

Date: 16/01/2026
Our ref: 01/FOI/25/016005/B

FREEDOM OF INFORMATION REQUEST REFERENCE NO: 01/FOI/25/016005/B

I write in connection with your request for information dated 15/12/2025, received by Greater Manchester Police (GMP) for the following information:

Under the Freedom of Information Act 2000, I am requesting the following information relating to occupational exposure to blood borne viruses (BBVs) and the use of post-exposure prophylaxis (PEP) within your force:

Information Requested:

1. Incidents of BBV Exposure

- The number of reported incidents involving potential exposure to blood borne viruses (e.g., needle stick injuries, bites, mucosal contact with blood) among police officers and staff for the last five calendar years (2019–2023).

2. PEP Prescribing

- The number of cases where HIV post-exposure prophylaxis (PEP) was prescribed following occupational exposure during the same period.

- If available, please indicate whether PEP was prescribed by your occupational health service, an NHS provider, or another source.

3. Policy Documents

- A copy of your current policy or guidance for managing occupational exposure to BBVs, including criteria for PEP administration.

Result of Searches

Following receipt of your request searches were conducted within Greater Manchester Police (GMP) to locate the requested information and I can confirm the information requested is held by GMP.

However, I am not obliged to supply you with all the information held in regard to question 3 as exemptions apply.

Section 17 of the Freedom of Information Act 2000 requires Greater Manchester Police, when refusing to provide such information (because this information is exempt) to provide you, the applicant, with a notice which: (a) states that fact, (b) specifies the exemption in question and (c) states (if that would not otherwise be apparent) why the exemption applies.

Where redactions in the attached document have been made, that information is exempt from disclosure by virtue of the following exemptions:

Section 31(1)(a)(b) – Law Enforcement
Section 38(1)b Health and Safety
Section 40(2)(a) – Personal Information

Where Section 40 has been used, this represents information that identifies a living individual, to disclose this information would breach the principles of the GDPR and the Data Protection Act 2018. Personal data is defined by Article 4 of the GDPR and Part 1 of the Data Protection Act 2018 and means any information relating to an identified or identifiable natural person ('data subject'). An identified natural person is one who can be identified directly or indirectly from that data.

Harm S31 and S38

To provide the redacted information within the attached policy would reveal policing tactics used by Greater Manchester Police. This would give an advantage to those intent on committing offences and avoid detection. It would also increase the risk of danger towards the public GMP who sworn to protect.

In addition, disclosure of some redacted information would likely cause physical harm if the information was made public and used by those intent on causing harm to GMP officers. Some information outlines methods used by GMP staff to remain safe and vigilant and to processes on how to respond to certain situations. If this was made public it could be used against officers which could leave them vulnerable and open to abuse, or danger to their health.

Public Interest Test

Factors Favouring Disclosure S31 & S38

To disclose the redacted information would provide the public with a slightly more in-depth knowledge into how Greater Manchester Police operates. This would enable the populous to take steps to protect themselves against criminal activity and may lead to further information being provided to the force.

Factors Favouring Non-Disclosure S31 & S38

Conversely to the factors in favour of disclosure, to release the redacted information into the public domain would reveal the policing tactics of Greater Manchester Police. This would impact on the force's ability to detect and prevent crime and apprehend and prosecute offenders.

The risk of danger to the public and officers would be increased by revealing such policing tactics into the public domain. The safety of the public we protect is of paramount importance to Greater Manchester Police and we would not wish to jeopardise that safety by releasing exempt information into the public domain.

Disclosure of the use of specific equipment in certain scenarios could allow criminals to anticipate police responses or methods used to protect themselves, thereby increasing the risk of harm to officers and the public if used in a negative manner.

Balance Test

The arguments for and against disclosure of information need to be weighed against each other. In this case the greatest argument for disclosure is the fact that the public would be provided with information regarding how the force police operate.

However, given that the disclosure would increase the risk of increased crime and assist those intent on committing crime to avoid detection, and would place officers in harmful situations then balance of disclosure, at this time, weighs on non-disclosure for those particular redacted parts of the policy requested.

This letter acts as a refusal notice for the redacted parts of the attached documents.

The remaining responses

Q1 - Between 2019 and 2023 there were a total of 345 reported incidents involving potential exposure to BBVs.

Q2 – No information held. This is carried out externally GMP via the NHS, A&E, health clinics etc. Q3 – Please see the attached redacted document.

