# Blood Borne Virus Policy

( Including Management of Inoculation, Sharps and Contamination Incidents )

<table>
<thead>
<tr>
<th>Documentation Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reference</td>
</tr>
<tr>
<td>Date approved</td>
</tr>
<tr>
<td>Approving Body</td>
</tr>
<tr>
<td>Implementation date</td>
</tr>
<tr>
<td>Version</td>
</tr>
<tr>
<td>Supersedes</td>
</tr>
<tr>
<td>Consultation Undertaken</td>
</tr>
<tr>
<td>Distribution</td>
</tr>
<tr>
<td>Date of Completion of Equality Impact Assessment</td>
</tr>
<tr>
<td>Date of Completion of We Are Here For you Assessment</td>
</tr>
<tr>
<td>Date of Environmental Impact Assessment</td>
</tr>
<tr>
<td>Target Audience</td>
</tr>
<tr>
<td>Supporting Documents and References</td>
</tr>
<tr>
<td>Review Date</td>
</tr>
<tr>
<td>Lead Executive</td>
</tr>
</tbody>
</table>

Blood Borne Virus Policy (Including Management of Inoculation, Sharps and Contamination Incidents)

Version 4

December 2012
1. Introduction

It is recognised that certain groups of staff or individuals are at risk from accidental exposure to another person's blood or other body fluids which may be infected with pathogens such as Hepatitis B, Hepatitis C and Human Immunodeficiency Virus (HIV).

Transmission of blood/body fluid blood borne virus infections have been documented in the healthcare setting following exposure to contaminated fluids or tissue by way of a sharps injury or splashing to damaged skin or mucous membrane. The vast majority of such transmissions have however been from needle sticks or other sharps injuries.

2. Policy Statement

2.1 The Nottingham University Hospitals NHS Trust (NUH) is committed to protecting staff, patients and visitors from the transmission of blood borne viruses by having in place safe and clear systems of work.

To this end, this Policy aims to:

- Minimise the risk of inoculation and sharps injuries and blood borne virus exposure to staff, patients and visitors
- Ensure that in the event of an incident there is a clear process for staff and patients to follow
- Describe the process for reporting and investigating incidents
- Develop and introduce systems into NUH to ensure compliance with the EU Directive 2010/32/EU – Prevention of Sharps Injuries in the Healthcare Sector

This policy also gives guidance regarding action to be taken following exposure to blood and body fluid splashes to mucous membranes of eyes and mouth and human bites.

2.2 The Trust will bring to the attention of new and existing Health Care Workers, the professional regulatory bodies’ notices of ethical responsibilities and occupational guidance for Hepatitis B Virus infected Health Care Workers and Hepatitis C Virus Infected Health Care Workers (see Appendix 2).

2.3 The Trust is committed to having a recruitment process that ensures that candidates for posts that will require them to undertake Exposure Prone Procedures must provide acceptable certificated evidence of Hepatitis B Virus
status and in the case of new starters to training posts Hepatitis C Virus and HIV status prior to undertaking Exposure Prone Procedures. All Healthcare Workers will be offered immunisation against Hepatitis B virus for their own protection at work.

2.4 The Trust is also committed to having in place an employment process so that if, during employment, the Health Care Worker contracts a Blood Borne Virus and their work includes Exposure Prone Procedures, he or she will be managed in the same way as other Health Care Workers who become incapable of fulfilling their role due to physical or mental incapacity.

2.5 The Trust is committed to ensuring that, in undertaking blood borne virus clearance to protect employees and to ensure they work safely with patients, it treats prospective employees and employees fairly, equitably and reasonably and that it does not discriminate against individuals or groups on the basis of their ethnic origin, physical or mental abilities, gender, age religious beliefs or sexual orientation.

2.6 A careful review of clinical activities of the Health Care Worker who has a diagnosed Blood Borne Virus and who undertakes Exposure Prone Procedures will define what elements of work must be restricted to ensure the safety of patients. In the event of lack of clarity or disagreement further advice would be sought from the United Kingdom Advisory Panel (UKAP) at the Department of Health.

2.7 The Trust has a responsibility to have in place procedures to take appropriate action in the event of potential blood borne virus transmission to either patient or staff, 24 hours a day.

2.8 The Trust accepts responsibility for the prescribing of Non-Licensed Anti-Retroviral Medication by Physicians authorised to do so, and for any untoward effects that may ensue, only within the terms of the Post Exposure Prophylaxis following Occupational Human Immunodeficiency Virus exposure procedure.

