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Reduce Blood Borne Virus (BBV) stigma: keep your organisation's health and safety routines up to date

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People living with Blood Borne Viruses (BBVs) such as HIV, Hepatitis B and Hepatitis C frequently experience stigma at work and in the community (Aghaizu et al. 2023). Most people remain unaware that there have been extraordinary advances in treatments that make it possible to cure Hepatitis C completely, and make it impossible for people on HIV treatment to pass it on (Britain Thinks, 2021). This is reflected in continued fears of BBV exposure, despite very low to zero risk of transmission in most day-to-day interactions.

About the research

Our research team explored the way that BBV risk is managed in different organisations' health and safety measures, identifying areas for improvement, and supporting updates with clear guidance. In the health and safety materials of the five different organisations that were audited, we identified examples of some good and some well-intentioned practice, but it was even more common to see BBV risk management procedures that were ineffective, costly and scientifically outdated.

Our analysis highlights 4 key areas in need of special attention during health and safety reviews, and is highly relevant for all organisations interested in:

- Improving the effectiveness of their health and safety policy and practices;
- Reducing unwarranted fear of blood borne infection;
- Ensuring more inclusive encounters for people with lived experience of BBVs; and
- Enabling people living with disabilities to be treated fairly and equally, as stipulated by the 2010 Equality Act

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Who was audited?

- Avon and Somerset Constabulary (the only organisation that agreed to be named)
- a community arts organisation
- a crisis housing provider
- a full-contact sports team
- an education and research institution with laboratory facilities handling biological samples

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Key findings

Clarifying Different Types Of Exposure Risk

In our sample, only one organisation (Avon and Somerset Constabulary) provided health and safety document that conveyed an understanding that BBV type, and the context of exposure, each carry different transmission risks. In addition, this was the ***only one*** of the five participating organisations that adequately cited and applied existing guidance from England's Health and Safety Executive and from Public Health England on the different likelihoods of infection based on exposure context for each BBV; and how to best manage relative risk depending on the setting.

In body fluid exposure situations identified by the organisations we audited, such as: high-contact sports, laboratory staff handling biological samples, and cleaning out rooms in a homeless hostel – vital information about different viruses, and the different levels of infection risk associated with different types of exposure was missing, but could have been highly beneficial.

Case Study

Training workers in a medical research laboratory where BBVs may be present

In our review of the training package for a lab setting, we identified several instances where the materials drew unwarranted attention to extremely rare examples of BBV transmission risk in workplace settings.

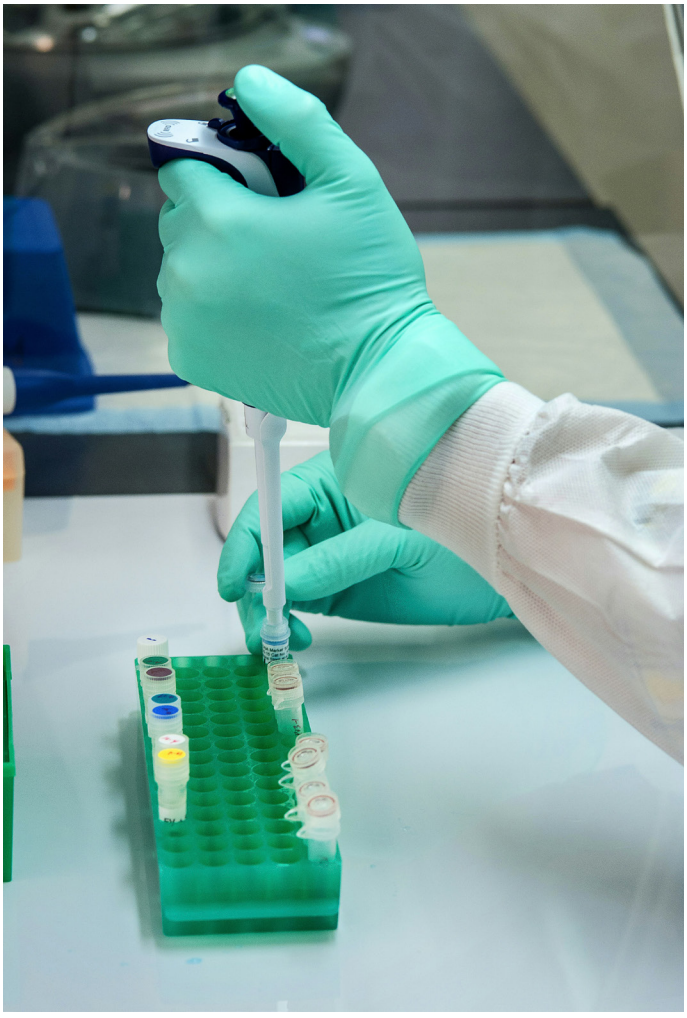
Nowhere did the training offer insight into the ways in which the built environment and institutional risk management procedures had already positively impacted on safety outcomes to help build trust in basic safety procedures. Had some safety basics been clarified, such as the de-activation of most viruses studied in a lab setting, then trainees would be encouraged to focus specifically on enhanced safety in contexts where a realistic risk of exposure exists.