Prevention and control of occupational exposure to blood borne viruses

Policy & Procedure

**Greater Manchester Police
April 2023**



POLICY & PROCEDURE IMPLEMENTED: 2023

REVIEW DATE: Jan 2025

POLICY & PROCEDURE OWNER: Health & Safety Unit/ Human Resources
Branch

APPROVED BY: Force Health & Safety Committee

PROTECTIVE MARKING: Official

IS THE POLICY & PROCEDURE?

IF REVISED, PLEASE COMPLETE ☐ New **LC** ☒ Revised

VERSION NO	DATE	SUMMARY OF CHANGES	AUTHOR(S)
1.0	2004	New policy	Health & Safety
1.1	2009	Review of policy	Health & Safety
1.2	2019	Review of policy and transfer to policy & procedure template	Health & Safety
1.3	2021	Review of Policy	Health & Safety
1.4	2021	Review of Policy	ERPB
2.0	2023	Policy review with H&S and FMO	Health & Safety

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1. Policy Statement

In accordance with the Force Health and Safety Policy, the Chief Constable recognises their responsibilities in relation to the prevention and control of occupational exposure to blood borne viruses (BBV).

In particular GMP recognises its responsibilities to comply with the Control of Substances Hazardous to Health Regulations 2002 (COSHH).

It is GMP's policy to:

- Ensure roles and activities where there is a significant risk of occupational exposure to BBV are identified and, in those circumstances, implement measures to minimise the risk through;
 - Safe working procedures and practices,
 - Information and instructions regarding how and when BBV pose a risk,
 - Equipment and personal protective equipment which is proportionate to the risk of exposure.
- Ensure the principles of universal precautions are followed by all staff when encountering blood and bodily fluids.
- Offer the Hepatitis B vaccination, and associated immunisation status tests, to roles at risk of exposure to blood and bodily fluids and keep records of immunisation.
- Record incidents where occupational exposure to BBV occurs, including any post exposure treatment and ensure appropriate welfare support is provided.
- Ensure suitable arrangements are in place for the collection, storage and disposal of exhibits containing or contaminated with blood and bodily fluids.
- Ensure suitable arrangements are in place for dealing with contamination of blood and bodily fluids on GMP premises.

1.1 Aims

This document sets out the ways in which GMP intends to manage the risks associated with occupational exposure to BBV, record incidents of potential exposure, offer immunisation against Hepatitis B and maintain medical records.

2. Scope

This policy and procedure applies to;

- Activities where exposure to blood and bodily fluids is likely.
- Roles identified where vaccination against Hepatitis B is recommended.
- All GMP premises especially those with property stores (including forensic property), custody suites and laboratories.
- Persons visiting or contractors working at GMP premises.

This policy and procedure does not apply to:

- Preventing the acquisition of non-occupational BBV infections. However, if it is declared by either existing staff who acquire an infection or recruits who have an infection, a

- medical assessment should be undertaken by the Force Medical Officer. This is to determine whether they have higher susceptibility to further infections which, under normal circumstances would be self-limiting, but in this case would require additional control measures to be implemented.

Staff are not obliged to declare they are infected with a BBV.

Staff who acquire a BBV would normally not be prevented from undertaking their usual role or being recruited for a role.

3. Roles & Responsibilities

The Chief Constable

Is the employer and is responsible for delegating duties to ensure the blood borne virus policy is implemented.

Assistant Chief Officer Resources

Is responsible for allocating adequate resources for the provision of occupational health advice and immunisation service.

Force Medical Officer

Responsible for confirming roles where immunisation is recommended, providing advice where restricted duties are required as an additional protection or reasonable adjustment to prevent exposure to BBV. Providing advice in cases of confirmed occupational exposure to a BBV. Providing advice and acting as consultee for policies and guidance notes relating to the prevention of BBV exposure.

All District & Branch Heads

Are responsible for ensuring this policy is circulated to all staff and setting up local procedures for dealing appropriately with BBV's.

All managers and supervisors

Are responsible for ensuring risk assessments include precautions and recommended immunisations for work activities where exposure to BBV has been identified as a significant hazard. Completing an accident report where a potential BBV exposure has occurred and ensuring their staff attend medical assessment without delay.

Occupational Health Unit (OHU)

Administering hepatitis B immunisations and associated immunisation status checks and securely keeping records of such. Providing advice and guidance around the prevention of exposure of BBV.

