Prevention and management of needlestick (sharps) injuries and contamination incidents Policy

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Purpose of Agreement	This policy provides a clear, evidence-based framework to ensure safe practice when sharps are used, thereby minimising injuries caused by **contaminated sharps**. It provides guidance to ensure that when inoculation or contamination incidents do occur; the incident is promptly risk assessed and the healthcare worker is offered appropriate treatment to reduce the risk of infection and counselling support to reduce distress.
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Document Manager (Job Title)	Lead Nurse, Occupational Health
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Amendments Summary:

Please fill the table below:

Amend No	Issued	Page	Subject	Action Date
Version 6	August 2021	15 – Appendix B	Updated poster	August 2021

Review Log:

Include details of when the document was last reviewed:

Version Number	Review Date	Lead Name	Ratification Process	Notes
2	3.9.12	C.Morant	Policy group	Changes in reporting procedures
3	1.1.15	G.Ward	Policy group	
3	1.6.16	G.Ward	Policy group	Changes due to safer sharps legislation
4	May 2018	G.Ward	Policy group	Policy refresh
5	March 2021	Sarah Baker	Policy Steering Group, Clinical Executive Group	Policy refresh
6	August 2021	Sarah Baker	Chairs's action taken to approve one amendment to policy	Amendment: Appendix B has been updated/ replaced (as above)

SUMMARY OF POLICY

QUICK REFERENCE GUIDE

For quick reference the guide below is a summary of actions required. This does not negate the need for the people involved in the process to be aware of and to follow the detail of this policy.

1. Wherever possible the use of Sharps should be avoided, and safer Sharps Devices used where available. Sharps injuries and contamination incidents should be prevented wherever possible by appropriate use and implementation of Standard Precautions such as good hand hygiene; appropriate use of personal protective equipment (e.g. gloves) and safe handling and disposal of needles and other sharp instruments. The HSE regulations, the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013, outline the following: the need to avoid the unnecessary use of sharps; use safer sharps which incorporate protection mechanisms; prevent recapping of needles; place secure containers and instructions for safe disposal of medical sharps close to the work area.

2. After a Needlestick injury (NSI) / other type of sharps injury or contamination incident there is a risk of transmission of Blood Borne Viruses (BBV) from affected patients to health care workers (HCW) (and vice versa to a lesser extent) and the incidents must therefore be managed correctly. The viruses include Hepatitis B, Hepatitis C and Human Immunodeficiency Virus (HIV).

3. After a NSI / sharps injury or contamination incident; follow recommended guidance **Appendix B**; allow the puncture site to bleed; wash the wound / exposed area with soap and water; in the case of a splash to the eyes, irrigate eyes with sterile water (before and after contact lens removal); report the incident to the Occupational Health Department (OH) on 07775 800 333 0r 0300 123 3392 or, if out-of-hours, to the local Emergency Department (ED). Inform manager and report via adverse incident reporting system.

4. All NSI / sharps injuries and contamination incidents reported to OH or ED will be fully assessed and managed as set out below and in the full policy. This will include a risk assessment of the incident, blood sample for long term storage from the recipient and arrangement of BBV virus screen from the source patient. ED will inform OH of out-of-hours incidents the next working day and affected HCW should also contact OH the next working day to arrange follow up.

5. If the source patient is known to be HIV positive or at high risk of HIV, the recipient must be assessed for the provision of HIV Post Exposure Prophylaxis (PEP). Risk matrix- **Appendix C**. If the NSI / sharps injury is 'high risk' (deep injury; visible blood on the device causing injury) and the source is HIV positive and likely to have a detectable high viral load, PEP will be prescribed. This will take place by ED for out-of-hours incidents or the local Sexual Health clinic in 'office- hours' (after referral by OH). PEP follow- up is by Sexual Health.

6. If HIV PEP is required, timing is crucial and ideally it should be started within 1 hour of the incident (but can be given up to 24 hours post percutaneous injury, and up to 72 hours post mucous membrane exposure), and this should be considered as a 'medical emergency'. Overall, however, the risk of acquiring HIV infection following occupational exposure to HIV-infected blood is low (approximately 1 in 300).

7. If the source patient is a carrier of Hepatitis B, the recipient must receive a booster dose of Hepatitis B vaccine or, if unvaccinated, must commence an accelerated course of Hepatitis B vaccine and be considered for Hepatitis B immunoglobulin (after discussion with Consultant Virologist).

8. There is a requirement for OH to liaise with Health and Safety Manager to report cases with a BBV positive source patient to the Health and Safety Executive (HSE) via Reporting Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) and to Public Health England.