3. Definitions

3.1 Inoculation, sharps or contamination injury

This is defined as an injury where a needle or other sharp, contaminated with blood or other high risk bodily fluid, penetrates the skin percutaneously. This can also include human bites which break the skin. Splashes to the mucous membranes of the eyes and mouth are defined as a contamination injury.

3.2 A Sharp
A sharp is defined as any item that has the potential to cut or penetrate the skin. This will include:

- contaminated needles
- cannulae
- all types of blades, including scalpels, razor blades, cutting blades
- IV Giving Sets
- Intra-vascular guide wires
- Stitch cutters
- Glass items such as vials, ampoules, slides and tubes
- Scissors
- Bone and teeth

If there is any doubt as to whether an item is a sharp it must be treated as one and local procedures followed.

3.3 Blood Borne Virus Transmission

A blood borne virus transmission is defined as when pathogenic micro organisms that are present in human blood and bodily fluids infect and cause disease in persons who are exposed to the blood and/or bodily fluids containing these pathogens (viruses).

The usual route of transmission is by direct transfer of blood or bodily fluids from one individual to another. This can occur via a sharp (percutaneous) or via mucous membrane / broken skin (mucocutaneous).

3.4 The Recipient

The recipient is defined as the person who has had an accidental exposure.

3.5 The Source Patient

The source patient is defined as the person whose blood or bodily fluid is the source of the accidental exposure or the sample/vial which is the source of the accidental exposure.

3.6 Exposure Prone Procedures (EPPs)

Exposure Prone Procedures (EPPs) are those where there is a risk that injury to staff may result in exposure of the patient’s open tissues to the blood of the member of staff. These procedures include those where the member of staff’s gloved hands may be in contact with sharp instruments, needle tips or sharp tissues (bone or teeth)
inside a patient's open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times.

4. **Roles and Responsibilities**

4.1 **The Chief Executive**

The Chief Executive has overall responsibility for ensuring that there are effective arrangements for infection prevention and control throughout the Trust, which includes safe practice in relation to sharps and prevention of injuries due to blood-borne virus exposure.

In discharging this responsibility, the Chief Executive delegates the actual implementation of this policy to the Medical Director, Clinical Directors and Heads of Corporate Functions within the Trust.

The Chief Executive has nominated the Medical Director to undertake the role of the Director of Infection Prevention and Control (DIPC).

4.2 **The Medical Director**

The Medical Director (Director for Infection Prevention and Control) has the strategic responsibility for Infection Prevention and Control within the Trust as delegated by the Chief Executive.

The Medical Director is responsible for ensuring that robust policies and arrangements are in place to manage and improve practice relating to Infection Control including the Blood Borne Virus Policy (Including Management of Inoculation, Sharps and Contamination Incidents).

4.3 **Clinical Directors and Heads of Corporate Functions**

Clinical Directors and Heads of Corporate Functions will:

- Be responsible for the effective delivery of this policy and devise safe systems of work on behalf of the Medical Director
- Provide suitable and sufficient support and resource to all staff within their area to enable them to undertake their individual responsibilities in accordance with this policy

4.4 **The Trust Health and Safety Committee (THSC)**
The THSC will;

- monitor sharps and incident rates and recommend actions to correct any adverse trends
- monitor the implementation and effectiveness of this Policy
- monitor the effectiveness of the Post Exposure Prophylaxis (PEP) procedure

4.5 The Sharps Management Assurance Group

The Sharps Management Assurance Group will;

- act as the Operational Forum where sharps and infection control issues can be discussed and consulted on
- produce a quarterly update for the Trust Health and Safety Committee detailing any significant issues/risks
- monitor the market place for new and innovative safer needle and sharps devices, arranging effective trials within the Trust that would provide constructive, relevant feedback

4.6 The Infection Prevention and Control Department

The Infection, Prevention and Control Department will:

- provide specialist advice as appropriate in relation to all matters covered in this Policy

4.7 Occupational Health Department

The Occupational Health Department will:

