Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Management of Sharps Injuries and Blood and Body Fluid Exposure Incidents

This procedural document supersedes: PAT/IC 14 v.7– Sharps Injuries Management and other blood or body fluid exposure incidents

Did you print this document yourself?

The Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version. **If, for exceptional reasons, you need to print a policy off, it is only valid for 24 hours.**

Executive Sponsor(s):	Chief Nurse
Author/reviewer: (this version)	Kerry Hall, Senior Occupational Health Nurse
Date written/revised:	January 2022
Approved by:	Infection Control Committee
Date of approval:	January 2022
Date issued:	May 2022
Next review date:	December 2024
Target audience:	Trust-wide

Amendment Form

Version	Date Issued	Brief Summary of Changes	Author
Version 8	Dec 2021	• OH Email details added to section 4.5 as an alternative way staff can notify OH out of hours • Added: provisions identified for those staff not employed by DBTH to Section 4.5. • Minor amendments made to section 4.5 • Section 4.6 intravenous drug users comment amended • Minor amendments made to section 4.8 • Section 4.10 amended and added to 4. 7:Source Patient Testing: Special Considerations • Section 4.13 (HIV) Information on follow-up testing removed – to be added to Occupational Health Standard Operating Procedure • Section 6 updated: How often and how reviewed/ where reported to amended • Section 7 definitions placed in alphabetical order • Section 9 Occupational Health Standard Operating Procedure – held within the OH unit added • Section 11 References updated • Appendix 8 Risk of transmission of blood- borne viruses from patient to healthcare worker updated and referenced • Appendix 9 Known non-responder to Hep B vaccine (anti-HBs < 10mIU/ml 1-2 months post-immunisation) added to chart	K Hall
Version 7	Oct 2018	• Changed policy title • Revised Introduction • Changed the purpose to focus on employees • Changed the procedure by revising and adding details on management responsibilities and ownership of the incidents, reporting requirements, consent, obtaining blood samples, laboratory notification of incoming samples, and the actions to be taken out of normal working hours. • Removal of actions taken for members of the public- this is local policy to the A&E department. • Revised definitions • Training section updated to reflect current resources available to staff.	S Addison

		• Revised appendices with flow charts and forms and reference documents to support the processes needed to be undertaken	
Version 6	12 May 2015	• Changes to PEP medication Appendix 4 • Changed paragraph • Equality Impact Assessment	A Stewart
Version 5	31 July 2013	• Transferred to new Policy Format • Added paragraph in Section 3 about the European Council Directive 2010 on safe sharps and employee training on prevention of sharps injuries. • Section 5 - Inserted infection control team provide the annual mandatory training with liaison of Occupational Health and Wellbeing Service.	T Barnes
Version 4	April 2010	• Added sentences regarding the legal aspects of testing unconscious and deceased patients – page 5 &6 • Added general roles and responsibilities • Merged with HIV prophylaxis policy • Changes to PEP medication – page 12 • Added a section on monitoring of the policy • PEP medication side effects – Appendix 4 • Replaced “healthcare worker” with “injured recipient” throughout	D O’Toole
Version 3	June 2009	• Changed policy title • Made changes to the format in accordance with CORP/COMM1 • Added a “Definitions” section • Included a section on roles and responsibilities • Introduction of routine source patient testing wherever possible • Added information regarding risk assessment of the incident	D O’Toole
Version 2	October 2008	• Policy unchanged at present. Awaiting business case funding for proposed source patient testing	D O’Toole

Contents

1 INTRODUCTION

From time-to-time healthcare workers and staff handling contaminated waste are injured by sharp objects (especially needles), which are contaminated with a patient's blood or body fluids. They may also receive bites, scratches and splashes of blood- and blood-stained body fluids to the eyes, nose and mouth.

The Trust is committed to reducing these risks in order to protect all patients, staff and visitors to the Trust. NHS Trusts should provide healthcare workers with safety engineered devices in line with the EU sharps directive (2010) and the Health and Safety Executive (Sharps Injuries in Healthcare) Regulations 2013 regarding safer working conditions.

The provision of robust safe working practices including standard infection prevention and control precautions and a preventative vaccination programme are essential in managing the possible risks of blood borne virus (BBV) transmission from person to person.

The Trust acknowledges its responsibility to provide appropriate advice and post-exposure treatment to those who have been significantly exposed to a blood borne virus.

2 PURPOSE

This policy sets out the steps to be taken in the event of an exposure to blood or body fluids which may pose a risk of infection with blood borne viruses by employees.

3 DUTIES AND RESPONSIBILITIES

The Board, via the Chief Executive, is ultimately responsible for ensuring that suitable arrangements are in place for dealing with and managing sharps injuries and incidents involving blood and body fluid exposure to prevent the acquisition of a blood borne virus whilst at work.

The Trust is also responsible for adhering to laws regarding the protection of healthcare workers, including the European Union Council Directive 2010/32/EU on the prevention of sharps injuries in the health care sector.

The Director of Infection Prevention and Control will provide assurance to the board that effective systems are in place.

Director of Infection Prevention and Control is responsible for implementing infection, prevention and control strategies throughout the Trust for embedding best practice.

The Occupational Health Team is responsible for providing routine occupational vaccinations, advising staff regarding the management of body fluid exposure injuries, keeping confidential records, and arranging appropriate blood tests following a significant exposure injury. They will also provide advice in accordance with this policy, for supporting staff in its implementation, and assisting with risk assessment where required.

Matrons are responsible for ensuring implementation within their area and ensuring all staff are aware of the actions to be taken when an injury or incident occurs.

Divisional Managers and Leads are responsible for ensuring implementation within their area, and for ensuring all staff who work within the area adhere to the procedure at all times.

Consultant Medical Staff are responsible for ensuring their junior staff read and understand this policy, and adhere to the procedure contained in it at all times.

On-call Managers are responsible for providing senior and executive leadership to ensure implementation of this policy, and for ensuring infection risks from a source patient are fully considered when risk assessments are undertaken.

All members of Staff:-

- All staff working on Trust premises, outreach clinics and community settings, including Trust employed staff, contractors, agency and locum staff are responsible for adhering to this policy, and for reporting breaches of this policy to the person in charge and to their line manager.

- All employees have a duty to take reasonable care for their own health and safety and that of others who may be affected by their actions or omissions at work. They must use all work equipment safely, as instructed, undertake appropriate training and ensure the safe disposal of sharps to avoid injury.

4 PROCEDURE

4.1 Immediate First Aid Action by the Employee

Following a blood exposure incident, the healthcare worker should quickly:

For a puncture wound

Make the wound bleed by squeezing blood out of the wound. DO NOT SUCK THE WOUND as this creates mucus membrane exposure.

Wash the wound in warm running water with soap. Dry and apply a waterproof dressing

For a splash in the eye
Irrigate the eye with copious amounts of water before and after removing contact lenses if worn.

For splash in the mouth
Irrigate thoroughly with drinking water for at least five minutes, without swallowing the water.

4.2 Reporting of Incident by injured employee

The injured member of staff must inform the nurse in charge of the patient's care or person looking after the patient immediately.

4.3 Action by Manager/Person in Charge of patient

The manager or person in charge of the patient will:-

Check that appropriate first aid has been undertaken and then undertake an urgent risk assessment to establish if the exposure has the potential to transmit a blood borne virus. See Appendix 3 for examples of risks of transmission.

As part of the management of exposure incidents all source patients are screened for Hepatitis B, Hepatitis C and HIV. However, this can only happen with their consent. See Section 4.6.

Source patients in outpatients, A&E etc should be asked to remain in the department or clinic until the risk assessment is completed and a relevant blood sample obtained with consent from the patient.

4.4 Out of Hours attendance to Accident and Emergency

Out of normal working hours the injured/exposed person should attend the Accident and Emergency Department. However, they MUST contact Occupational Health and leave a message regarding the incident – see information in section 4.5. This is to enable appropriate follow up care and blood testing to take place if necessary.

4.5 Reporting of Incident to Occupational Health

Details of the incident must be documented on the sharps Injury and body fluid report form. See Appendix 1.

All significant exposure injuries MUST be reported to Occupational Health by telephone between the hours of 8am and 4pm Mon to Fri on 01302 642581 or extn 642581.