Contact details for local ED department:

Southampton General:

- Switchboard - 02380 777222
- A&E direct- 02381 206220

Winchester:

- Switchboard - 01962 863535
- A&E direct - 01962 824950

Queen Alexandra Portsmouth:

- Switchboard - 02392 286000
- A&E direct - 02392 286380

Basingstoke:

- Switchboard - 01256 473202
- A&E direct - 01256 314700
-

Frimley Park

- Switchboard - 01276 604604
- A&E direct - 01276 604110/01276 526123

Isle of Wight

- Switchboard - 01983 822099
- A&E direct - 01983 534660

Contact details for Sexual Health

- Basingstoke: 02380 540400
- RSH: 02380 540181
- Eastleigh: 02380 540116
- SMH: 02380 540454
- IOW: 01983 534072

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PREVENTION AND MANAGEMENT OF NEEDLESTICK (SHARPS) INJURIES AND CONTAMINATION INCIDENTS POLICY

1. INTRODUCTION & PURPOSE

1.1 Prevention of sharps injuries and contamination incidents is extremely important. Hepatitis B (HBV), Hepatitis C (HCV) and Human Immunodeficiency Virus (HIV) can be transmitted by percutaneous injury e.g. where the skin is cut or penetrated by needles or other sharp objects (a Needlestick / 'sharps' injury); or mucocutaneous injury (splash to mucous membranes or broken skin) from patients to health care workers (and vice versa to a lesser extent). Therefore, Needlestick / sharps injuries and contamination incidents must be managed correctly as set out in this policy. Transmission of these Blood Borne Viruses (BBV) occurs from blood, visibly blood-stained body fluids, Cerebral Spinal Fluid, peritoneal, pleural and amniotic fluids.

1.2 This policy has been developed to inform the Trust's employees of the correct way to manage NSI / sharps injuries and contamination incidents within the organisation and, by doing so, to improve the safety and wellbeing of both staff and patients. It is also important to emphasize that prevention of these injuries by safe handling and disposal of sharps and the use of other relevant infection control procedures, such as safer sharps, appropriate hand hygiene and use of personal protective equipment, is extremely important.

2. SCOPE & DEFINITIONS

2.1 This policy applies to all employees (including apprentices) who hold a contract of employment or engagement (including secondees, volunteers) within Solent NHS Trust, in line with Solent NHS Trust's Equality, Diversity and Human Rights Policy. It also applies to external contractors, Agency workers, and other workers who are assigned to Solent NHS Trust.

2.2 Solent NHS Trust is committed to the principles of Equality and Diversity and will strive to eliminate unlawful discrimination in all its forms. We will strive towards demonstrating fairness and Equal Opportunities for users of services, carers, the wider community and our staff.

2.3 DEFINITIONS AND ABBREVIATIONS:

2.3.1 '**sharp'** is any object, which can puncture the skin and may be contaminated by blood or body fluids. This might include the following: hypodermic needles, suture needles, scalpel blades, pieces of bone, teeth splinters, glass ampoules and pathological specimens.

2.3.2 **NSI:** Needlestick injury or injury from a 'sharps' source.

2.3.3 **Blood Borne Virus (BBV):** a virus which is carried in the blood of an infected individual and which can be transmitted to another person exposed to the individual's blood.

2.3.4 **HBV:** Hepatitis B Virus

2.3.5 **HCV:** Hepatitis C Virus

2.3.6 **HIV:** Human Immunodeficiency Virus

2.3.7 **HIV PEP (Post Exposure Prophylaxis)**: HIV treatment medication given after a NSI / sharps injury from a known or high-risk HIV positive source patient to reduce the risk of seroconversion.

2.3.8 **OHWS or OH** Occupational Health and Wellbeing Service.

2.3.9 **HSE:** Health and Safety Executive

2.3.10 **RIDDOR:** Reporting Injury, Disease, Dangerous Occurrence Regulations.

3 MANAGING NEEDLESTICK (SHARPS) INJURIES AND CONTAMINATION INCIDENTS

3.1 SAFE SHARPS PRACTICE

3.1.1 The use of sharps should be avoided where possible. When their use is essential, particular care is required in handling and disposal.

3.1.2 Solent NHS Trust requires all staff to use safety engineered hypodermic needles, butterflies, lancets, insulin needles, insulin pen needles, subcutaneous butterflies and cannula as standard.

3.1.3 If staff identify a procedure where the safer device recommended is not appropriate, they must liaise with Infection Prevention or Health and Safety to discuss further. Only once all safer alternatives have been considered and a risk assessment undertaken will the service be given permission through H&S to return to using a non-safer device. Injuries resulting from use of non-safer devices where this procedure has not been followed will be considered a breach of this policy.

3.1.4 Should staff identify a procedure where safety would be enhanced by using a Safety engineered device i.e. safer scalpels, they should liaise with Infection Prevention team.

3.2 SAFE USE OF SHARPS BINS

3.2.1 Sharps must only be disposed of in designated sharps bins that meet the requirements and in accordance with HTM 07-01 Safe Management of Healthcare Waste v2 (DH,2013) provides a framework for good practice to all producers of healthcare waste on the development and management arrangements for the safe, economic disposal of healthcare waste.

3.2.2 Staff must

- Always assemble sharps bins correctly, Ensuring Orange Lid goes on a body with an Orange label, Yellow lid goes on a body with a Yellow label and Purple Lid goes on a body with a Purple label.
- On assembly of sharps bin, complete the label with your name, department or building and date and attach uniquely coded zip tie tag.
- Ensure a sharps bin is easily accessible and close when using any sharp medical equipment such as needles.
- Ensure that all sharps are disposed of immediately after use, directly into the appropriate sharps bin.
- Ensure that all sharps bins are sealed when fill line is reached or 3 months from the date of coming into use.
- Complete the label with their name and date.

3.3 MANAGEMENT OF ALL NSI (SHARPS) INJURIES/CONTAMINATION INCIDENTS

3.3.1 **Immediate Action**
First Aid: see *Poster Guidance* **Appendix B**

3.3.2 **Trust Reporting Procedure** (NSI or contamination incident).