- Ensure that there are robust processes in place for risk based pre-employment screening, health surveillance, immunisation and blood tests which are communicated to all staff who fall within the scope of this policy
- Develop and implement supporting arrangements including the provision of counselling and managing staff who have sustained sharps or Blood borne virus exposure injuries.
- Provide data to the Health, Safety and Ergonomics Department relating to the numbers of staff who attend Occupational Health following an exposure
• Provide protocols on immunisation programmes against infectious diseases for employees of the Trust
• Provide immunisation programmes to protect new and existing staff who undertake work that could put them at risk from Hepatitis B virus
• Provision of immunity status health clearance for staff who undertake exposure prone procedures including taking ‘identified validated blood samples’ or acceptance of an in date accredited laboratory result
• Provide advice and action plans including referral to Hepatitis/ID Clinic to Health Care Workers who believe they may have acquired a BBV either occupationally or in other circumstances, or those who are known to have acquired a BBV
• Arrange investigation, treatment and counselling following a sharps incident as soon as they are informed of the incident including risk assessment of the incident with a view to the need to prescribe post exposure prophylaxis drugs
• Obtain a baseline serum sample from the injured member of staff. This will stored by the laboratory for two years in relation to sharps injuries
• Advise the employer if any change of duties of an employee are necessary or any action to be taken to ensure the safety of patients with the knowledge of the employee
• Liaise with Medical Microbiology, Infectious Diseases and the Clinical Director of the Emergency Department so that the system of out of hours service to staff is in place. In particular the timely risk assessment and commencement of PEP for staff who sustain a sharps injury which requires this action

4.8 Health, Safety & Ergonomics Department

The Health, Safety and Ergonomics Department will:

• provide specialist advice as appropriate in relation to all matters covered in this Policy
• Collate sharps incident data and produce monthly reports to the Sharps Management Assurance Group

4.9 Emergency Department

The Emergency Department will:

• Provide advice and treatment to staff and students out of hours
• Ensure ED staff are competent to provide advice to staff and students
• Ensure that Occupational Health are informed of any staff prescribed PEP
• Ensure that staff are aware that they should complete an incident report form

4.10 Microbiology and Virology Departments

Microbiology and Virology will:

• Provide specialist advice as appropriate in relation to all matters covered in this policy
• Provide out of hours clinical advice in cases of potential blood borne virus exposure to the Emergency Department and Managers
• Provide specialist advice to Occupational Health if required
• Ensure timely testing of blood from source patients for blood borne viruses as requested. HIV test results are required within 24 hours and preferably within 8 hours of sample receipt (Department of Health Guidance – HIV Post Exposure Prophylaxis 2008)

4.11 Human Resources Department (HR)

HR will:

• Include in new starters packs appropriate information related to Blood Borne Viruses and Action Cards providing information and action should they experience a sharps incident at work

4.12 Managers / Supervisors

Managers and Supervisors will:

• Ensure that this policy is communicated and made accessible to staff
• Ensure that this policy is fully complied with through the monitoring of local incidents
• Ensure that risks are identified, assessed and reduced for blood borne viruses and sharps injuries
• Ensure that all staff are adequately trained in procedures for working safely
Monitor exposure and instigate through occupational health appropriate health assessments/surveillance. This includes biological testing for immunity status.

Inform Occupational Health when staff are appointed so that immunity status can be determined before they are required to undertake EPP’s

Facilitate staff who may be at risk of a BBV to attend immunisation programmes at Occupational Health

Follow the Trust’s procedure for reporting a significant occupational exposure to BBVs to comply with RIDDOR Regulations

Investigate all reported incidents in line with the Incident Reporting and Management Policy and to take action to prevent a re-occurrence

Ensure that staff who sustain sharp and/or blood borne virus exposure injuries are provided with appropriate advice and supported

In the event of possible exposure, follow the process set out in Appendix 1

### 4.13 Staff

All staff who fall within the scope of this policy will:

- ensure that their practice adheres to the requirements set out in this policy and to undertake clinical procedures in accordance with guidelines or established practice
- follow the actions to be taken following an inoculation incident, sharps incident or exposure to blood / bodily fluid in Appendix 1
- report all adverse incidents and near misses in a timely manner in accordance with the Incident Reporting and Management Policy
- attend Occupational Health to start/complete immunisation programmes and blood checks for the protection of themselves and their patients
- Produce an in-date accredited laboratory result of their infection status with regards to Hepatitis B and Hepatitis C and HIV if a student/trainee who will undertake EPPs for the first time or agree to such tests as Occupational Health deem necessary
- Attend Occupational Health annually to provide a blood sample to test for Hepatitis B infection markers, if they undertake EPPs and immunity to Hepatitis B has not been achieved by immunisation
- If they undertake EPPs to seek appropriate medical and occupational advice if they believe they may have been exposed to infection with Hepatitis B, Hepatitis C or HIV in whatever circumstances, or know that they have acquired such an infection
- Attend Occupational Health as requested for regular blood tests if they are known to be infected with Hepatitis B and/or Hepatitis C and/or HIV and
have been advised by Occupational Health that they may continue to undertake EPPs under certain circumstances