People & Development Branch

Providing student recruits with training on safely searching a person or property. Ensuring the student officer induction schedule includes time for attendance at OHU for Hepatitis B immunisations.

Business Support Services Branch

Responsible for the provision of spillage equipment and cleaning service for GMP premises and fleet. Ensuring contractors or cleaning staff are deployed to clean and/or decontaminate affected areas within the building in a timely manner proportionate to the risk. Producing the procedure for the decontamination of blood and body fluids in GMP premises.

Health & Safety Unit

Responsible for writing the policy for the blood borne viruses. Reporting any confirmed BBV infections of staff to the Health & Safety Executive. Recording incidents of potential BBV infection on the accident recording system. Including infection control methods in health & safety training courses as appropriate.

All staff

All staff who come into contact with blood and body fluids must read and understand this policy. All other GMP staff must know about, and promote safe working practices, in relation to blood and body fluids.

Reporting incidents of potential BBV infection to their supervisor in accordance with the force accident reporting procedure.

4. Terms and Definitions**4.1 Acronyms**

BBV	Blood Borne Virus
COSHH	Control of Substances Hazardous to Health Regulations 2002
GMP	Greater Manchester Police
HBC	Hepatitis B Core
HBV	Hepatitis B Virus
HIV	Human Immunodeficiency Virus
OHU	Occupational Health Unit

4.2 Definitions

Antibody	A protein (immunoglobulin) produced by the immune system when harmful substances (antigens) such as bacteria are detected
Hepatitis	The term used to describe inflammation of the liver. It's usually the result of a viral infection or liver damage caused by drinking alcohol. Some types will pass without any serious problems, while others can be long-lasting (chronic) and cause scarring of the liver (cirrhosis), loss of liver function and, in some cases, liver cancer. There are several different types of hepatitis, hepatitis B and C are most of which are outlined below.
Immuno-suppression	The suppression of the immune system as a result of diseases such as AIDS or lymphoma or drugs such as those used to treat cancer
Prophylaxis	A measure or medication taken to prevent illness or infection
Incubation period	The time period between exposure to a pathogenic organism, a chemical, or radiation, and when symptoms and signs are first apparent.
WHO	World Health Organisation

5. Procedure

5.1 Agent and disease

There are many viruses capable of causing infection to humans; however, this policy is concerned with the three most likely to cause infection from occupational exposure. These are hepatitis B virus, hepatitis C virus and human immunodeficiency virus. They are all spread by infected blood, hepatitis B and HIV can also be transmitted in some other body fluids.

Infection from these viruses can be prevented. They can all be treated, but if left untreated, in some people, they may lead to serious health problems.

HBV, HBC and HIV are all hazard Group 3 agents and notifiable infectious diseases. The classifications in the Approved List assign each biological agent listed to a hazard group according to its level of risk of infection to humans, where Hazard Group 1 agents are not considered to pose a risk to human health and Hazard Group 4 agents present the greatest risk.

Group 3 biological agents can cause severe human disease and may be a serious hazard to employees and it may spread to the community, but there is usually effective prophylaxis or treatment available.

5.1.1 Hepatitis B Virus (HBV)

HBV is a viral infection carried in the blood causing inflammation of the liver and potentially long-term damage. The virus is transmitted by contact with an infected person's blood or body fluids. The incubation period ranges from 30 to 180 days (WHO).

Initially Exposure to the hepatitis B virus causes:

Acute HBV Symptoms can include tiredness, abdominal pain, a "flu-like illness", nausea, vomiting, joint pains, loss of appetite and jaundice. Individuals are infectious to others and mortality during the acute phase of infection is estimated to be less than 1%. Up to 90% adults fully recover from acute hepatitis and are immune for life,

However; If the virus persists for greater than 6 months, the person has developed:

Chronic HBV During chronic infection many people have no symptoms but will remain persistently infected and infectious to others. Up to 10% of adults will develop chronic hepatitis B infection. Progressive chronic infection is characterised by ongoing liver disease. The long-term complications of chronic hepatitis B infection include cirrhosis and primary liver cancer.

Vaccination is available to provide immunity against HBV.

