exposure to HIV infected blood in health care settings is approximately 0.3%. The rate of sero-conversion for hepatitis C following needle-stick injury with contaminated blood is uncertain but probably around 1.8%.

5.5 Transmission of BBVs may also result from contamination of mucous membranes of the eyes or the mouth, or of broken skin, with infected blood or other infectious material. It is for this reason that facial and body protection against blood splashes must be taken at all times. The transmission risks after a mucocutaneous exposure are lower than those after a percutaneous exposure. The risk of acquiring HIV after a single mucocutaneous exposure is 0.1%.
5.6 Not all patients infected with BBVs have had their infections diagnosed. It is therefore important that all blood and body fluids and tissues are regarded as potentially infectious, and HCWs should follow contact precautions at all times.

5.7 GENERAL MEASURES TO REDUCE THE RISK OF OCCUPATIONAL EXPOSURE

- Hand decontamination should be performed in accordance with CAV UHB Hand Decontamination Procedure

- Hand decontamination with soap and water before and after contact with each patient and their environment (appendix 2), before putting on and after removing gloves; change gloves between patients.

- Cover existing wounds, skin lesions and all breaks in exposed skin with waterproof dressings; wear gloves if hands are extensively affected, or get another staff member to carry out task.

- Wear appropriate PPE, gloves and apron and consider face and eye protection where contact with blood or other body fluids can be anticipated, or when cleaning equipment prior to sterilisation or disinfection, when handling chemical disinfectants and when cleaning up spillages. Please refer to the C&V UHB Standard Precautions and Decontamination Procedures

- Clear up spillage of blood promptly and disinfect surfaces with the appropriate disinfectant and PPE. Please refer to the C&V UHB Decontamination and Standard Precautions Procedures

- Do not wear open footwear in situations where blood may be spilt, or where sharp instruments or needles are handled. Please refer to The All Wales NHS Dress Code.

- Avoid sharps usage where possible by using safety devices. Where sharps usage is essential, exercise particular care in handling and disposal.

- Sharp injuries must be dealt with immediately. Please refer to the C&V UHB Infection Control protocol for Needlestick and Similar Sharps Injuries.

Follow safe procedures for disposal of contaminated waste. Please refer to the C&V UHB Waste Procedure Policy.
6. ACCIDENTAL SHARPS INJURY/BLOOD AND BODY FLUID EXPOSURE

6.1 Please refer to Cardiff and Vale NHS UHB Infection Control Procedure for Needle Stick and Similar Sharps Injuries

7. RESOURCES

7.1 The necessary resources for the management, training, risk assessments, monitoring and auditing of hepatitis are already in place and the implementation of this procedure will not entail additional expenditure.

8. TRAINING

8.1 Mandatory Infection and Prevention and Control training updated every two years.

8.2 Further departmental based training as identified by training needs analysis.

9. IMPLEMENTATION

9.1 The document will be available on the UHB intranet site and the Infection Prevention and Control clinical portal.

9.2 Individual directorates will be responsible for the implementation of the procedure document in clinical areas.

10. EQUALITY

10.1 This procedure has had an equality impact assessment and has shown there has been no adverse effect or discrimination made on any particular or individual group.

11. AUDIT

11.1 Audit of compliance with the procedural document, will be carried out by the Infection Prevention and Control Department, as part of their procedural audit programme.

12. REVIEW

12.1 This procedure will be reviewed every three years or sooner if the national guidelines are updated.
13. REFERENCES

All Wales NHS Dress Code. Welsh Assembly Government. NHS Wales; 2010

13.1 Cardiff and Vale UHB Decontamination Procedure

13.2 Cardiff and Vale UHB Hand Decontamination Procedure

13.3 Cardiff and Vale UHB Infection Control Protocol for Needle stick and Similar Sharps Injuries

13.4 Cardiff and Vale UHB Isolation Procedure

13.5 Cardiff and Vale UHB Standard Precautions

13.6 Cardiff and Vale UHB Waste Management Policy


13.12 Immunisation Against Infectious Disease. Department of Health HMSO. 2013


Appendix 1

**STOP**

*Contact isolation  KEEP DOOR CLOSED*

unless ward sister/charge nurse instructs otherwise

---

**Instructions for all staff and visitors**

- **Hands must be washed** when entering and before leaving room
  
- **Wear orange plastic apron** when entering the room
  
- **Wear gloves when risk of contamination** from blood, body fluids or secretions
  
- **Wear Goggles/Visor** if there is a risk of splashing from blood or body fluids
  
- **PPE disposal:** Dispose of gloves, apron and face protection into orange labelled waste bin before leaving room.
  
- **Wash your hands before leaving room**

---

Cardiff and Vale UHB
Appendix 2

Your 5 moments for HAND HYGIENE

1. BEFORE PATIENT CONTACT
2. BEFORE ASEPTIC TASK
3. AFTER BODY FLUID EXPOSURE RISK
4. AFTER PATIENT CONTACT
5. AFTER CONTACT WITH PATIENT SURROUNDINGS

Based on WHO poster ‘Your 5 Moments for Hand Hygiene’ and reproduced with their kind permission