If the injury occurs out of normal working hours the employee must leave a message stating they have had an injury, their name, date of birth, contact telephone number, when they are next on duty and place of work. Alternatively email these details to:

dbth.occhealth.dri@nhs.net The Occupational Health Nurse will contact the employee to obtain additional details about the incident and ensure all necessary actions take place.
All injuries must be reported on the DATIX system.

If a significant exposure has not occurred, e.g. the incident is a clean sharp injury, Occupational Health does not need to be informed but it must be recorded on the DATIX system.

If the source patient is unknown, Occupational Health needs to be informed so appropriate actions of care can take place for the employee.

NOTE: A blood sample in a gold bottle for a save serum will be required in all instances from the employee. This will be stored so it can be used as a reference in the future should it be necessary to test it. This blood is not tested at the time of injury/exposure for blood borne viruses.

It may be appropriate for Hepatitis B antibody levels to be checked. Instances where this may be necessary include:

- Employee is near the end of a vaccination programme and not had their antibody check test done yet.
- Unclear history of Hepatitis B vaccinations from the injured - this will be assessed by Occupational Health or Accident and Emergency.
- Vaccination or antibody history for Hepatitis B is not available or is unknown this will be assessed by Occupational Health or Accident and Emergency.

Sheffield Teaching Hospital NHS Foundation Trust employees and students
Sheffield employees who sustain a contamination injury while working on DBTH property must report any contamination injuries the same as DBTH staff. Sheffield employees on rotation who sustain a contamination injury while on DBTH property will be managed by Occupational Health the same as a DBTH employee would be managed, this has been agreed by Sheffield Teaching Hospital's Occupational Health Department. It is the responsibility however of the Sheffield NHS employee to inform DBTH Occupational Health of their Hepatitis B immunity and vaccine status and to update Sheffield's Occupational Health Department with any changes to their vaccine status. Sheffield NHS employees will be made aware at the point of contact that an Occupational Health record will be generated should Occupational Health provide advice.

NHSP Employees

NHSP Employees who sustain a contamination injury while working on DBTH property must report any contamination injuries the same as DBTH staff. NHSP staff will be managed by Occupational Health the same as a DBTH staff member would be managed, this has been agreed by NHSP. It is the responsibility however of the staff member to inform DBTH Occupational Health of their Hepatitis B immunity and vaccine status and to update NHSP's Occupational Health provider with any changes to their vaccine status. Staff will be made aware at the point of contact that an Occupational Health record will be generated should Occupational Health provide advice.

Agency staff/contract staff (excluding NHSP employees).

Agency staff/contract staff who sustain a contamination injury while working on DBTH property must report any contamination injuries the same as DBTH staff. However, it is the responsibility of their employers' Occupational Health provider to arrange follow up care including any required vaccinations. It is the responsibility of agency/contract staff to inform DBTH Occupational Health of their Hepatitis B immunity and vaccine status. Agency/contract staff will be made aware at the point of contact that an Occupational Health record will be generated should Occupational Health provide advice.

4.6 Obtaining Consent and Blood Sample from the Source Patient

The clinician obtaining consent for blood sampling from the source patient should NOT be the person who sustained the blood exposure injury.

The clinician should approach the source patient, preferably in an environment which will facilitate the disclosure of risk factors and explain to the patient that a member of staff may have been exposed to a small amount of their blood or body fluids and that, in this situation, the hospital routinely seeks the patient's consent to test their blood for blood borne viruses in order to offer appropriate treatment to the employee.

The clinician should not disclose the identification or identifying information of the healthcare worker concerned.

The source patient should be asked to provide informed consent to BBV blood testing. The pre-test discussion checklist in appendix 2 can be referred to assist this conversation. Verbal consent is sufficient and this should be recorded in the patient's clinical notes.

If the patient consents to testing, a blood sample should be taken and sent to the laboratory immediately. The laboratory should be notified that URGENT source patient bloods are arriving. The laboratory will expedite the testing in order for the results to be made available within the safe window for PEP to be instigated should it be necessary to do so.

The blood sample required is 5-10mls of clotted blood (gold top tube) for adults. The request form should specify that testing for Hepatitis B, Hepatitis C, and HIV is required and that it is a

"source patient" sample. If the source patient is known to be positive for one of these viruses, this information must be included in the clinical details section of the form. Appendix 4 shows how the laboratory request form should be completed.
The person in charge or looking after the source patient should ensure that the patient's consultant is informed as soon as appropriate about the exposure incident because the finalised result of the source patient blood test will be given to the patient's consultant to pass on to the patient if appropriate or if further action is needed. Where the source patient has been an outpatient/clinic attendee these should be passed to their GP if further action is needed.

If the patient refuses consent or cannot give consent for testing, the incident will be treated as an unknown source. If the risk assessment suggests the source patient might be high risk for HIV or Hepatitis B, Occupational Health must be contacted during normal working hours. Out of normal working hours the Virologist at the Northern General in Sheffield must be contacted.

Please note: intravenous drug users (IVDU) are acknowledged as being at high risk for Hepatitis C infection. Please contact Occupational Health during normal working hours or out of normal working hours the Virologist at the Northern General Hospital in Sheffield must be contacted to assess for PEP. Routine follow up blood testing of the injured member of staff will take place by Occupational Health.

4.7 Source Patient Testing: Special Considerations

4.7.1 Source Patients unable to give consent (including deceased source patients)

The provision of the Mental Capacity Act 2005 will apply where there is doubt about the patient's capacity to consent. If the source patient is unable to give consent e.g., is unconscious, lacks capacity to consent or had died, the Occupational Health Nurse or the Consultant Virologist, should be consulted for advice about further management. Testing without consent of the source patient, including stored blood, is illegal under the Mental Capacity Act 2005 and the Human Tissue Act 2004. Under the Human Tissue Act and associated Regulations it is unlawful to carry out tests for the benefit of a third party on tissue samples taken from a patient who lacks capacity to consent unless to do so would clearly be in the patient's best interests.

If the source patient is deceased, the taking and testing of blood samples requires consent from the individual with the highest qualifying relationship to the deceased. Where a case is referred to HM Coroner then the Coroner is required to provide consent.

4.7.2 Neonates

Where the source patient is a neonate, the risk assessment will need to be based on the mother's risk factors for blood borne viruses. If antenatal screening results are not available and if the HCW has sustained a significant injury, the mother should be asked to provide a blood sample for testing for blood borne viruses. The baby's blood will not be tested.

4.7.3 Children

Children (under 16) will be tested as for adults but with the consent of the parent/guardian, and the child may consent if deemed able to give informed consent. The consent of the treating consultant paediatrician/surgeon is required before the parent/guardian is approached. Blood samples are obtained in a gold top paediatric blood bottle.

4.7.4 Young Adults (16 - 18)

This age group can consent to source patient testing for themselves but it may be appropriate to involve the parent/guardian in the pre-test discussion, depending on the patient's wishes. In patients over 16 years of age, the provisions of the Mental Capacity Act 2005 will apply where there is doubt about the patient's capacity to consent.

4.8 Management of Refused Consent

If the source patient does not consent, testing will not be carried out, even on stored blood. A note should be made on the sharps injury and body fluid report form. Refusal to consent to source patient testing will not affect the patient's subsequent care and does not constitute evidence of infection.
Decisions relating to the management of the healthcare worker in situations where source patient samples cannot be obtained will be made on the basis of available information by the Consultant Virologist.

4.9 Duration of Consent

The patient's consent to be tested will only apply for the specific incident for which it is obtained. If the same patient is subsequently the source of another blood exposure, advice from Occupational Health or, if out of hours, from the on-call Virologist to determine if further testing is needed. If a further test is advised, consent will need to be obtained again.

4.10 Arrangements for Laboratory Testing of the Source Patient blood Sample

The Laboratory needs to be alerted to the need for source testing – they must be called ahead of the bloods arriving in the laboratory otherwise they will be in the normal queue for tests and will cause unnecessary delay in obtaining results to determine whether PEP needs to be implemented.