5.1.2 Hepatitis C Virus

Hepatitis C is a virus that can infect the liver. If the infection is left untreated for many years, some people will develop scarring of the liver (cirrhosis), over time, this can cause the liver to stop working properly. In severe cases, life-threatening problems such as liver

failure or liver cancer can eventually develop. However, it's usually possible to cure the infection, and most people with it will have a normal life expectancy. The incubation period is around 2 weeks to 6 months (WHO)

Hepatitis C often doesn't have any noticeable symptoms until the liver has been significantly damaged. This means many people have the infection without realising it. When symptoms do occur, they can be mistaken for another condition.

Symptoms can include flu-like symptoms, such as muscle aches and a high temperature, feeling tired all the time, loss of appetite, abdominal pain, feeling and being sick

Treating hepatitis C as early as possible can help reduce the risk of these problems occurring.

There is no vaccine for HCV, 25-45% of adults infected with HCV clear the virus naturally, but do not become immune.

5.1.3 Human immunodeficiency virus (HIV)

HIV is a virus that damages the cells in your immune system and weakens your ability to fight everyday infections and disease.

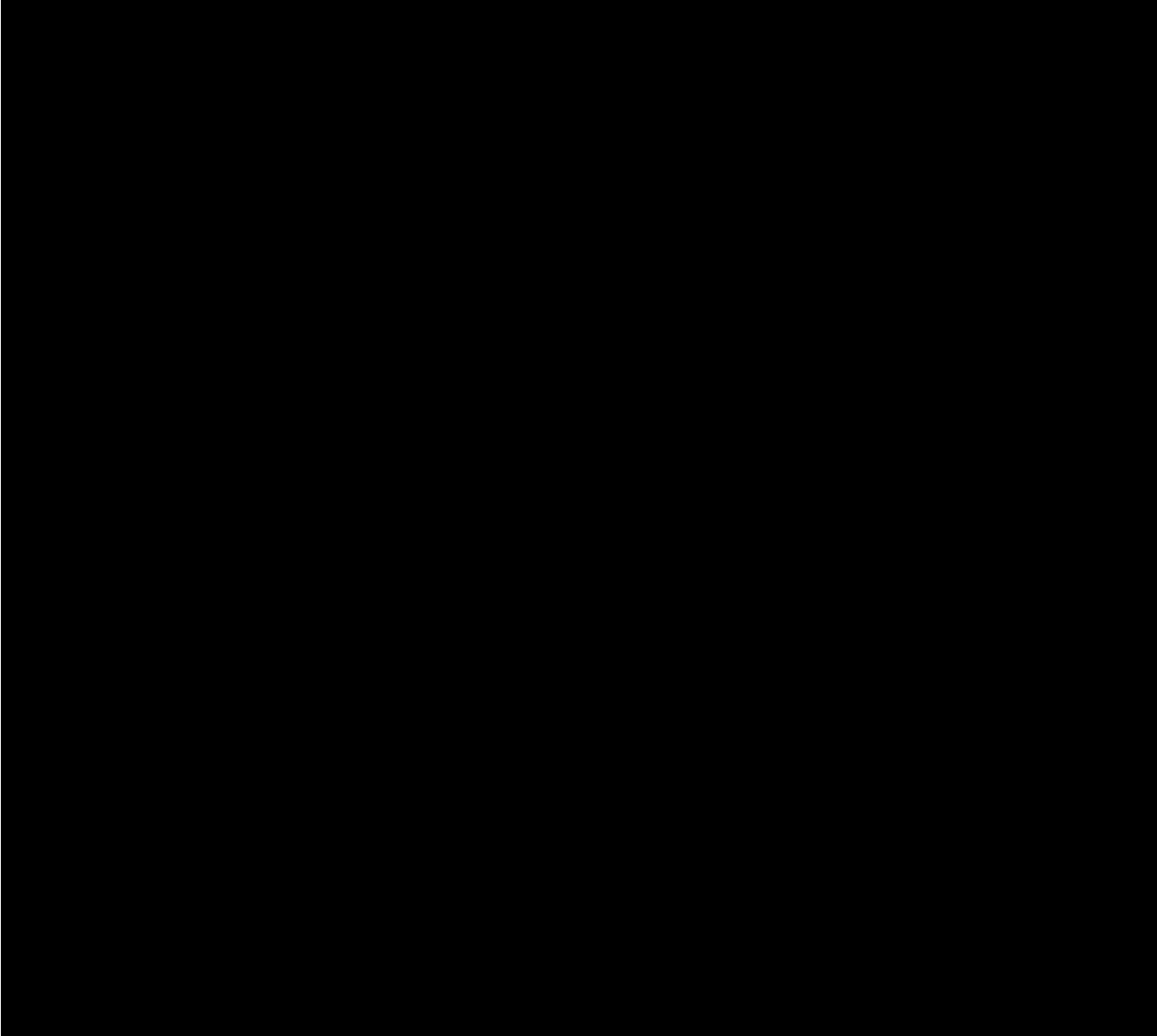
The incubation period is around 6-12 week for post exposure.