4.14 **Students (Medical, Nursing and Allied Healthcare Professionals)**

All students who fall within the scope of this policy will:

- Attend Occupational Health if they are exposed on NUH Trust premises from Monday – Friday 08:30 – 16:30 and follow the guidance in Appendix 1.
- Inform the Manager of the area in which they are working who may contact the on-call Microbiologist out of hours and follow the guidance in Appendix 1.

5. **Risk Assessment and Safe Practice**

This policy requires the implementation of a robust system of risk assessment.

Suitable and sufficient risk assessments for blood borne viruses and sharps injuries must be undertaken in accordance with the Trust’s Risk Management Policy using the Trust’s Risk Assessment Tool.

The assessments should be reviewed on an annual basis or after any significant changes, i.e. an incident or a change in working practice, to ensure that standards are maintained and that new or additional hazards have not been introduced or become apparent since the previous assessment.

5.1 **Who is at Risk?**

There are many types of healthcare and hospital work that can expose staff to the risk of blood borne virus and sharps injuries. These include:

- Clinical work – clinical procedures such as phlebotomy, cannulation, vaccination, surgical procedures
- Cleaning Services, Portering, Linen Services and Sterile Services
- Diagnostic and laboratory work
- Mortuary work

Groups that carry out the majority of procedures using sharps are most at risk. These include:

- **Nursing Staff**
• Health Care Assistants  
• Theatres Staff  
• Phlebotomists  
• Medics  
• Laboratory Staff  
• Sterile Services Staff  
• Students (Medical, Nursing and Allied Healthcare Professionals)

Injury can occur with a wide range of items, however, those with a higher risk of injury include:

• Hollow bore hypodermic needles  
• IV Cannulae  
• Butterfly needles  
• Phlebotomy needles

Existing incident data should be used to identify where high numbers of incidents are reported.

5.2 Control Measures

The following hierarchy of controls should be used for the prevention of sharps injuries.

5.2.1 Elimination

Complete removal of the hazard is the most effective way to control the risk. Examples include:

• Removing sharps and needles whenever possible eg. using needleless IV systems / needle free connectors  
• Eliminating all unnecessary injections  
• Eliminating all unnecessary sharps

5.2.2 Engineering controls

These are used to isolate or remove the hazard and include:

• Adequate numbers of easily accessible sharps disposal boxes in the correct size  
• Environmental factors such as good lighting and adequate space to carry out the procedure
- Use of safety-engineered devices (devices with needles that retract, sheath or blunt immediately after use)

5.2.3 **Administrative controls**

These are local policies and practices that aim to limit exposure to the hazard. Examples include:

- Clearly defined health and safety responsibilities for staff
- Safe systems of work, particularly in high risk areas such as Theatres, Obstetrics and Emergency Department
- Local information and training that is consistent. This should include safe systems of work, correct use and disposal of sharps, measures to be taken in the event of an incident, use of Personal Protective Equipment
- A culture that encourages incident reporting
- Thorough incident investigation and feedback to staff involved
- Vaccination programme and follow up procedures through Occupational Health

5.2.4 **Work Practice controls**

These controls aim to change the behaviour of staff and reduce exposure to occupational hazards and include:

- No two-handed needle recapping or re-sheathing (holding the needle in one hand and attempting to place a cap on the needle with the other)
- Use of a device designed to effectively control the risk and allow recapping in a safe manner, for example needle-blocks. NB. This must be clearly identified as part of the risk assessment
- Safe construction of sharps containers
- Placing sharps containers at eye level and within arm’s reach
- Disposing of sharps immediately after use in the designated sharps container
- Sealing and discarding sharps containers when they are three-quarters full
- Establishing the means for the safe handling and disposal of sharps devices **before** beginning a procedure

5.2.5 **Personal Protective Equipment (PPE)**

PPE provides a barrier between the member of staff and the hazard. Used properly, it can prevent exposure to splashes, **but it will not prevent needlestick and sharps** injuries. Examples include:

- Gloves
• Eye goggles
• Face masks
• Aprons
• Gowns

Infection Prevention and Control Policies, Glove Selection Guidelines and Standard Precautions will outline what PPE is needed in what circumstances.