Universal Precautions

We found there were missed opportunities for the use of universal precautions among several of the organisations taking part in the audit. For instance, more organisations could have uniformly advised use of latex gloves (and in some specific scenarios, sharps resistant gloves or visors) in situations that carry a medium to high likelihood of biological material exposure.

Health and safety training could benefit by focussing on the multitudes of infections avoided annually through universal precautions alongside basic and extended safety measures, including:

- Regular stock checks of first aid kits and PPE such as gloves
- Emphasising the effectiveness of soap and disinfectants to reduce viral and bacterial exposure and transmission
- Ensuring workers with a high risk of sharps or needlestick injury have free and supported access to Hepatitis B vaccination



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Sharps Management

Among the audited organisations where BBV exposure risk through needlestick was medium to high, the availability and reliability of information about managing sharps was generally quite poor. Two organisations (the Avon and Somerset Constabulary and the high-contact sports team) did include clear and reliable information regarding use of and access to sharps containers; however the sports team had no written health and safety document, making it unclear how this practice was disseminated and assured.

Despite the research laboratory training repeatedly raising concerns about BBV risk, routine practices to manage sharps disposal did not feature. Instead it was stated that lab supervisors would discuss workplace equipment and safety provisions. Furthermore, the provider of crisis housing provided erroneous information about how to manage and transport sharps.

Health and safety documents in all settings with medium/high likelihood of needlestick and other puncture injuries should clearly provide information about the supply and use of sharps containers (see this Health and Safety Executive resource) alongside appropriate waste disposal and cleaning procedures for bodily fluid spills.

Handling Of Exposure Incidents

Only two of the four organisations that identified a medium to high risk of BBV exposure offered details about what actions to take immediately following an exposure incident. Where this information was provided, one was complete and up to date, but another contained outdated contact details.

Situations involving confirmed HIV or Hepatitis B exposure require immediate preventive treatment to avoid onward infection, making it vital that timely information and clear routes to support are easy to access. The Health and Safety Executive (HSE) encourages health and safety leads to communicate the best sources for timely and accurate emergency advice following a potential BBV exposure event, typically involving:

- Seeking immediate advice from a local authority Health Protection team,
- Getting advice from Occupational Health (for those in larger organisations), or
- Visiting Accident and Emergency.

Template decision-trees based on diverse and institution-specific scenarios could be successfully adapted and added to HSE resources on incident-response, and disseminated by local Health Protection Teams as well as Public Health and Licencing teams.

Policy Implications

Two of our participating organisations immediately changed practice and policy as a result of their participation in this audit.

Nationally, these findings have encouraged the United Kingdom Health Security Agency (UKHSA) to recommend Hepatitis B vaccination for more groups of workers at risk. These findings have also been mobilised by the National AIDS Trust to successfully advocate for England's Health and Safety Executive to revise its BBV guidance for workplaces. This is a timely and welcome change that will be best amplified with the support of a communications strategy enabling those responsible for health and safety in settings that carry credible BBV exposure risk to implement the updated HSE resource.

The recommendations for action on the final page are for health and safety leads in organisations that understand the value in updated BBV safety practice.

Photo by Lara James

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Recommendations: How To Improve Workplace Health And Safety Procedures Regarding BBVs

1. Review your documents for up to date BBV risk and safety information using our accompanying resource guide

2. During your document review ask:

   a. Have we clarified relative risk between BBVs and in different scenarios?

   b. Are we making the use of universal precautions easy and building trust in them?

   c. Does our policy make it clear how to handle any dangerous sharps (where relevant to your setting)?

   d. Do our people know what steps to take in case of an exposure incident? Is the contact information we have provided still current?

3. Seek out updated BBV safety resources from the Health and Safety Executive and other expert organisations such as National AIDS Trust and Hep C Trust as well as your local health protection team

4. Become familiar with your organisation's responsibilities under the Equality Act 2010:

   a. The Equality Act covers discrimination in private services, public services and in employment. Workplaces have responsibilities under the Equality Act to prevent discrimination and harassment against anyone in a protected category.

   b. A person living with HIV is explicitly classified under the Equality Act 2010 as having a 'disability', in Schedule 1 and people living with other BBVs such as Hepatitis B and Hepatitis C can be protected where their infection is disabling.

   c. The most effective way to avoid inadvertent discrimination is to recommend and support the use of universal precautions where there is a risk of bodily fluid exposure.

   d. If you are unsure whether your practices are compliant with the Equality Act 2010, please contact National AIDS Trust for advice.

Access the resource guide here:

Further information

This co-produced investigation was a collaboration between School for Policy Studies researchers and community researchers with lived experience of Blood Borne Viruses (BBVs). It was funded by the University of Bristol Policy Research Fund with kind support from the Public Engagement team. Further discussion about the values of co-production underpinning this project is available here, as well as a summary in this brief video.

References:

Aghaizu A, Martin V, Kelly C, Kitt H, Farah A, Latham V, Brown AE, Humphreys C. (2023) Positive Voices: The National Survey of People Living with HIV. Findings from 2022. UK Health Security Agency, London

Britain Thinks (2021) HIV: Public knowledge and attitudes. Fast Track Cities London and National AIDS Trust, London.

Contact the researchers

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