Early signs and symptoms may include flu-like illness, rash, fever. After this there may be no signs or symptoms until the infection is advanced. HIV damages the immune system. If left untreated, HIV can progress to acquired immune deficiency syndrome (AIDS).

AIDS is the name used to describe a number of potentially life-threatening infections and illnesses that happen when your immune system has been severely damaged by the HIV virus. While AIDS can't be transmitted from one person to another, the HIV virus can.

There is currently no cure for HIV, but there are very effective drug treatments that enable most people with the virus to live a long and healthy life. With an early diagnosis and effective treatments, most people with HIV won't develop any AIDS-related illnesses and will live a near-normal lifespan.

There is no vaccine for HIV, it cannot be cleared by the body and infection is for life.



5.3 Risk level

Police are far less likely to have a blood-borne virus exposure than other emergency service workers or hospital workers. When exposures do occur, they tend to be less serious. However, after any exposure, it is important that the risk of infection is assessed by a health care professional. Usually the source of an exposure is not known e.g. a needle-stick injury from a discarded needle and syringe.

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

The risk of transmission is reduced if the injury is sustained from old, dried blood and the potential viral load was reduced by irrigating or encouraging the wound to bleed.

5.3.1 Risk factors for transmission/infection

Two important factors when determining the risk of infection after exposure are:

- 1) the significance of the injury

Significant injuries	Non-significant risk injuries
Percutaneous injury from needles, instruments, bone fragments, significant bites that break the skin	Superficial graze not breaking the skin
Exposure of broken skin, .e.g. abrasions, cuts, eczema	Exposure to intact skin
Exposure of mucous membranes including the eyes	Exposure to sterile or uncontaminated sharps

2) Infectiousness of the source

High risk materials	Low risk materials
Blood	Urine
Amniotic fluid	Vomit
Human breast milk	Faeces
Cerebro-spinal fluid	Saliva (unless visible blood is present)
Pericardial fluid	
Pleural fluid	
Synovial fluid	
Vaginal fluids	
Unfixed human tissues and organs	
Exudate/tissue fluids from burns or skills lesions	
Blood stained fluids such as saliva in dentistry	