3.3.3 Staff must

- Inform manager/person in charge and ensure incident report (Ulysses) is completed.
- Report incidents immediately to OHWS and out of hours to the local ED, so that a local risk assessment can be made. See *Poster Guidance* **Appendix B**.
- Attend Occupational Health & Wellbeing (OHWS)/ local Emergency Department (ED) if out of hours.

3.3.4 OHWS will:

- Report cases with a BBV positive source patient to Health and Safety Executive (HSE) via Reporting Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) and to Public Health England.
- Complete a risk assessment of the injury and exposure.

3.3.5 OH / ED will arrange for a sample of the recipient's blood to be stored (red-top bottle) - 'recipient of sharps injury- serum store' should be requested on the pathology form example blood form **Appendix F**.

3.3.6 Risk assessment matrix**- Appendix C.**

3.3.7 Best practice is for the source patients' blood to be tested for BBV infection; knowing the source patients BBV results will allow for timely treatment and in most cases will allay fears. The testing should be arranged by the manager of the injured health care worker (recipient) the blood should be tested for HBV, HCV and HIV infection **Appendix** F. This blood sample should not be taken by the injured recipient. Consent from the source must be obtained and should be documented; consent form **Appendix D** can be used, as a minimum consent should be documented in clinical notes. Best practice is to ensure the source is fully informed regarding the blood tests that will be carried out; the information leaflet regarding BBV and testing; **Appendix E** can be used.

3.3.8 In urgent, high risk cases the microbiology laboratory will be informed by manager/OH / ED and arrangements made for urgent testing.

3.3.9 In high-risk incidents HIV Post Exposure Prophylaxis (PEP) may be required and the initial prescription will be provided by ED for out-of–hours incidents and by the Sexual Health department for incidents in 'office-hours' (after referral by OH). If clinically appropriate PEP should be started within 1 hour of the incident, although it can be given Up to 24 hours post percutaneous injury, and 72 hours post mucous membrane exposure.

3.3.10 OH will;

- Complete risk assessment exposure incident form with the staff member.
- OH will arrange appropriate blood testing for recipient and follow up in the weeks following the incident; Appendix H.

3.3.11 HIV PEP follow-up is via Sexual Health.

3.4 Guidelines for obtaining source patient's blood in NSI / sharps injuries and contamination incidents:

3.4.1 If the source patient's risk of BBV carriage is high, consider liaising with Sexual Health / ED in addition to arranging testing for BBV infection. If the source patient's risk of BBV carriage is

low, proceed to blood testing.

3.4.2 Ask source patient's with capacity for consent to be tested for HBV, HCV & HIV in order to comply with Department of Health recommendations (**Appendix D and E**). If consent form is not used, then consent discussion must be documented in patient notes. Obtaining consent should not be undertaken by recipient of the injury, but a colleague or manager. Inform the source that a NSI / sharps injury has taken place and that specific BBV such as HBV, HCV and HIV can be transmitted after such an incident, provide **Appendix E**. Enquire and document as to whether there is any possibility of carriage or exposure to these viruses in the past. Inform the source patient that results will be made available to OHWS / ED and recipient of NSI.

3.4.3 If a positive result is obtained from a source patient repeat the test for confirmation. If it is a true positive result, liaise with Sexual Health for advice on further management in the case of HIV or with a Consultant Virologist in the case of Hepatitis B or C.

3.4.4 In the case of a deceased patient, it is appropriate to seek consent from a relative.Where the patient is expected to regain capacity before a decision on testing is needed, testing should not take place until consent has been obtained.

3.4.5 Where a patient is not expected to regain capacity before a decision on testing needs to be made, consider following a process based on British Medical Association guidance (2016) summarised below:

- Determine whether the patient has a valid and applicable advance decision to refuse treatment (ADRT) or whether there is anyone with legal authority to make the decision (eg a Lasting Power of Attorney with the relevant decision making authority or a court-appointed deputy).
- If there is no ADRT or individual with legal authority, make a decision by assessing whether testing is in the best interests of the patient.
- Follow a structured decision-making process, including seeking views from the patient (if conscious) and consulting a range of parties including relatives and those caring for the patient or an independent mental capacity advocate (IMCA) if the patient has no-one else to represent them.
- If it is decided that testing is in the best interests of the patient and the patient's representative confirms that the patient would be expected to consent to the test if they had capacity, proceed with the test.
- If the patient regains capacity, inform them that the test has been undertaken and give them sufficient information to make an informed decision about whether to receive the results of the test and whether information about the test should be included in their medical record.

3.5 POST EXPOSURE PROPHYLAXIS (PEP)

3.5.1 The British HIV association (BHIVA) recommends PEP for healthcare workers who have had a significant occupational exposure to blood or other potentially infectious material from a patient or other source known to be HIV infected with an unknown or detectable HIV viral load.

3.5.2 BHIVA does NOT recommend PEP in the following circumstances:
PEP is generally not recommended for the following scenarios and should only be considered if there is a clear specific extenuating factor which increases the risk of transmission.

1) Sharps and splash injuries when the HIV status of the index case is unknown.

2) Human bite if the index case is HIV-positive with an unknown or detectable HIV viral load.