The laboratory contact number is 01302 642840 or extn 642840. Out of normal working hours the on-call Bio Medical Scientist (BMS) is contacted via the switchboard. Ideally the source blood should be to taken the laboratory or an arrangement made for a service assistant to take the sample. Alternatively if a blood chute is available, this can be used to send the bloods. In all instances the laboratory should be informed of the mode of transport so they can be on hand to receive the sample quickly.

Source bloods from Bassetlaw or Montagu hospitals need to be transported to the laboratory by taxi to DRI. The person dealing with the incident is responsible for arranging the transport. Samples arriving in the laboratory without a prior alert will be deemed non-urgent irrespective of history stated on the request form.

The Laboratory only conveys significant test results to Occupational Health or the Consultant Virologist, so please do not phone the laboratory for this purpose – The Occupational Health Nurse or Consultant Virologist will contact the member of staff directly when the result is available. If further advice on source blood sampling is needed outside of normal working hours the on-call virologist can be contacted.

Out of normal working hours the Virologist will contact the employee directly if any further action is needed. If employees are not contacted by the Virologist they can assume all is well and Occupational Health will contact the employee the next working day to inform them of the test results and explain any further actions which may need to take place.

4.11 Action by the Occupational Health Team

The Occupational Health Nurse will complete a detailed risk assessment of the injury/incident in accordance with the internal Occupational Health Service protocol. Further action will depend on the detailed sharps and body fluid report and risk assessment and may include the provision of post exposure prophylaxis for HIV or HBV, if necessary, after consultation with the Consultant Virologist. Follow up care of the employee will be undertaken by the Occupational Health Department in accordance with the internal Occupational Health Sharps Injury protocol.

4.12 Management of Source Patients Blood Test Results

The results of the source patient's blood tests will initially be given by the laboratory service to the Occupational Health Nurse or Consultant Virologist. If any of the results are positive, the Bio Medical Scientist (BMS) will discuss this with the Consultant Virologist, who will liaise with the Occupational Health Nurse as appropriate.

4.12.1 For the Employee

On receipt of the source patient's blood test results, Occupational Health will contact the member of staff to inform them of the results and to advise on any further action. The member of staff is given this information in the strictest confidence.

They must not disclose it to anyone else, even if the results are negative and must be particularly sensitive to the fact that the source patient will not yet be aware of the results and will not be given those results until the laboratory has confirmed them, which may take up to three working days.

4.12.2 For the Patient

Confirmatory tests by the laboratory for positive results may take up to three working days. Liaison between the Occupational Health nurse, treating Consultant and Consultant Virologist will be needed to ensure that appropriate information is given to the patient.

If the injured employee is the source patient's Consultant, it may be necessary for alternative arrangements to be made for informing the patient. This will be individually determined by the treating Consultant and the Consultant Virologist.

4.12.3 Action by the Person in charge of the Patient/looking after the patient: Informing the Source Patient

Responsibility for informing the source patient of the results of their blood tests lies with the Consultant responsible for them and should not be delegated to non-medical staff.
The clinician informing the source patient of their blood test results will:

1. If the result is negative

- Inform the patient that this is so,
- re-assure the patient that there are no implications for long term e.g. for insurance after a negative HIV test.

2. If the results are positive

- Inform the patient (parent/guardian)
- Arrange appropriate support and counselling
- Arrange specialist referral for assessment and treatment
- Inform the patient's GP

3. Equivocal test results

- Further tests from the patient will need to take place until a confirmed result can be obtained.

4.13 Post Exposure Prophylaxis (PEP)

Hepatitis B

If staff have been exposed to HBV infected blood, post exposure prophylaxis will be considered in accordance with guidance from the Green Book which is adapted from PHLS Hepatitis Subcommittee (1992). See Appendix 9.

Hepatitis C

At present, there is no post-exposure prophylaxis available for Hepatitis C. Follow up care of staff will be in accordance with current national guidance. Treatment for Hepatitis C is available and staff would be referred to a Specialist for treatment.

HIV

If staff have been exposed to HIV infected blood, post exposure prophylaxis (PEP) will be considered with the Consultant Virologist. It is recommended that that this is commenced within 12 hours of the incident. A 5-day pack of drugs will be issued and administered by the A&E doctor. A follow up appointment with GU Medicine will take place (and further supplies of medication will be provided if required). When offering PEP, it is important to take into account the view of the injured recipient at all stages of the decision-making process. Post exposure prophylaxis will be prescribed for a four-week period. Individuals may be excluded from work during this period if they are suffering from side effects. PEP may be discontinued at any time however it is likely to be more effective if continued for at least 28 days.

Regular medical follow-up by the GU Medicine Department is needed during the period of PEP. Occupational Health will notify GU Medicine about the need for the employee to attend. Initial PEP packs can be obtained from Accident and Emergency at Doncaster Royal Infirmary and Bassetlaw Hospital and GU Medicine at Doncaster, Bassetlaw and Retford.

Healthcare workers need not be subject to any modification of their working practices. Advice should be given about safe sex and avoiding blood donation during the follow-up period.

4.14 Staff to Patient Exposure

These incidents are those where, in the course of clinical procedures, blood or body fluids from a member of staff contaminate a patient's tissues, usually where staff sustain a sharps injury and bleed into the patient, or more rarely, by "double needlestick" where staff stick themselves with a needle, which then enters the patient.

In this situation, there could be a risk of BBV infection to the patient if the staff member is infected and the patient may need to be given prophylaxis.

Staff who may be the source of an exposure to a patient must report the incident immediately to the Occupational Health and Wellbeing Service, who will determine the risk of exposure to the patient and, where appropriate, obtain a blood sample from the staff member, with their consent, for testing. If the staff member is infected with blood borne viruses, the Occupational Health Nurse will liaise with the consultant responsible for the patient's care to ensure that the patient is appropriately informed and counselled and given prophylactic treatment when indicated. Occupational Health will provide appointments, support and follow up for the staff member.

Detailed guidance on the management of incidents where a patient is exposed to the blood of an HIV infected HCW are contained in HIV Post-Exposure Prophylaxis: Guidance from the Chief Medical Officers' Expert Advisory Group on Aids, (Department of Health, 2008).
The identity of the "source" staff member will not be disclosed to the patient.

4.15 Reporting of Injuries Diseases and Dangerous Occurrences Regulations (RIDDOR)

If a member of staff becomes infected with a blood borne virus as a result of a blood or body fluid exposure, this is reportable under the RIDDOR regulations as an Occupational disease. Where a member of staff is involved in an incident with a confirmed blood borne virus this is RIDDOR reportable as a Dangerous Occurrence. The Occupational Health Service will inform the Health and Safety Manager and DATIX manager should such a report be necessary.

RIDDOR reportable incidences are reported using the DATIX system and must be reported within 10 days of the incident.

4.16 Exposure Incidents outside the Health Care Setting

Members of staff who work in patient homes should follow the procedures set out in this policy.

Members of the Public or staff who have sharps injuries not through the course of their work should attend the nearest Accident & Emergency Department in the normal way.

5 TRAINING/SUPPORT

There is a level 2 SET booklet for nursing staff to complete. For all other staff information is provided at Trust Inductions by leaflet. Additional training and support can be obtained from the occupational health department on request.

6 MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
Sharps injury reporting process audit	Occupational Health and Wellbeing	6 monthly	Action plan on outcomes of audit and fed back to OH Quality and Clinical Effectiveness Committee and Infection Control Committee.
Uptake of staff training	Occupational Health and Wellbeing/ Infection Control	Annually	SET training (including safe usage and disposal of sharps) reported on OML system. Where specific training is provided to departments, feedback from staff evaluation with regards to the effectiveness of the training will be received and used to improve any future sessions. Uptake reported to OH Quality and Clinical Effectiveness Committee

7 DEFINITIONS

Blood/body fluid – is used to mean blood or material visibly contaminated with blood and body fluids which may pose a risk of transmission of blood borne viruses if significant occupational exposure occurs. In this policy the term **"blood/body fluid exposure incident"** is used to cover all the following:

Blood borne viruses (BBV) – viruses which are transmitted in the blood/blood stained body fluids which may cause disease in other people. The most common are Hepatitis B, Hepatitis C and Human Immunodeficiency Virus (HIV).

Contact with broken skin – Blood or body fluids entering cuts, abrasions, or patches of eczema.