5.3 Safe Practice

The following safe practice guidelines should be observed and included in your risk assessment if necessary:

• Sharps bins must be available in all clinical and other relevant areas.

• Before any clinical practice is undertaken, staff should ensure that any exposed skin is intact. As far as possible, any rashes or open wounds should be appropriately treated. This is to minimise the risk of infection from blood and body fluids coming into contact with broken skin. If cuts and abrasions are present, they must be covered with an impermeable dressing.

• It is the responsibility of the user of the sharp/device to ensure that it is correctly used and disposed of.

• Personal Protective Equipment - aprons, gloves, goggles and masks must be available in all areas where sharps may be used. Staff should assess the risk and necessity of glove use before proceeding. Staff must wear gloves where exposure to blood and/or body fluids is possible. See Guidelines for Glove Selection in the Infection Prevention and Control Manual for further details.

• All patients should be regarded as a potential inoculation risk and infection prevention and control standard precautions followed. Inexperienced staff should avoid carrying out invasive procedures on patients who may be a high inoculation risk, e.g., HIV positive patient, or those with blood borne viruses.

• Two-handed recapping / re-sheathing of contaminated needles must not be undertaken under any circumstances.

• Staff must never transport or carry devices or products with the sharps exposed.
- Staff using sharps must always take a sharps container to the patient/point of use, not the sharp to the container. Sharps must be placed immediately into the container after use.

- Needles and syringes must not be disconnected, but disposed of as a complete unit.

- Staff must ensure that the appropriate size/lid colour of sharps containers is used, prior to any procedures being carried out. Advice on sharps container selection can be sought from the Clinical Procurement Specialist.

- The yellow lidded container is for the disposal of sharps contaminated with medicinal products and other items referred to in section 2.1.

- The purple lidded container is for the disposal of sharps contaminated with cytotoxic/cytostatic products.

- All sharps containers used within the Trust must conform to standard UN3291 and BS 7320.

- The sharps container must be correctly assembled, dated and signed by the member of staff who assembled it.

- The container must be placed on a bracket, securely fitted to a wall or trolley or kept in a secure place.

- The container door must be open prior to use and the temporary closure used when not in use.

- The container door must be locked when the contents reach the fill line and the member of staff locking the container must complete the box label.

- Sharps containers must not be used for any purpose other than that for which they were intended.

- Filled and locked sharps containers must be stored safely ready for collection from the clinical areas.

6. **Incident Reporting and Investigation**

Incidents must be reported immediately to the Manager of the area where the incident took place. An incident report must then be completed in accordance with the Trust’s Incident Reporting and Management Policy.
The information is used to identify trends, inform risk assessments and highlight any areas with problems that may need addressing.

It is vital that incidents are reported to ensure that the appropriate follow up treatment is given to the member of staff and also so that patients are not put at risk if the member of staff goes on to perform exposure-prone procedures.

Sharps found in clinical waste bags, or other inappropriate places will require an incident form to be completed. It is the responsibility of the person finding it to report the incident and complete the form.

Incidents must also be reported under the Reporting of Injuries, Dangerous Diseases and Occurrences Regulations 1995 (RIDDOR) if the source patient is known to carry a blood borne virus, is subsequently found to have a blood borne virus or the member of staff develops a virus following an accidental exposure.

Investigation

All incidents must be thoroughly investigated to identify systematic failures. This may include a lack of training, lack of supervision for inexperienced staff, lack of safety equipment, poor physical environment or staff pressures.

Guidance on investigating incidents can be found in the Incident Reporting Policy and Procedures Manual.

The point of good investigation is to learn from our mistakes, share the findings and help us to ensure safer systems in the future. It is essential that staff are provided with feedback from investigations.

Where significant risks are identified through the incident reporting and investigation process, they should be communicated upwards in accordance with the Trust’s Risk Management Policy.

7. Education and Training

Training will be provided in line with the Trust’s TNA.