Summary of PEP prescribing recommendations

https://www.bashhguidelines.org/media/1265/pep-21.pdf

Table 4: Summary table of PEP prescribing recommendations Index HIV positive		Index of unknown HIV status	
HIV VL unknown or detectable	HIV VL undetectable	From high prevalence country / risk-group (e.g. MSM) a	From low prevalence country / group
OCCUPATIONAL AND OTHER EXPOSURES			
Sharing of injecting equipment	Recommended	Not recommended	Generally not recommended	Not recommended
Sharps injury	Recommended	Not recommended	Generally not recommended	Not recommended
Mucosal splash injury	Recommended	Not recommended	Generally not recommended	Not recommended
Human bite	Generally not recommended	Not recommended	Not recommended	Not recommended
Needlestick from a discarded needle in the community	Not recommended	Not recommended		
Recommended: the benefits of PEP are likely to outweigh the risks, PEP should be given unless there is a clear reason not to. Consider: the risk of HIV transmission is low, the risk / benefit balance of PEP is less clear. The risk should be assessed on a case by case basis taking into consideration factors shown in footnotes c and d below. Generally not recommended: the risk of HIV transmission is very low, the potential toxicity and inconvenience of PEP is likely to outweigh the benefit unless there is a clear specific extenuating factor which increases the risk (see footnotes c, d, e, f below). We anticipate PEP should very rarely be given when the risk has been assessed and discussed (section 6.1.2 and 6.2.1.2) Not recommended: the risk of HIV transmission is negligible and PEP should not be given				
a High prevalence countries or risk-groups are those where there is a significant likelihood of the index case individual being HIV-positive. Within the UK at present, this is likely to be MSM, IDUs from high-risk countries (see d below) and individuals who have immigrated to the UK from areas of high HIV prevalence, particularly sub-Saharan Africa (high prevalence is >1%). HIV prevalence country specific HIV prevalence can be found at https://aidsinfo.unaids.org				
b The index case has been on ART for at least 6 months with an undetectable plasma HIV viral load at the time of last measurement and within the last 6 months) with good reported adherence. Where there is any uncertainty about HIV VL results or adherence to ART then PEP should be given after condomless anal intercourse with an HIV-positive person. The viral load threshold considered 'undetectable' in the PARTNER 1 and 2 and HPTN052 studies was <200 copies/ml .				
c Factors that influence decision-making in all exposures: More detailed knowledge of local HIV prevalence within index case population a				
d Factors that may influence decision-making include in sexual exposures: 1. Breaches in the mucosal barrier such as genital ulcer disease and anal or vaginal trauma following sexual assault or first intercourse 2. Multiple episodes of exposure within a short period of time e.g. group sex 3. Sexually transmitted infection in either partner				
e HIV prevalence amongst IDUs varies considerably depending on whether there is a local outbreak and country of origin and is particularly high in IDUs from Eastern Europe and central Asia. Region-specific estimates can be found in the UNAIDS Gap Report http://www.unaids.org/sites/default/files/media_asset/05_Peoplewhoinjectdrugs.pdf.				
f Factors that may influence decision-making include in occupational exposures: Deep trauma or bolus of blood injected				

4. ROLES & RESPONSIBILITIES

4.1 **Clinical Managers / Heads of Department** have a responsibility to ensure that all staff within their department involved in NSI / sharps injuries or contamination incidents are managed appropriately and that preventive measures are in place.

4.2 **Line Managers** are responsible for ensuring that NSI / sharps injuries and contamination incidents are managed appropriately as set out in this policy and that preventive measures are put in place. The LM should support/facilitate the arrangements for testing the source patient for BBV infection and provide the test results to OHWS in order that the appropriate follow up and treatment can take place. There should not be any delay in informing OHWS the source patients BBV results, ANY delay could impact the Health of the member of staff.

4.3 **All staff** must co-operate with the Trust and line management on prevention and correct management of NSI / sharps injuries and contamination incidents as set out in this policy; this includes, but is not limited to, advising OHWS of the injury, whether the source patient has been tested for BBV infection, attending appointments in order that timely and appropriate follow up can be offered.

4.4 **Occupational Health, Safety and Wellbeing Service** will ensure NSI / sharps injuries and contamination incidents are managed appropriately as set out in the process section of this policy and that advice on implementation of preventive measures is provided. OHWS will arrange for serum store, the decision for Hepatitis B booster and further blood tests will be clinically determined on the outcome of the risk assessment and source blood test results.

4.5 **Emergency Department (ED)** is responsible for the management of NSI / sharps injuries out-of-hours and for the initial administration of HIV PEP where indicated.

4.6 **Health and Safety Committee** is responsible for receiving the results of audits of NSI / sharps injuries and contamination incidents within 48 hours of incident occurring and recommending any appropriate action to reduce any identified risks.

5. TRAINING

5.1 Training needed to implement the policy and any ongoing training is provided by the IPCT as identified by a 'training needs analysis'. All training undertaken must be recorded on the Organisational Learning Module (OLM) of the Electronic Staff Record (ESR) taken from signing in sheets.

6. EQUALITY IMPACT ASSESSMENT AND MENTAL CAPACITY

6.1 The outcome of the assessment **see Appendix A** was there was no negative impact.

7. SUCCESS CRITERIA / MONITORING EFFECTIVENESS

7.1 OHWS will undertake an annual audit (in accordance with local audit) of the management of needlestick /contamination incidents in the last 12 months. A summary of compliance will be recorded. Any subsequent issues/findings resulting from the audit may be included in staff training and a review of this Policy will be considered.