Mucotaneous exposures – Incidents where the mucous membranes of the mouth, nose or eyes, or broken skin (eg. abrasions, cuts, eczema) have been contaminated by blood/body fluid.

Occupational exposure – An incident where there has been potential transfer of blood or other high risk body fluids between a patient and a member of staff.

Percutaneous exposures – Sharps injuries where the skin has been visibly punctured by a needle or another sharp object contaminated with blood or body fluid. These can include bites.

Sharps – includes syringes, needles, scalpels, administration sets, razor blades, broken bone and teeth or any other sharp implement with the potential to cause a penetrating injury if not handled in a safe manner.

Source patient – The person from whom the blood or body fluid originates.

8 EQUALITY IMPACT ASSESSMENT

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment for All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (See Appendix 10).

9 ASSOCIATED TRUST PROCEDURAL DOCUMENTS

Equality Analysis Policy – CORP/EMP 27
Fair Treatment for All Policy – CORP/EMP 4
Health and Wellbeing Policy – CORP/EMP 31
Mental Capacity Act 2005 Policy and Guidance - PAT/ PA 19
Occupational Health Standard Operating Procedure – held within the OH unit
Privacy and Dignity Policy - PAT/ PA 28
Sharps Policy Safe use and Disposal - PAT/ IC 8

10 DATA PROTECTION

Any personal data processing associated with this policy will be carried out under 'Current data protection legislation' as in the Data Protection Act 2018 and the UK General Data Protection Regulation (GDPR) 2021.

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website: https://www.dbth.nhs.uk/about-us/our-publications/information-governance/

11 REFERENCES

Department of Health (1998) Guidance for Clinical Healthcare Workers: Protection against Infection with Blood-Borne Viruses. HSC 1998/063. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/382184/clinical_health_care_workers_infection_blood-borne_viruses.pdf (accessed 12 December 2021)

Department of Health (2004) Hepatitis C: Essential information for professionals and guidance on testing. Available at: https://www.nhs.uk/Livewell/hepatitisc/Documents/Information-for-professionals-19.05.061for-web-15600.pdf (accessed 12 December 2021)

Department of Health (2013) Immunisation of healthcare and laboratory staff, in: Immunisation against infectious disease, Chapter 12 and Hepatitis B Chapter 18. (the 'Green Book')

Department of Health (2018) HIV Post-exposure prophylaxis. Guidance from the UK Chief Medical Officers' Expert Advisory Group on AIDS, London, Department of Health Available at: https://www.gov.uk/government/publications/eaga-guidance-on-hiv-post-exposure-prophylaxis (accessed 12 December 2021)

Department of Health (2015) HIV Post-Exposure Prophylaxis: Guidance from the Chief Medical Officers' Expert Advisory Group on Aids. Updated guidance on occupational HIV post-exposure prophylaxis (PEP) from the UK Chief Medical Officers' Expert Advisory Group on AIDS (EAGA). https://www.gov.uk/government/publications/eaga-guidance-on-hiv-post-exposure-prophylaxis (accessed 12 December 2021)

Department of Health 2005 The Mental Capacity Act 2005. Available at: http://www.legislation.gov.uk/ukpga/2005/9/contents (accessed 12 December 2021)

Health & Safety Executive Advisory Committee on Dangerous Pathogens (2008) Protection against blood borne infections in the workplace: HIV and Hepatitis.

Health & Safety Executive (2021) Risk to Health Care Workers: Blood Borne Viruses Available at: https://www.hse.gov.uk/biosafety/blood-borne-viruses/risk-healthcare-workers.htm (accessed 12 December 2021)

Health and Safety Executive (2013) Health and Safety (Sharp Instruments in Healthcare) regulations. Guidance for employers and employees. Available at: https://www.hse.gov.uk/pubns/hsis7.htm (accessed 12 December 2021)

Health and Safety Executive (2013) The Reporting of Diseases, Dangerous Occurrences Regulations. Available at: http://www.hse.gov.uk/riddor/ (accessed 12 December 2021)

Human Tissue Authority (2020) Guiding principles and the fundamental principles of consent: Code of practice. Available at: https://content.hta.gov.uk/sites/default/files/2020-11/Code%20A.pdf (accessed 10 January 2022)

The Human Tissue Act (2004) Available at: https://www.legislation.gov.uk/ukpga/2004/30/contents (accessed 12 December 2021)

APPENDIX 1 – SHARPS INJURY AND BODY FLUID REPORT

SHARPS INJURY AND BODY FLUID REPORT

INJURED INDIVIDUAL TO COMPLETE AND TAKE TO OCCUPATIONAL HEALTH

NAME OF EMPLOYEE: …… D. O. B. ……

JOB ROLE: …… …….. SITE/DEPT: …… EXTN: ……..

DATE OF INCIDENT: …… TIME: ……..……

First Aid (please tick)

☐ Bleeding encouraged and washed wound

☐ Irrigated eyes or mouth and contact lenses removed

☐ Wound covered with a waterproof dressing

Type of exposure (please tick)

☐ Superficial ☐ Puncture wound ☐ Deep Injury

☐ Splash to eyes/nose/mouth ☐ Broken skin/open eczema

☐ Bite ☐ Other - please state: ……..

Type of Sharp (please tick)

☐ Hollow bore needle ☐ Solid needle/lancet ☐ Blade ☐ Other

Gloves: ☐ Yes ☐ No ☐ Single ☐ Double

Location of Injury ……

Type of body fluid exposure (please circle)

High Risk – blood amniotic fluid, vaginal secretions, semen, human breast milk, CSF, peritoneal fluid, pleural fluid, pericardia fluid, synovial fluid, fluid from burns or lesions, blood stained saliva.

Low Risk – urine, saliva, faeces, vomit, tears

Date/Time reported to person in charge or taking care of patient: ……

Have completed a course of Hepatitis B vaccinations and been told you have immunity? …….

Date of last Hepatitis B vaccine (if known): ……

Ward/Department to complete this section and pass to the HCW to take to Occupational Health

☐ Source patient known and blood sample has been sent for Hepatitis B, Hepatitis C and HIV testing.

Name of Patient: ……. DOB: ……

Hospital Number: ……..

☐ Source patient unknown/or unable to obtain blood sample

APPENDIX 1A – QUICK REFERENCE GUIDE FOR DISCUSSION WITH A SOURCE PATIENT

Quick Reference Guide for Discussion with a Source Patient

- To be carried out by a qualified Nurse, Midwife or Doctor.
- NOT to be carried out by injured individual.
- Ascertain if the patient has results of any recent BBV blood tests.
- If source patient is thought to be or states to be HIV, HBV or HCV positive - blood samples should be obtained with consent from the patient in a gold top bottle.
- If the source patient is not thought to be positive for a BBV, they should be made aware of the Trusts position to **routinely** ask all patients for their consent to be tested for Hepatitis B, Hepatitis C and HIV.
- If source patient refuses consent, under no circumstances should testing be carried out, even on previously stored blood.
- If consent for testing is declined or cannot be obtained, a risk assessment should be completed by a senior member of staff using the PEP risk assessment table. See Appendix 2.

APPENDIX 2 – PRE TEST DISCUSSION WITH SOURCE PATIENT FOR BLOOD BORNE VIRUS TESTING

Pre Test Discussion with source patients for Blood Borne Virus Testing

It is the policy of Doncaster and Bassetlaw Teaching Hospitals to approach all source patients involved in body fluid exposures (needle stick, sharp injuries, splashes) to healthcare workers, regardless of risk factors for consent to test them for blood borne viruses.

A pre-test discussion for any BBV should be considered part of mainstream clinical care. It does not require specialist counselling training or qualification. Most source patients consent to testing when the Policy and the tests are explained.