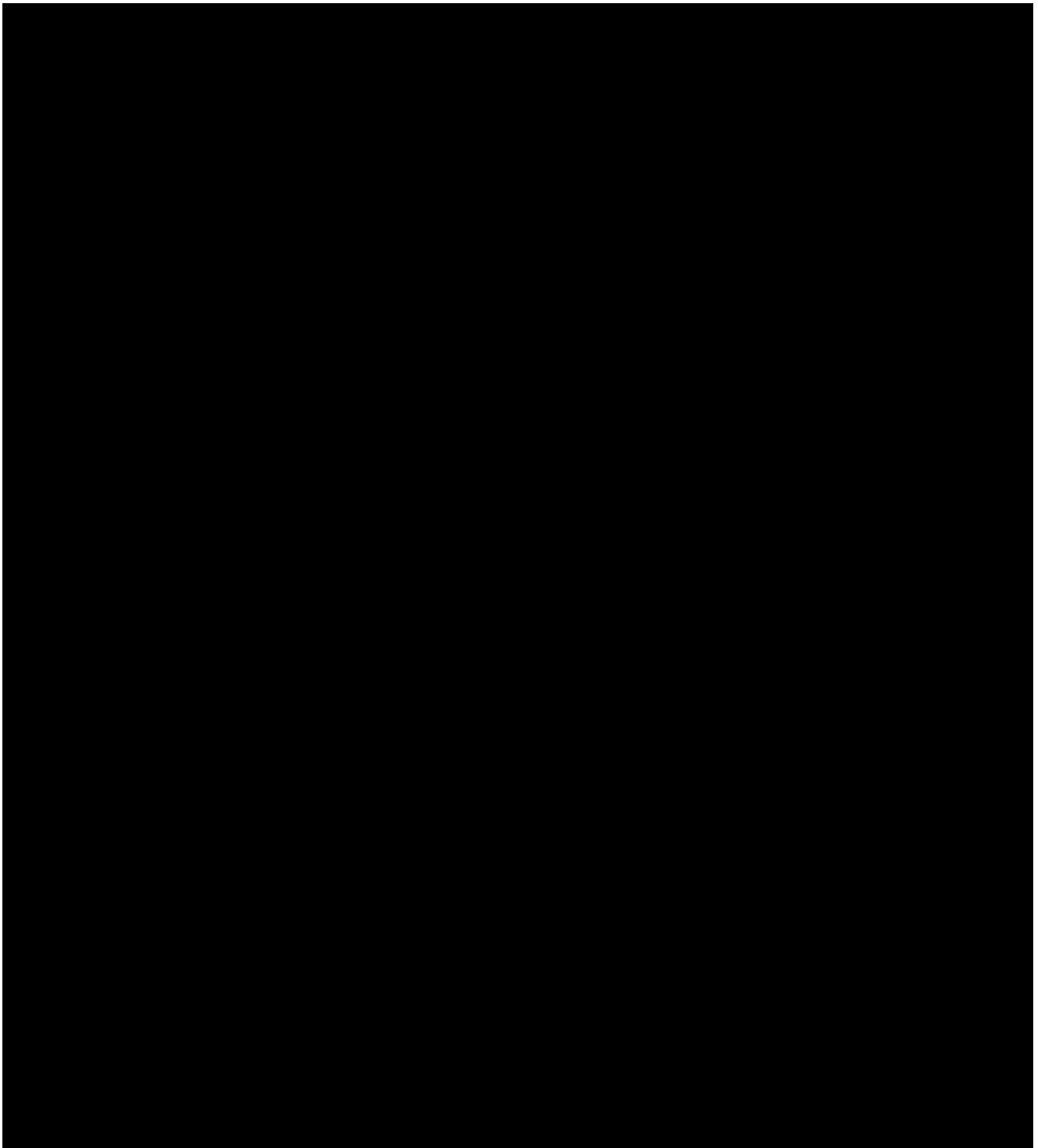
5.3.2 Prevalence of disease

The prevalence rates of blood borne viruses in the UK population are estimated to be;

HBV between 0.1 and 0.5%

HCV between 0.5 and 1%, and up to 50% of people who inject drugs

HIV around 0.13%



5.4.5 Blood and body-substance spills

- Where GMP property becomes contaminated and require specialist cleaning the following applies;
- Deal with blood and body-substance spills as soon as possible.
- A 'spills kit' should be readily available for blood spills.

- Wear personal protective equipment (gloves, goggles, waterproof apron).
- Mop up spills, including those on clothing, with paper towels and dispose of towels immediately.

5.4.6 Contaminated clothing

- Change contaminated clothing as soon as possible.
- If contamination is not excessive;
 - Wash soiled uniform separately to other clothing.
 - Wash with detergent using the hot wash cycle of a domestic washing machine to a temperature of at least 80°C, or
 - Dry clean at elevated temperatures or dry cleaned cold followed by steam pressing.
- If there is no 80°C setting then use the highest possible temperature (at least 40°C) recommended for that particular fabric. The combination of temperature, detergent action and dilution effect during the wash and rinse steps, will contribute to the process of soil removal and disinfection for the washed item.
- Dilution is an important part of the washing process and therefore machine overloading should be avoided.
- If washing by hand is unavoidable, household rubber gloves should be worn.
- If items of uniform are grossly contaminated or cannot be washed as described above, they should be disposed of.
- Non-clothing uniform and equipment such as belts, boots/shoes, helmets, handcuffs etc should be wiped clean as soon as possible with soapy water and/or with antiseptic wipes.

5.4.6 Contaminated property/exhibits

- Property and exhibits contaminated with blood and body fluids should be stored in taped property bags with biohazard tape affixed.
- Contaminated clothing or exhibits should only be dried in forensic drying cabinets.
- Human tissue should be stored in dedicated fridge or freezers.

5.5 Vaccination

All Officers should be vaccinated against hepatitis B to protect themselves and others.

Vaccination
completion of the vaccination course can confirm immunity. Applicants may be tested by the police service as part of the recruitment process.

A blood test after

5.6 Managing exposures to blood and body fluids

Officers may get advice from a health professional of their choice. It is preferable to seek advice from a qualified health professional experienced in the management of BBV exposures. Officers should also seek advice from a qualified health professional for tetanus exposure and vaccination. Follow-up will be needed after a needle-stick injury.