7.2 Non-compliance incidents relating to this policy will be reported to the Health & Safety Sub Committee.

8. REVIEW

8.1 This Policy may be reviewed at any time at the request of either staff side or management but will automatically be reviewed 3 years from initial approval and thereafter on a triennial basis unless organisational changes, legislation, guidance or non-compliance prompt an earlier review.

9. REFERENCES AND LINKS TO OTHER DOCUMENTS

9.1 REFERENCES

- Health and Safety (Sharp Instruments in Healthcare) regulations 2013.Guidance for employers and employees.
- Control of Substances Hazardous to Health (COSHH) Regulations (2002)
- Health & Social Care Act (DH, 2012) Code of Practice for health and adult social care on the prevention and control of infections and related guidance.
- DH (2013) Immunisation of healthcare and laboratory staff, in: Immunisation against infectious disease (the 'Green Book'), Chapter 12.
- NHS Employer-Managing the risk of sharps injuries framework (2015)
- https://www.gov.uk/government/publications/eaga-guidance-on-hiv-post-exposure-prophylaxis (2015) Portsmouth Hospitals NHS Trust Needlestick /Sharps Injury & Contamination Incidents: Prevention & Management (May 17).
- https://www.bashhguidelines.org/media/1265/pep-21.pdf
- https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/909553/Integrated_guidance_for_management_of_BBV_in_HCW.pdf
- http://intranet.solent.nhs.uk/DocumentCentre/PublishedPolicies/HS09%20Policy%20for%20Safe%20Handling%20and%20Disposal%20of%20Healthcare%20Waste%20v4.pdf#search=safe%20management%20of%20healthcare%20waste

9.2 LINKS TO RELATED SOLENT NHS TRUST DOCUMENTS

• IPC12-Decontamination Policy • HS01- Health & Safety Policy 2015 • HS08-First Aid At Work Policy • IG23-Data Protection Caldicott & confidentiality Policy • RK10-Incident reporting, Investigation and learning Policy • IPC07-Infection Prevention Standard Precautions Policy	• IPC05-Hand Hygiene Policy • IPC10-Aseptic Technique Policy • OH08-Healthcare Worker screening and Immunisation Policy • HR51-Managing Absence and Wellbeing Policy • HS09- safe handling and disposal of healthcare waste Policy

10. GLOSSARY

10.1 See Definitions 2.3

APPENDIX A: Equality Impact Assessment

Equality Impact Assessment (EIA)

Step 1: Scoping and Identifying the Aims

Service Line / Department	Occupational Health	
Title of Change:	Sharps and contamination Policy	
What are you completing this EIA for? (Please select):	Policy	*(If other please specify here)*
What are the main aims / objectives of the changes	Refresh and update of Policy	

Step 2: Assessing the Impact

Please use the drop-down feature to detail any positive or negative impacts of this document /policy on patients in the drop-down box below. If there is no impact, please select "not applicable":

Protected Characteristic	Positive Impact(s)	Negative Impact(s)	Not applicable	Action to address negative impact: *(e.g. adjustment to the policy)*
Sex			x	
Gender reassignment			x	
Disability			x	
Age			x	
Sexual Orientation			x	
Pregnancy and maternity			x	
Marriage and civil partnership			x	
Religion or belief			x	
Race			x	

If you answer yes to any of the following, you MUST complete the evidence column explaining what information you have considered which has led you to reach this decision.

Assessment Questions	Yes / No	Please document evidence / any mitigations
In consideration of your document development, did you consult with others, for example, external organisations, service users, carers or other voluntary sector groups?)	Yes	Consultation with relevant clinicians responsible for implementing and supporting this policy.
Have you taken into consideration any regulations, professional standards?	Please select	BHIVA (British HIV Association)

Step 3: Review, Risk and Action Plans

How would you rate the overall level of impact / risk to the organisation if no action taken?	Low	Medium	High
	■	☐	☐
What action needs to be taken to reduce or eliminate the negative impact?			