Discussion Checklist

1	Discussion is carried out with sensitivity and NOT by the injured HCW
2	Explain what has happened
3	Inform them of the Trusts approach to do routine BBV testing
4	Check the source patients understanding of the tests to be done – which are the same as those done for blood donors
5	Ensure confidentiality
6	Reassure that the approach is not made on the basis of perceived risk and patients can decline permission for testing
7	Keep the details of the HCW confidential
8	Discuss the practical implications of the test and its results whether positive or negative eg. Sexual relationships, work situations, medical follow up, long term loans and life insurance. The Association of British Insurers guidance states insurance companies should not ask whether an applicant for insurance has taken and HIV or HBV or HCV test, had counselling in connection with such a test or received a negative result. Doctors should not reveal this information when writing reports and insurance companies will not expect to have this information provided. Insures may ask lonely whether some has had a positive test result, is awaiting a test result, or is receiving treatment for HIV, HBV or HCV.
9	Remember many countries still have stigma associated with HIV infection
10	Discuss possible routes of transmission for BBVs. If high risk behaviour occurred within the preceding 3 months (they don't have to say what) explain the window period (usually 6-10 weeks from infection to the detection of measurable antibodies though it can be up to 24 weeks). Suggest they consider a follow up test after the window period.
11	Describe the procedure and give reassurance

12	Ask if the source patient wishes to know the results and if so, arrange for the treating consultant or person in charge of their care to give them the results.
13	Informed consent may be obtained verbally and recorded in the patient's clinical notes.

APPENDIX 3 – RISK ASSESSMENT FOR EXPOSURE INCIDENTS

RISK ASSESSMENT FOR EXPOSURE INCIDENTS

What is the risk associated with body fluid patient was exposed to?

High Risk		**Low Risk**
Amniotic Fluid	Semen	Saliva (non-dentistry associated)
Blood	Synovial Fluid	Stool
Breast Milk	Tissue exudate from burns or skin lesions	Urine
Cerebrospinal Fluid	Unfixed human tissue	Vomit
Pericardial Fluid	Vaginal Secretions	
Peritoneal Fluid		If the above not visibly blood stained, then the source is deemed **No or Minimal Risk**
Pleural Fluid		
Saliva (dentistry associated) *[likely to be contaminated with blood even if not visibly so]*		

What is the risk associated with circumstances associated with incident?

SHARP INJURY / HUMAN BITES

Circumstances **increasing** risk	Circumstances **reducing** risk	Circumstances considered **No or Minimal Risk**
Contact with bare skin	The wearing of gloves or puncture through clothing	No skin puncture (intact skin)
Deep puncture	*(some contamination is removed before contact with skin)*	An old discarded sharp found outdoors in the community where the source is also unknown
Freshly used sharp	Time from source contamination to patient injury *(viral load diminishes as the source dries)*	
Hollow needle	Immediate first aid measures	
Visible contamination on sharp	*(such as encouraging bleeding & washing)*	
Direct injection of contaminated material		

SPLASH IN EYES, NOSE, MOUTH

Circumstances **increasing** risk	Circumstances **reducing** risk	Circumstances considered **No or Minimal Risk**
Direct mucous membrane contact with un-diluted blood or body fluid Contact with broken skin	Wearing of personal-protective equipment *(such as eye protection)* Immediate first aid measures *(irrigation)*	Contact of body fluid with intact skin

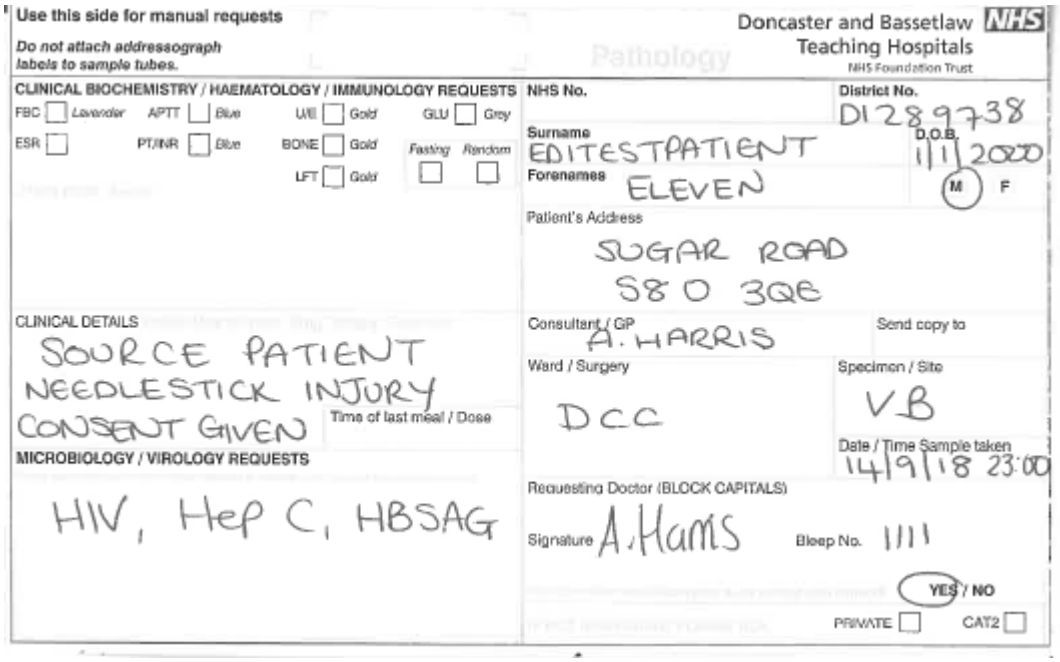
Please note there is no need to ring Virologist at Sheffield for standard cases covered by this policy. Typically one would call the Virologist where HIV PEP or Hep B Immunoglobulin is indicated

RISK ASSESSMENT for HIV and Post Exposure Prophylaxis (PEP)

RISK	**YES**	**NO/UNKNOWN**
Source is known to be HIV positive	PEP recommended	PEP not recommended
Possible HIV – related illness	PEP recommended	PEP not recommended
Homosexual male source with unsafe sexual practices	PEP recommended	PEP not recommended
Source from a high risk country (sub-saharan Africa)	PEP recommended	PEP not recommended
Source has had blood transfusions or blood products abroad	PEP recommended	PEP not recommended
Source is an IV Drug user with needle sharing	PEP recommended Higher risk of Hepatitis C	PEP not recommended
Source has had unprotected sex with a high risk partner	PEP recommended	PEP not recommended
Source is known to be Hepatitis B positive	PEP not recommended. OH/A&E to follow Hepatitis B action table (appendix	PEP not recommended OH/A&E to follow Hepatitis B action table (appendix
Source is known to be Hepatitis C positive	PEP not recommended	PEP not recommended

APPENDIX 4 – COMPLETION OF LABORATORY REQUEST FORM FOR SOURCE PATIENT

Completion of Laboratory Request Form for Source Patient



Use this side for manual requests

Do not attach addressograph labels to sample tubes.

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

CLINICAL BIOCHEMISTRY / HAEMATOLOGY / IMMUNOLOGY REQUESTS

FBC ☐ Lavender APTT ☐ Blue U/E ☐ Gold GLU ☐ Grey

ESR ☐ PT/INR ☐ Blue BONE ☐ Gold Fasting ☐ Random

LFT ☐ Gold

NHS No.

