



**GRAMPIAN**  
P.O.L.I.C.E

*COLIN McKERRACHER LLB*  
Chief Constable

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Occupational Health and Welfare Unit  
The Bungalow  
21 North Anderson Drive  
Aberdeen  
AB15 6DW

Tel: 01224 788760  
Fax: 01224 208520

Our Ref: MW/PM  
Your Ref:

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Police Division 1  
Scottish Executive Justice Department  
Area 1W  
St Andrew's House  
Regent Road  
Edinburgh  
EH1 3DG

**Blood Testing Following Criminal Incidents Where There is a Risk of Infection**

Thank you for giving the Medical and Nursing Advisers to the Scottish Police Service (MANASPS) the opportunity to comment on the above consultation document.

As a body, MANASPS finds itself unable to respond in the format suggested and hopes the Executive finds the following format acceptable.

Our group is aware of the distress caused to police staff by body fluid exposure incidents, because occupational health staff are responsible for the assessment of risk associated with these incidents and for explaining the risks to the affected staff. We are concerned that the consultation document suggests that access to medical records and blood testing will remove the distress and worry of individuals exposed to body fluids. We do not believe that this is the case for the reasons explained below.

The anxiety associated with exposure to body fluids is that of contracting Hepatitis B, Hepatitis C or HIV.

Hepatitis B is the most virulent of the 3 viruses, being able to live outside the body for several days and only a very small quantity of blood required to produce infection. There is good preventative treatment for Hepatitis B by way of immunisation. There is also post exposure treatment for those who have not been immunised but this should be initiated within 48 hours of a body fluid incident, if the risk assessment indicates treatment is required.



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Hepatitis C is less virulent than Hepatitis B but there is no preventative immunisation available nor is there any immediate treatment for those exposed.

HIV is a very fragile virus and does not live outside the body for more than a few minutes and a large amount of blood is required to transmit infection. There is no immunisation at present but there is post exposure treatment which should be started ideally within one hour of a body fluid incident, if the risk assessment indicates treatment is required.

Currently we believe that no police officer in Scotland has contracted HIV from work exposure to body fluid and that the one officer who is believed to have contracted Hepatitis B had not been immunised. Hence the risk of contracting these infections through body fluid exposure is extremely low.

If an individual is exposed to body fluids a risk assessment must be carried out immediately with regard to the potential seriousness of the incident and a decision as to what further action, if any, is required. If treatment is required due to the risk of HIV it is necessary to start post exposure prophylaxis preferably within one hour of the incident. It is self evident that no information as a result of a Sheriff Order would be available in that time frame and it would be negligent to delay treatment for confirmation of the HIV status of the assailant. An argument might be made that treatment could be started and then reassessed once access to medical records or blood tests are available. This again is potentially a dangerous course of action as explained below.

A Sheriff may make an order for release of medical records but the records may not hold the relevant information, e.g. even if there is no record of Hepatitis B, Hepatitis C or HIV status, this does not mean that the individual is not carrying the infection. It may prove difficult to obtain all an individual's medical records, e.g. general practice records, hospital records, sexually transmitted disease records, etc. Some of these may be held elsewhere in the UK. Some high risk individuals, e.g. intra venous drug users may have chaotic lifestyles and change their address and GP frequently hence the current GP may not have records available. Even if there are records, they may give a false sense of security as explained below.

Similar problems affect the issue of blood testing. If a Sheriff Order is made for a blood test, the individual can still refuse to comply and no doctor will take blood from someone against their will. Even if the individual consents and a blood test is conducted, a negative result does not mean that the individual does not have the infection, i.e. it could be a false negative result as it sometimes takes up to 6 months after contracting the infection for the blood test to become positive. Hence the decision concerning management of the exposed individual will continue to be based on a risk assessment even if medical notes and blood results are available. Furthermore the medical staff involved will have an obligation to ensure that affected individuals are aware that some risk remains even if blood tests are negative. Therefore, the suggestion that a Sheriff Order for a blood test and notes will allay an exposed person's anxiety is incorrect.

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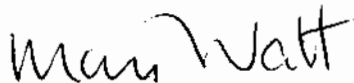
It will remain of greater importance to ensure that all the incidents are assessed as quickly as possible so that if treatment is required it is given in the correct time frame and that no delay is introduced by waiting for the release of medical records and blood test results.

In summary getting a legal order to take a blood sample or access medical records from an assailant will have no impact on the treatment of an individual exposed to body fluids.

A national Hepatitis B immunisation programme together with education of the population would be far more effective measures.

We also believe there are substantial human rights and medical confidentiality issues associated with the proposals contained in the consultation document.

Yours sincerely



Dr Monika Watt MB ChB MSc FFOM  
Chair of MANASPS  
Consultant in Occupational Medicine  
Force Medical Adviser