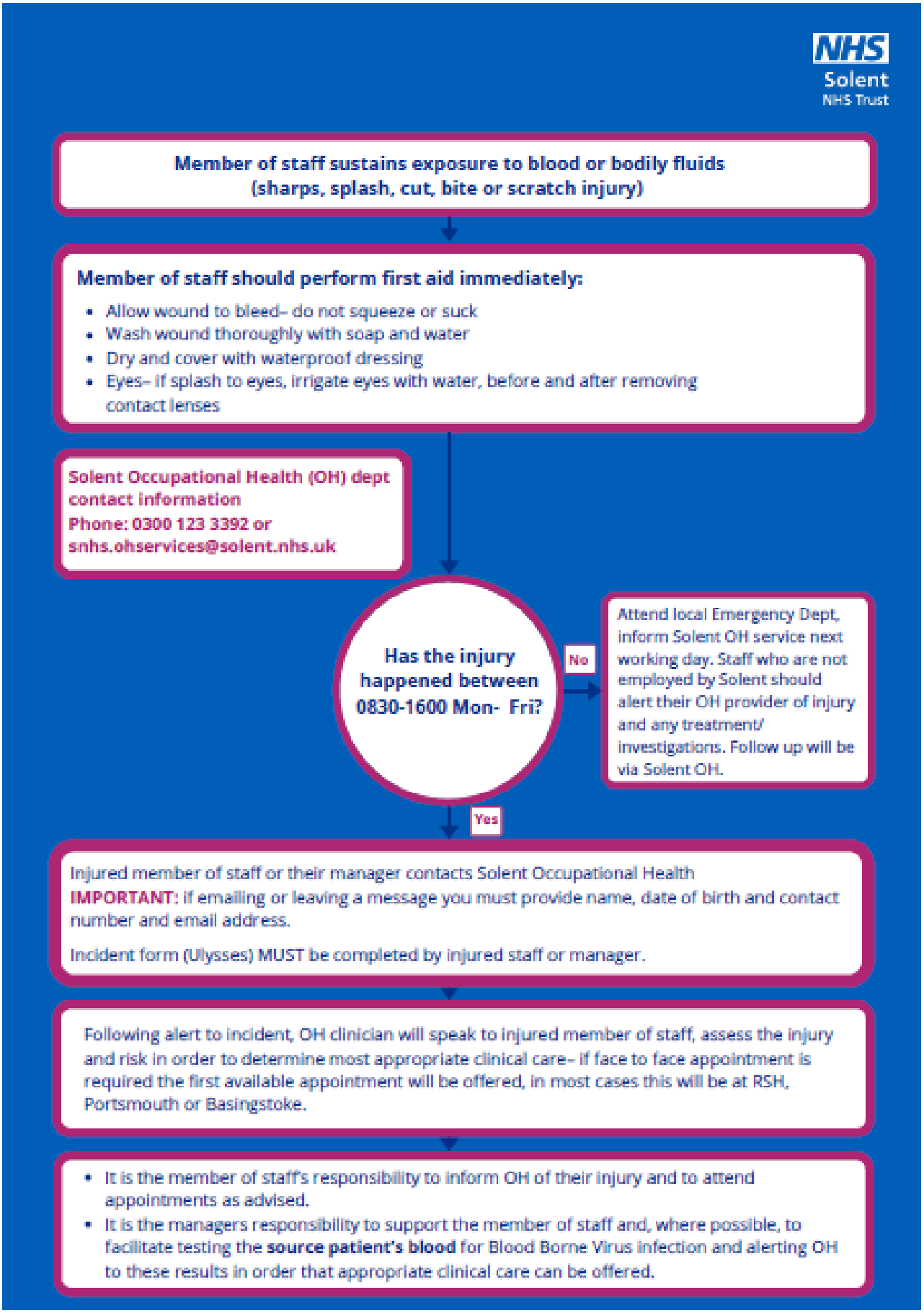
Who will be responsible for monitoring and regular review of the document / policy?	

Step 4: Authorisation and sign off

I am satisfied that all available evidence has been accurately assessed for any potential impact on patients and groups with protected characteristics in the scope of this project / change / policy / procedure / practice / activity. Mitigation, where appropriate has been identified and dealt with accordingly.

Equality Assessor:	*Sarah Baker*	*Date:*	*15/04/2021*

APPENDIX B: Actions following injury



APPENDIX C: Risk matrix

Incident characteristics	Source			
	HIV +ve Hep C +ve Hep B +ve	High Risk	Unknown	Low Risk
Deep injury Hollow bore needle Sharp that has been used in a vein or artery				
Sharp visibly contaminated with blood/body fluids				
Splash into eye / mouth				
Sharp not visibly contaminated with blood/body fluids				

	High risk exposure – Discuss and assess the option of: • HIV Post Exposure Prophylaxis (PEP) with A&E • Hep B Immunoglobulin if worker not immune • Hep C monitor bloods post exposure with OH
	Moderate risk exposure – If response is within this area may not need further treatments. Discuss and assess the options of PEP with A&E and further monitoring with OH
	Low risk exposure – Will not require further treatment

APPENDIX D: Consent form for BBV for source

Source consent form for testing for HIV, Hepatitis B and Hepatitis C following a sharp or splash Injury.

Source Name_____

- ☐ I have read and understood the information leaflet provided to me regarding the above testing.
- ☐ I have also had the opportunity to discuss and ask any questions arising from this with a health professional.
- ☐ I am aware that my treating consultant has been advised of the injury to the member of staff and that they will be advised of my blood results.
- ☐ I also understand that the results will be passed to the Occupational Health Department solely for the purpose of treating the injured member of staff if necessary.
- ☐ When the results are received **I would / would not** like the results sent to me at my home address.
- ☐ I **would / would not** like the results forwarded to my G.P.
- ☐ I give consent for testing for HIV, Hepatitis B and Hepatitis C using a venous blood sample.

Signed by source: Date.

Print source name:

Signed by health professional performing the pre-test discussion Date

Print health professional name:

APPENDIX E: Information leaflet to be shared with source patient.

Testing for Blood Borne Viruses Information Leaflet

1. **Why do I need to know about testing for blood borne viruses?**

   A member of staff has received an injury that has exposed them to your blood.
   We would therefore like to test your blood to see if you are carrying any of the viruses. This will help us to decide what immediate treatment, if any, the member of staff needs in order to prevent them from developing the virus.