District No. D1289738

Surname EDITESTPATIENT

D.O.B. 1/1/2000

Forenames ELEVEN

(M) F

Patient's Address SUGAR ROAD S80 3QE

CLINICAL DETAILS SOURCE PATIENT NEEDLESTICK INJURY CONSENT GIVEN

Time of last meal / Dose

Consultant / GP A. HARRIS

Send copy to

Ward / Surgery DCC

Specimen / Site VB

Date / Time Sample taken 14/9/18 23:00

MICROBIOLOGY / VIROLOGY REQUESTS

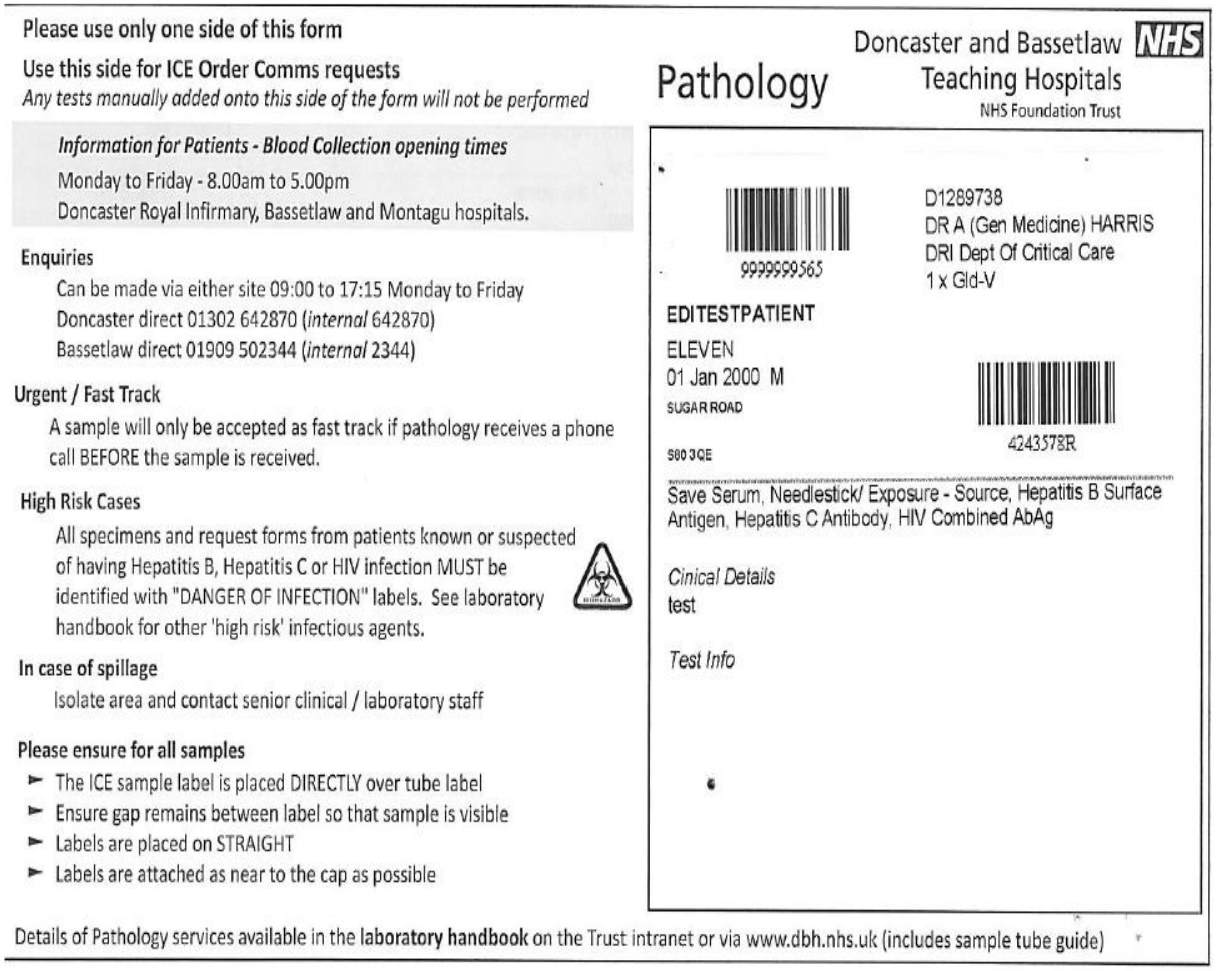
HIV, Hep C, HBSAG

Requesting Doctor (BLOCK CAPITALS)

Signature A. Harris Bleep No. 1111

YES / NO

PRIVATE ☐ CAT2 ☐



Please use only one side of this form

Use this side for ICE Order Comms requests

Any tests manually added onto this side of the form will not be performed

Pathology

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Information for Patients - Blood Collection opening times

Monday to Friday - 8.00am to 5.00pm

Doncaster Royal Infirmary, Bassetlaw and Montagu hospitals.

Enquiries

Can be made via either site 09:00 to 17:15 Monday to Friday

Doncaster direct 01302 642870 (*internal* 642870)

Bassetlaw direct 01909 502344 (*internal* 2344)

Urgent / Fast Track

A sample will only be accepted as fast track if pathology receives a phone call BEFORE the sample is received.

High Risk Cases

All specimens and request forms from patients known or suspected of having Hepatitis B, Hepatitis C or HIV infection MUST be identified with "DANGER OF INFECTION" labels. See laboratory handbook for other 'high risk' infectious agents.

In case of spillage

Isolate area and contact senior clinical / laboratory staff

Please ensure for all samples

- The ICE sample label is placed DIRECTLY over tube label
- Ensure gap remains between label so that sample is visible
- Labels are placed on STRAIGHT
- Labels are attached as near to the cap as possible

9999999565

D1289738
DR A (Gen Medicine) HARRIS
DRI Dept Of Critical Care
1 x Gld-V

EDITESTPATIENT
ELEVEN
01 Jan 2000 M
SUGAR ROAD
S80 3QE

4243578R

Save Serum, Needlestick/ Exposure - Source, Hepatitis B Surface Antigen, Hepatitis C Antibody, HIV Combined AbAg

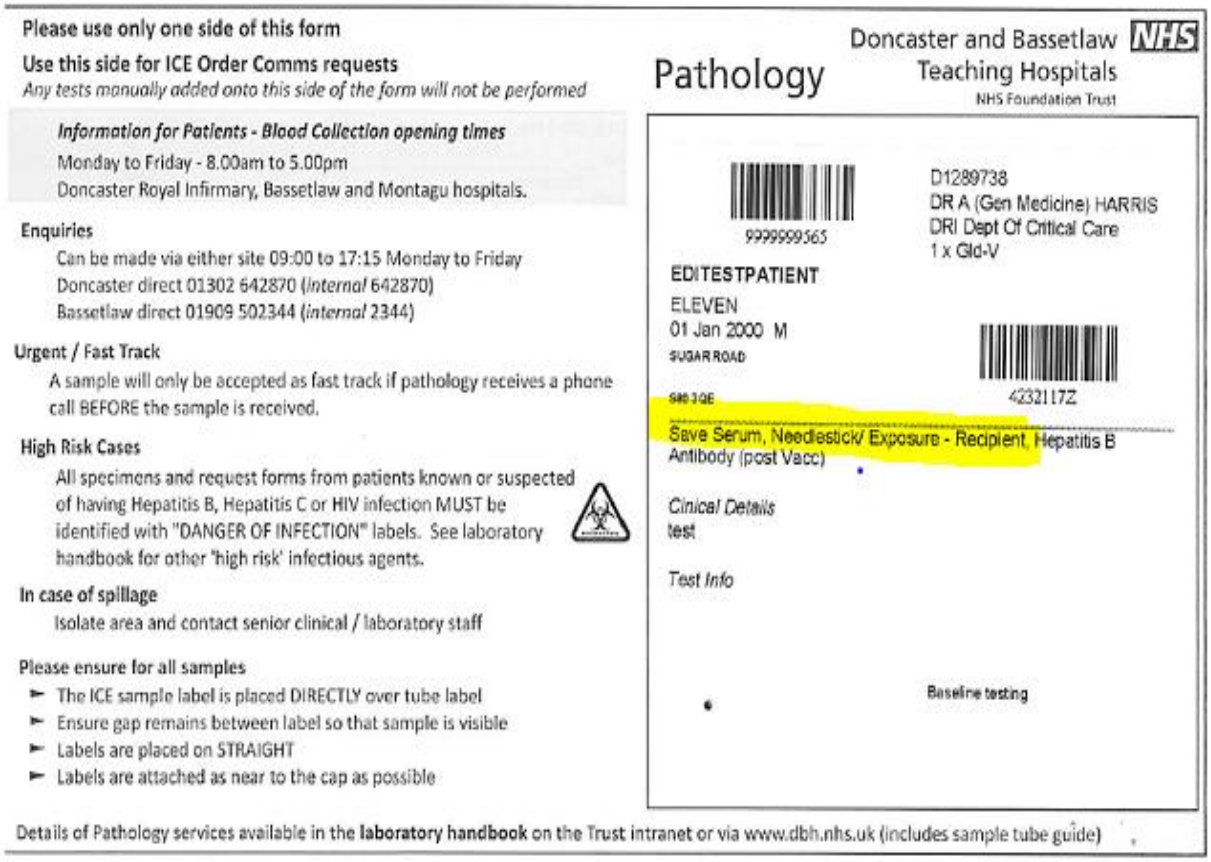
Clinical Details
test

Test Info

Details of Pathology services available in the **laboratory handbook** on the Trust intranet or via www.dbh.nhs.uk (includes sample tube guide)

APPENDIX 5 – LABORATORY REQUEST FORM FOR INJURED PERSON - SAVE SERUM

Laboratory Request Form for Injured person – SAVE SERUM



Please use only one side of this form

Use this side for ICE Order Comms requests

Any tests manually added onto this side of the form will not be performed

Information for Patients - Blood Collection opening times

Monday to Friday - 8.00am to 5.00pm

Doncaster Royal Infirmary, Bassetlaw and Montagu hospitals.

