

Guidelines on HIV and AIDS

March 2016

The purpose of these Guidelines is to provide a framework of information that will help Colleges and University institutions to establish their own specific policy on HIV and AIDS.

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 is still a certain anxiety about HIV and AIDS. A policy written for your institution will be able to acknowledge the level of risk of infection for particular groups of staff and students and ensure that appropriate procedures are in place. It will also ensure that staff and students understand how to get up-to-date, confidential advice and support.

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 the University's guidelines for dealing with spillages of body fluids and for laboratory work with blood products. Although relevant to these Guidelines, neither Appendix II nor Appendix III is HIV or AIDS specific.

General

HIV – Human Immunodeficiency Virus – is a virus that leads to damage of the cells of the immune system. AIDS – Acquired Immune Deficiency Syndrome – describes a condition where an opportunistic infection or illnesses has been diagnosed, arising from this damage or directly from the action of HIV. There is no cure for HIV, but anti-retroviral treatments have been developed which, taken in combination, can slow or halt the progression of infection. People who have HIV may show no symptoms and may remain well and healthy for many years.

How HIV is normally passed on

HIV is transmitted through infected body fluids. HIV is not transmitted through casual contact but in the following ways:

- 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 (17% of those who have HIV). 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, College Nurses or First Aiders, may be more likely to encounter cases of needle stick injury or accidental blood spillage. Members of such groups should make themselves acquainted with more specific instructions, such as those produced locally or by contacting the University Occupational Health Service (see Appendix III). 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.

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.

Health promotion

HIV infections and AIDS raise the issues of sex, sexuality, drug abuse, disability, and death. These are very emotive subjects, and relevant people working in the University 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, whether in Colleges, Faculties or Departments, or outside the University.

Colleges and University institutions are urged to make the necessary information available and to provide training courses and workshops, such as those run by DHIVERSE (see Appendix I).

It is particularly important that senior members of the University who have 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.

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+ people.

For further information about travel abroad, undergraduates should contact their general practitioner, College nurse or 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.

Sports

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.

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.

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.

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
Croxtan Rd
Thetford
IP24 1JD

Tel: 0344 225 3546

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.

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

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

Information and referral advice

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.

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-infections-stis-help/hiv>

Life with HIV
www.lifewithhiv.org.uk

HIV Aware
www.hivaware.org.uk

HIV Testing
www.test.hiv/

Further AIDS / HIV contacts
www.self-help.org.uk/directory/aids-hiv

APPENDIX II

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 carefully wrapped in several sheets of newspaper, placed in a plastic bag and treated as domestic refuse.

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 sackful 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.

5. Clinical waste arising from the premises of dentists, chiropodists, veterinary surgeons, acupuncturists, tattooists, etc.

Clinical waste arising from these premises is treated as industrial waste. District Councils will identify such premises and ensure that clinical waste is segregated from other waste and disposed of appropriately.

6. First aid materials

First aid materials normally present no significant risk of infection and should be disposed of as in paragraph 2 above. 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
Croxtan Rd
Thetford
IP24 1JD
Tel: 0344 225 3546

APPENDIX III

Guidelines for dealing with spillages of blood and other body fluids

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 burnt in an incinerator or put into sealed units for collection. Tampons may be flushed down the toilet.

Accidents involving external bleeding

1. Normal first aid procedures should be followed, including the use of disposable gloves where possible for additional 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). Contaminated surfaces should be cleaned with a suitable bleach or disinfectant.
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 and put into a refuse sack in the normal manner.

General hygiene

1. Cleaning:
 - (a) normal 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) Household bleach, diluted 1 in 10, should be applied liberally to the spillage. Disposable gloves should be worn as this substance is irritating to the skin. The area should be well ventilated.
 - (b) Gloves and paper towels should be sealed in a plastic bag and put into the waste bin.
3. Sheets, towels and clothing that are stained with blood should be washed in a washing machine at 95°C for 10 minutes.

Everyone should ensure that their own cuts and abrasions are covered with waterproof or other suitable dressings before giving physical care.

Storage of disposable gloves, bleach, and other materials

Everyone should be made aware of where gloves, bags, and bleach or disinfectant, etc., are stored. Colleges and Departments will need to determine suitable locations so that all may use the supplies as necessary.

Waste disposal

1. Soiled waste (such as nappies and pads) should be burnt unless alternative arrangements, approved by the Safety Officer, exist. If this cannot be done, the rubbish including protective disposable gloves, should be put into a plastic bag and effectively secured. This waste will be collected for disposal in the normal manner.
2. Used condoms should be wrapped and disposed of in a sealed disposal unit. If this is not possible, wrapped used condoms should be placed in a plastic bag, sealed effectively and disposed of in the normal rubbish disposal. Condoms should not be flushed down the toilet.
3. Sanitary towels should be burnt in an incinerator or put into sealed 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 normal rubbish disposal. Tampons may be flushed down the toilet, but it might be environmentally preferable for them to be disposed of as sanitary towels.
4. Hands should be washed and dried when work is completed.

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.