2. **What are Blood Borne Viruses?**

   Blood borne viruses is the collective name given to a group of viruses, which are found in the blood and body fluids of infected individuals. The most important of which are Hepatitis B, Hepatitis C and HIV. Hepatitis B and C cause inflammation of the liver and can lead to liver failure. HIV (human immunodeficiency virus) is a virus that attacks the immune system.

3. **How are the viruses spread?**

   The viruses are spread when blood from someone carrying a virus gets into another person's blood stream.

   The viruses can also be found in other body fluids such as semen and vaginal secretions and can therefore be spread by having unprotected sexual intercourse with an infected person.

   The main ways that the viruses are spread in the community are:

   - unprotected sexual intercourse;
   - receiving unscreened blood transfusions or blood products;
   - receiving tattoos or body / ear piercing using unclean needles or equipment;
   - sharing injectable drug equipment;
   - from an infected mother to her child in the womb or through infected breast milk.

   Staff can also be put at risk if:

   - they prick themselves with a needle or sharp instrument which has been used on a patient/person carrying one of the viruses;
   - bite from an infected person
   - if blood from an infected patient/person is accidentally splashed into their mouth or eyes or onto unprotected broken skin.

4. **Wouldn't I know if I had a blood borne virus?**

   In many cases infection is sub clinical, this means that you will not have had any symptoms and you may therefore not know that you are carrying a virus.

5. I don't think I am infected - why do you still want to test me?

Our procedures follow the advice given by the Department of Health, who recommend that patients are routinely tested when a member of staff has an accident so that difficult judgements about risk factors can be avoided.

6. What does the test involve?

We need to take a sample of your blood and test it to see if the viruses are present. We take a venous sample which we send to the laboratories for testing.

7. Do I have to give permission for the testing?

If you do not want your blood to be tested, then you can refuse. Your blood will not be tested without your permission. However, there are some points that you may wish to consider before making that decision:

The test does not change your blood status; it just detects viruses which are already there. If you discover that you have a blood borne virus it will allow you to have treatment / management which in some cases may clear the virus or in other cases help to keep you well.

Your GP will only be informed of the results of the test with your permission.

8. What happens if I am found to have a blood borne virus?

The advances in medicine mean that there are many more treatment options available to those who are carrying a virus. Individuals with Hepatitis B and C can in many cases, with the right treatment, clear the virus. This does not happen with HIV but there are medicines available which help to stop disease progression. With appropriate management many people with HIV now have a normal life expectancy.

Your lead clinician will talk to you about the results and with your permission will refer you to an appropriate specialist, or if you prefer, to your General Practitioner (GP) for on-going management.

9. What are the implications of having a positive test result?

The main implications are:

- you can receive treatment that will help to keep you well;
- you can make lifestyle choices which protect you and your sexual partners;
- your sexual partners can be tested and receive treatment if necessary;
- there may be some implications for future life insurance (see below).

10. What about insurance?

No one should be penalised for having a negative test and insurance companies have stopped asking about negative tests. However, a positive test would have to be declared if asked. A positive result could cause problems with future insurance applications, the same for anyone with a serious health problem. However, if you already have an insurance policy, the test should not affect it at all.

11. What about my partner / family?

If you have tested positive, we would recommend that your sexual partner is tested. The risk of transmission varies depending on the amount of virus in the infected person's body as well as how often a couple have unprotected sex. Male to male transmission occurs most readily, followed by male to female and then female to male. Female to female transmission is rare.

Risk of transmission to other family members / close friends is minimal and it is therefore a personal choice who else to tell.

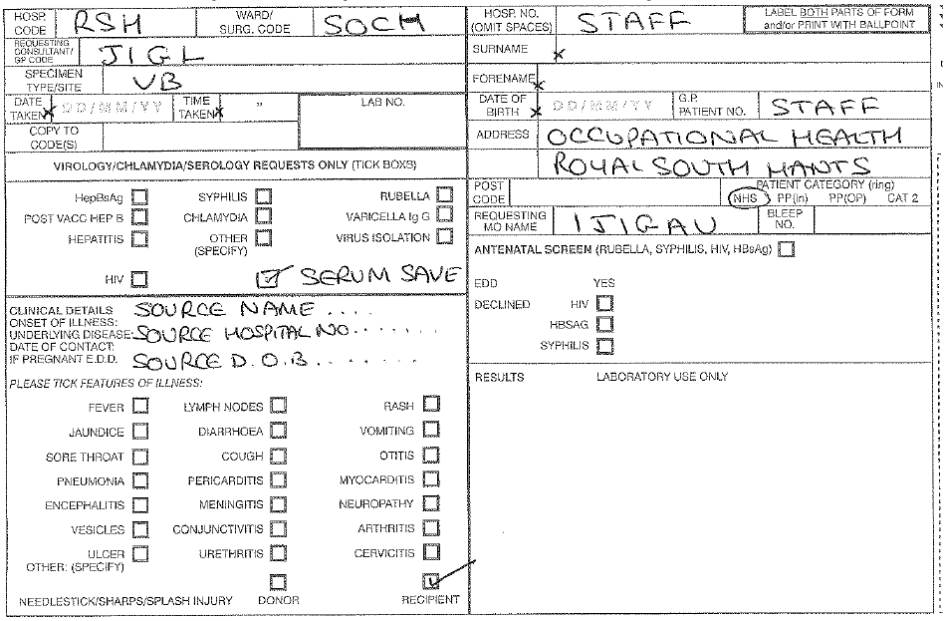
If you test positive you will have the opportunity to discuss these issues in depth with a specialist.