Officers must also report the incident according to the local policies and procedures. Whilst a BBV health risk assessment is important, in fact occupational BBV transmission is rare and no further action may be needed.

5.7 Post Exposure Prophylaxis (PEP)

PEP is medication taken after exposure to hepatitis B or HIV to reduce the risk of infection. A health professional will assess the risk of HIV or hepatitis B infection to decide whether to offer post exposure prophylaxis.

HBV PEP is not normally required if you have been fully vaccinated and are immune, although a booster may. In other cases, an accelerated course of vaccination and immunoglobulin may be recommended dependent upon information available about the source

HCV PEP is not available, but it is still important that a qualified health professional assesses the risk of infection and follow-up arrangements., treatment is very effective if initiated early. Therefore if the injury is significant it is important to check for infection by HCV PCR testing at 4-6 weeks.

HIV PEP is usually only offered for high-risk exposures on the advice of a clinical specialist and consists of a 28 day course of anti-retrovirals. There may be major side-effects of the medication, so it is not routinely given to everyone with a possible exposure. If PEP is recommended, it must begin within 72 hours, but preferably within 24 hours, of the exposure. PEP starter packs are kept at minor injuries units and Emergency Departments.

PEP is recommended if:

The patient had a significant exposure to blood or another high-risk body fluid from a source either known to be HIV infected, or considered to be at high risk of HIV infection, but where the result of an HIV test has not or cannot be obtained, for whatever reason.

PEP is not recommended:

After exposure to low-risk materials (e.g. urine, vomit, saliva, faeces) unless they are visibly bloodstained (e.g. saliva in association with dentistry). Where testing has shown that the source is HIV negative, or if risk assessment has concluded that HIV infection of the source is highly unlikely PEP is not indicated for discarded needles in the community. PEP would only be indicated in cases of human bites in very exceptional circumstances (e.g. where an HIV+ individual with a detectable viral load with blood in their mouth bites another individual where the teeth have broken the skin)

5.8 Testing and Avoiding Transmission

Officers who have had 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 an Officer's ability to perform normal duties. Officers should speak to the qualified health professional conducting the risk assessment if they are concerned about returning to work.

HBV No further testing is required if you are immune.

HCV blood tests are recommended at 12 and 24 weeks after the exposure. A negative test result at 24 weeks means you did not contract hepatitis C. If earlier confirmation of possible infection is required, a different test (HCV RNA) can be performed after 2-4 weeks from the time of possible exposure.

HIV you will usually be offered HIV tests at six and 12 weeks after the exposure. A negative blood test 12 weeks after the exposure means you did not contract HIV.

5.9 Vulnerable staff

Certain staff may be at increased risk from an infection due to a condition affecting their own health or by having a compromised immune system. For those staff their line manager should make a referral to the Occupational Health Unit and an assessment made by the Force Medical Officer of the individual to determine whether any restricted duties should be applied to their role.

5.10 Pregnant workers

During pregnancy and throughout breast feeding staff should have their duties adjusted to avoid activities which may lead to exposure to blood and body fluids. Supervisors should complete the [New or expectant mothers](#) risk assessment.

7. Statutory Compliance & Consultation

7.1 Statutory Compliance

7.1.1 Equality Act (2010)

This procedure aims to ensure that all individuals working for GMP will have information and guidance to manage the risks associated with occupational exposure to BBV, regardless of age, race, religion or sexuality.

7.1.2 The General Data Protection Regulation (GDPR) and Data Protection Act (2018)

Greater Manchester Police has a duty to ensure, so far as is possible, that all staff comply with the provisions of the GDPR and the Data Protection Act 2018, particularly relating to their access to, and dissemination of, a wide variety of personal information.

This policy and procedure has been assessed for compliance issues by the Information Compliance and Records Management Unit (ICRMU), and is considered to be compliant with the legislation as there is a clear lawful basis for the processing of personal data and special category data. It should be read in conjunction with GMP's Data Protection Policy and guidance issued on the Data Protection Intranet pages.

For further information on Data Protection, you should refer to the

7.1.3 Freedom of Information Act (2000)

This procedure is deemed suitable for disclosure under the Freedom of Information Act (2000).

However, any requests for its disclosure should be directed through the Information Compliance and Records Management Unit via the [Freedom of Information mailbox](#). For advice and assistance on FOI,