Enquiries

Can be made via either site 09:00 to 17:15 Monday to Friday

Doncaster direct 01302 642870 (*Internal* 642870)

Bassetlaw direct 01909 502344 (*Internal* 2344)

Urgent / Fast Track

A sample will only be accepted as fast track if pathology receives a phone call BEFORE the sample is received.

High Risk Cases

All specimens and request forms from patients known or suspected of having Hepatitis B, Hepatitis C or HIV infection MUST be identified with "DANGER OF INFECTION" labels. See laboratory handbook for other 'high risk' infectious agents.

In case of spillage

Isolate area and contact senior clinical / laboratory staff

Please ensure for all samples

- The ICE sample label is placed DIRECTLY over tube label
- Ensure gap remains between label so that sample is visible
- Labels are placed on STRAIGHT
- Labels are attached as near to the cap as possible

Pathology

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

9999999565

D1289738
DR A (Gen Medicine) HARRIS
DRI Dept Of Critical Care
1 x Gld-V

EDITESTPATIENT
ELEVEN
01 Jan 2000 M
SUGAR ROAD
S40 3QE

4232117Z

Save Serum, Needlestick/ Exposure - Recipient, Hepatitis B Antibody (post Vacc)

Clinical Details
test

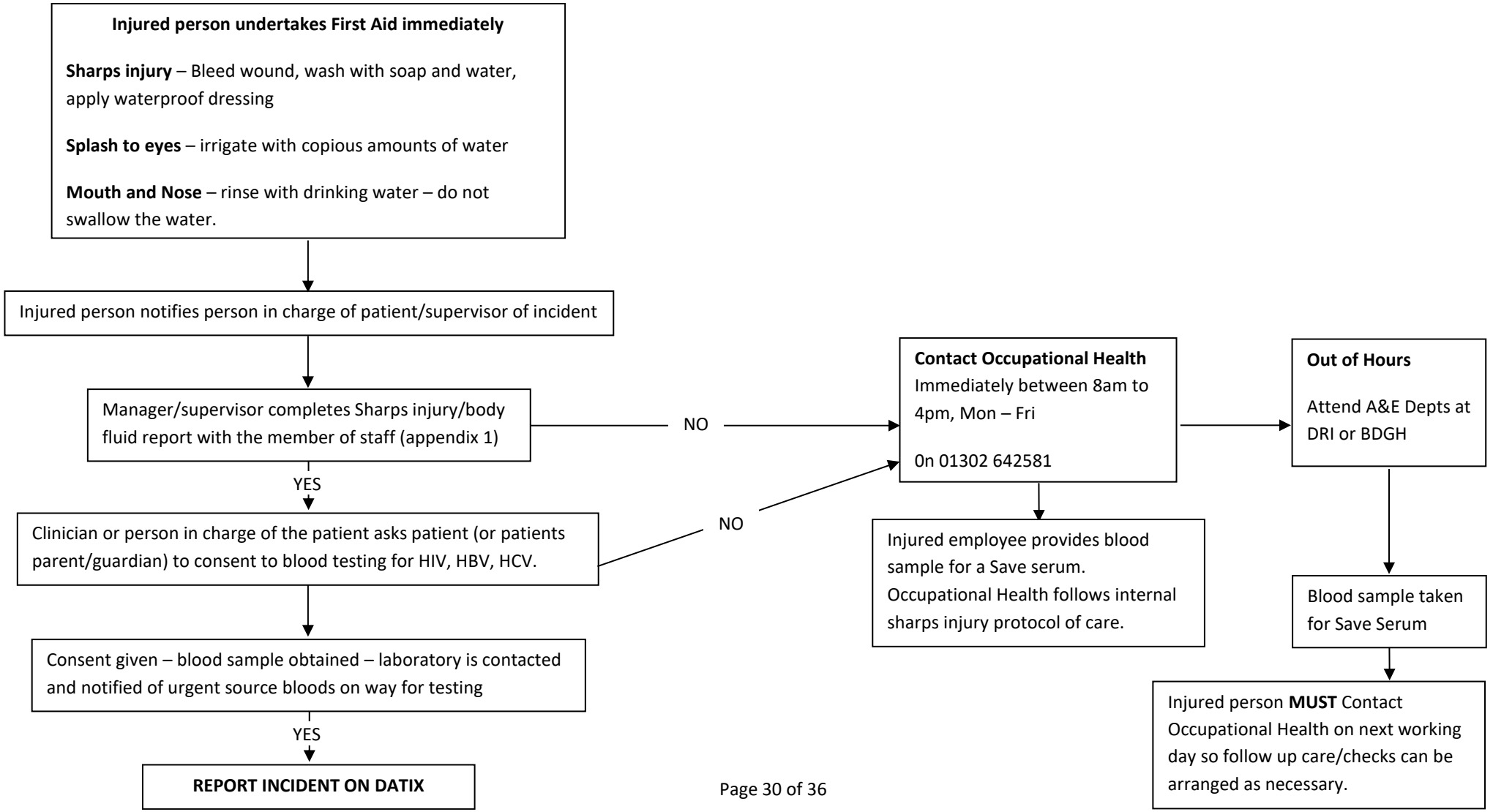
Test Info

Baseline testing

Details of Pathology services available in the **laboratory handbook** on the Trust intranet or via www.dbh.nhs.uk (includes sample tube guide)

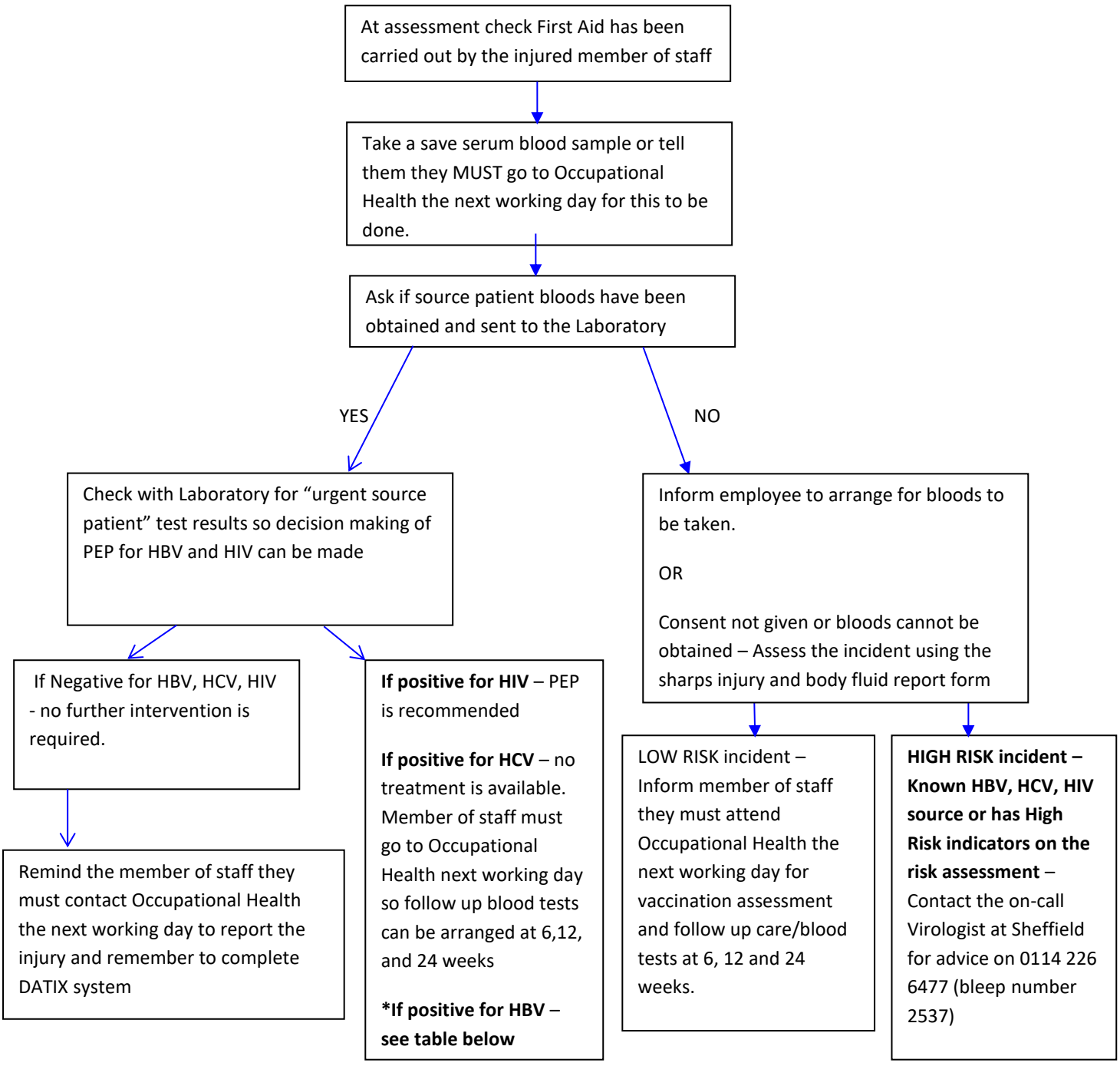
APPENDIX 6 – SUMMARY OF THE ACTIONS TO BE TAKEN BY STAFF FOLLOWING A BLOOD OR BODY FLUID EXPOSURE INCIDENT – FLOW CHART