12. Who will be told about my results?

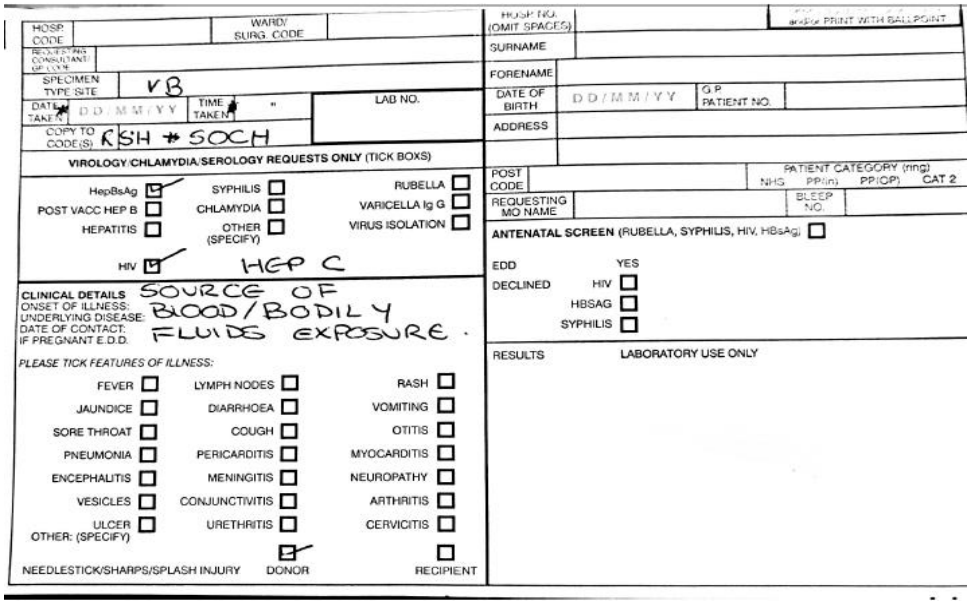
Our Occupational Health Department will be told the results of the blood test so that they can manage the injured member of staff appropriately. Your treating consultant will also be told so that they can advise you should a test result be positive.

APPENDIX F: example completed blood forms.

Blood form example for recipient (member of staff injured)



Blood form example for source (source of injury)



APPENDIX G: Hepatitis B guidance

	Significant Exposure			Non-significant Exposure	
HBV status of person exposed	**HBsAg positive source**	**Unknown Source**	**HBsAg negative source**	**Continued risk**	**No further risk**
Unvaccinated	Accelerated course of HB vaccine 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	Booster dose of hep B vacc if last dose <1 year ago	Consider booster dose of Hep B vaccine if last dose <1 year 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 x 1 Booster dose of Hep B vaccine A second dose of HBIG should be given at one month	HBIG x 1 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

Green Book, Chapter 18, Page 17 (2017)- Adapted from PHLS Hepatitis subcommittee 1992

APPENDIX H: Follow up blood tests.

Source	At first contact	6 weeks	12 weeks	24 weeks
HIV & HCV ab and HBV negative	• Save serum			
Unknown or low risk	• Save serum • HbsAb* • HbsAg** • Anti-HCV • HIV Ag/Ab	• HbsAg** • Anti-HCV • HCV Ag or RNA • HIV Ag/Ab	• HbsAg** • Anti-HVC • HCV Ag or RNA • HIV Ag/Ab •	• Anti-HVC • HbsAg**
High BBV risk (where source testing could not take place)	• Save serum • HbsAb*	• HCV RNA • HbsAg** • Anti-HIV	• Anti-HCV • HCV RNA • Anti-HIV • HbsAg**	• Anti-HCV • Anti-HIV • HbsAg**
HBV positive	• Save serum • HbsAb* • HbsAg** • HbcAb**		• HbsAg** • HbsAb**	• HbsAg**
HIV positive	• Save serum • HbsAb* • Anti-HIV •		• Anti-HIV	
HCV positive	• Save serum • HbsAb* • Anti-HCV	• HCV RNA	• HCV RNA	• Anti -HCV

- * Hep B ab -if immunity not known
- ** If immune -not required

APPENDIX I: Template letter for the injured member of staff to take to ED

Occupational Health Dept
Brambles Bungalow
Royal South Hants Hospital
Brintons Terrace
Southampton
Hampshire
SO14 0YG

Dear Doctor,

Re: **[*insert name and date of birth of injured worker]***

The above named works at ***Solent NHS Trust.*** He / she sustained a sharp or splash injury at **[*insert time and date]***.

The correct first aid has been carried out.

The source *is* ***[known to be HIV positive/Hep B positive/Hep C positive following a risk assessment, considered to be a high risk of being HIV/Hep B/Hep C positive (delete as applicable)]***.

I would be grateful if you could see **[*insert name]*** with a view to assessing the need for post exposure prophylaxis and treating as clinically appropriate.

I would be grateful if you could indicate below treatment provided and indicate if follow up is required.

……
……
…….

Thank you for your help,

Yours Sincerely

Insert managers' name and designation and contact number