Summary of the actions to be taken by Staff following a blood or body fluid exposure incident



APPENDIX 7 – MANAGEMENT OF STAFF BODY FLUID INJURIES/ EXPOSURE OUT OF HORUS IN ACCIDENT AND EMERGENCY – FLOW CHART

Management of Staff body fluid injuries/exposures Out of Hours in Accident and Emergency



*Unvaccinated person	Give booster dose Hep B vaccine plus HBIG
*Partially vaccinated course	Give booster dose Hep B vaccine
*Fully vaccinated with primary course vaccine last dose ≥ 1 year	Give a booster dose of Hep B vaccine

IMPORTANT: The member of staff MUST attend Occupational Health so follow up actions can take place following a Known BBV or High Risk incident and report the incident on DATIX

APPENDIX 8 – POST EXPOSURE PROPHYLAXIS FOR HUMAN IMMUNODEFICIENCY VIRUS (HIV)

Post Exposure Prophylaxis for Human Immunodeficiency Virus (HIV)

Risk of transmission of blood-borne viruses from patient to healthcare worker

Infection

- Hepatitis B (HBV) - Up to 30%*
- Hepatitis C (HCV) - 1-3%
- HIV - 0.3%

Note: Risk of transmission above relates to percutaneous injury; data for HBV are based on exposure in unvaccinated individuals. The sharps causing these injuries are variable.
*There is a wide variability in infectiousness of hepatitis B carriers and this rate reflects transmission from Hepatitis B surface antigen positive source. The risk of infection after mucocutaneous exposure is much lower. For HIV, the transmission risk after a single mucocutaneous exposure is probably less than one in thousand (0.1%). (HSE, 2021).

It is not possible to vaccinate against HIV, however research has demonstrated that Post Exposure Prophylaxis (PEP), commenced as soon as possible (ideally within 12 hours) after an inoculation injury from a known carrier of HIV, can reduce the risk of acquiring HIV by approximately 80%. If someone has sustained an inoculation injury from an HIV positive person or is at high risk of being HIV positive, PEP drugs will be offered. PEP is a combination of 3 drugs known to be effective against HIV and will normally be taken for a period of 4 weeks after the exposure took place.

PEP can be taken for a short period of time until the results of any blood tests from the source patient (if they consent) are available. A starter pack will be supplied by the Accident and Emergency Department which will consist of a 5 day course. Arrangements will be made for the employee to attend a GU clinic for follow-up and obtain further supplies for up to 4 weeks.

Information will be provided to the member of staff about the drugs they are to take and told about any side effects which occur.

The drugs used for PEP are as follows:

- Truvada - this is the trade name for a combination of the two standard anti-HIV drugs Tenofovir Disoproxil and Emetricitabine.

- Raltegravir - this is the approved name for one of the standard anti-HIV drugs which may be used for PEP. Its trade name is Isentress

- Cyclizine – this will be prescribed with the PEP drugs for sickness.

Taking the medicines

- For this treatment to work, it is important the medicines are taken properly. Treatment should start as soon as possible after potential exposure to the virus.
- The medications should be taken as prescribed.

Other Medicines & Medical Problems

- With this treatment there is a risk of other problems developing if other medication are being taken or if other medical problems exist (e.g. kidney or liver problems). Details of these must be given to the doctor providing the PEP drugs.

Side Effects of PEP

- The most common side effects are: dizziness, feeling sick/vomiting, diarrhoea, headache, tiredness, decreased appetite, rash, weakness and muscle aches.
- They usually settle if you keep taking the medicines. Anti-sickness and anti-diarrhoea tablets are also provided when given PEP drugs

APPENDIX 9 – HEPATITIS B PROPHYLAXIS FOR REPORTED EXPOSURE INCIDENTS

Adapted from: PHLS Hepatitis Subcommittee (1992)

HBV status of person prior to exposure	**HBsAg positive source**	**Unknown source**	**HBsAg negative source**	**Continued risk**	**No further risk**
Unvaccinated	Accelerated course of Hep B vaccine plus HBIG with first dose	Accelerated course of Hep B vaccine	Consider course of Hep B vaccine	Initiate course of Hep B vaccine	No HBV prophylaxis Reassure
Partially vaccinated	One dose of Hep B vaccine and finish course	One dose of Hep B vaccine and finish course	Complete course of Hep B vaccine	Complete course of Hep B vaccine	Complete course of Hep B vaccine
Fully vaccinated with primary course vaccine	Booster dose of Hep B if last dose ≥ 1year ago	Consider booster dose of Hep B vaccine if last dose ≥ 1year ago	No HBV prophylaxis. Reassure	No HBV prophylaxis Reassure	No HBV prophylaxis Reassure

Known non-responder to Hep B vaccine (anti-HBs < 10mIU/ml 1-2 months post-immunisation)	HBIG Booster dose of Hep B vaccine A second dose of HBIG should be given at one month	HBIG Consider booster dose of Hep B vaccine A second dose of HBIG should be given at one month	No HBIG Consider booster dose of Hep B vaccine	No HBIG Consider booster dose of Hep B vaccine	No HBV prophylaxis Reassure

APPENDIX 10 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Service/Function/Policy/Project/ Strategy	Division	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
PAT/IC 14 v.8 – Management of Sharps injuries and blood and body fluid exposure incidents	P&OD	Kerry Hall	Existing	09/01/2022

1) Who is responsible for this policy? Name of Division/Directorate: P&OD

2) Describe the purpose of the service / function / policy / project/ strategy? Who is it intended to benefit? What are the intended outcomes? To inform all staff

3) Are there any associated objectives? Legislation, targets national expectation, standards: Department of Health legislation

4) What factors contribute or detract from achieving intended outcomes? – Non-compliance with policy

5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? Details: [see Equality Impact Assessment Guidance] - No

- **If yes, please describe current or planned activities to address the impact** [e.g. Monitoring, consultation] –

6) Is there any scope for new measures which would promote equality? N/A

7) Are any of the following groups adversely affected by the policy? No

Protected Characteristics	Affected?	Impact
a) Age	No	
b) Disability	No	
c) Gender	No	
d) Gender Reassignment	No	
e) Marriage/Civil Partnership	No	
f) Maternity/Pregnancy	No	
g) Race	No	
h) Religion/Belief	No	
i) Sexual Orientation	No	

8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box

Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4

If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a* **Detailed Equality Analysis form – see CORP/EMP 27.

Date for next review: **December 2024**

Checked by: **Paula Hill** **Date:** **January 2022**