8. Implementation Plan and Monitoring

The Trust Health and Safety Committee will be responsible for overseeing the implementation and monitoring of the Policy.
The Sharps Management Assurance Group will act, as the Operational Forum where Sharps and Sharps-related issues can be discussed or consulted on. Any key issues/risks will be reported to the Trust Health and Safety Committee via the quarterly update making recommendations to address any shortfalls identified.

The Trust Health and Safety Committee will;

- receive a quarterly sharps incident report, which analyses trends and makes recommendations for improvement and details key issues and risks for discussion and action where appropriate
- monitor the use of the Post Exposure Prophylaxis Procedure

The Trust’s Risk Register will be used to capture any risks and shortfalls identified. Action plans will be devised and implemented to correct any deficiencies, which will be monitored in accordance with the Trust’s Risk Management Policy.

9. Equality and Diversity Statement

All patients, employees and members of the public should be treated fairly and with respect, regardless of age, disability, gender, marital status, membership or non-membership of a trade union, race, religion, domestic circumstances, sexual orientation, ethnic or national origin, social & employment status, HIV status, or gender re-assignment.

10. Environmental Impact Assessment Statement

The environmental impact of this policy has been considered and no further action is required at this time.

11. We Are Here For You mission Statement
This Trust is committed to providing the highest quality of care to our patients, so we can pledge to them that ‘we are here for you’. This Trust supports a patient centred culture of continuous improvement delivered by our staff. The Trust established the Values and Behaviours programme to enable Nottingham University Hospitals to continue to improve patient safety, outcomes and experiences. The set of twelve agreed values and behaviours explicitly describe to employees the required way of working and behaving, both to patients and each other, which would enable patients to have clear expectations as to their experience of our services

12. References

Nottingham University Hospitals NHS Trust. Guidelines for Glove Selection

Nottingham University Hospitals NHS Trust Incident Reporting and Management Policy

Nottingham University Hospital NHS Trust Serious Incident Policy.


RCN guidance to support the implementation of the EU Directive 2010/32/EU
Precautionary Action Flow Chart

**Incident Occurs**

**STOP what you are doing**
**Perform First Aid Immediately**

**Sharps/Inoculation Injury**
- Wash with soap and running water
- Apply a waterproof plaster

**Eye Splash**
- Wash copiously with water (remove contact lenses first)

**Broken Skin**
- (abrasions/cuts/human scratches)
- Wash with soap and running water
- Apply a waterproof plaster

**Inform Manager**
- Inform Occ Health
- QMC 61268
- City 56657

**Occupational Health Service**
- Take details to risk assess

**Incident Report**
- Complete as soon as possible

**Manager**
- Obtains source patient information
- Arrange testing of source patient
- Contact On Call Microbiologist Out of Hours
- Facilitate report to Occupational Health

**Out of hours**
- **Manager** to consult On Call Microbiologist / Infectious Diseases Doctor
- **Manager** to take details to risk assess ie. source and staff details
- Report to Occupational Health on next working day
- Attend ED if necessary
- ED to inform Occupational Health

**Manager**
- Undertake investigation
- Complete necessary corrective action
- Feedback to member of staff / team
- Close Incident

December 2012
**Patients/ Visitors**

Management of Inoculation, Sharps and Contamination Incidents

Precautionary Action Flow Chart

1. **Incident Occurs**
   - STOP what you are doing
   - Perform First Aid Immediately

2. **Sharps/Inoculation Injury**
   - Wash with soap and running water
   - Apply a waterproof plaster

3. **Eye Splash**
   - Wash copiously with water (remove contact lenses first)

4. **Broken Skin**
   - Wash with soap and running water
   - Apply a waterproof plaster

---

**Patient**

- Ensure patient is fully aware of incident
- Arrange testing of source patient
- Record incident and actions in patient’s medical notes
- Refer patient to Infectious Diseases for follow up

**Manager**

- Obtains source patient information and if not done already arrange testing of source patient
- Complete necessary corrective action
- Undertake investigation
- Formally feedback to patient / visitor

---

**Visitor**

- Refer to Emergency Department
  - Take contact details of visitor
  - Take source details

---

**Patients Medical Team**

- Ensure patient is fully aware of incident
- Arrange testing of source patient
- Record incident and actions in patient’s medical notes
- Refer patient to Infectious Diseases for follow up
1. Immediate action following an accidental exposure

For sharps injuries gently encourage the wound to bleed, but do not suck. Wash with soap and warm running water, dry and apply a waterproof dressing.

Exposure to blood or other body fluids to the eyes and mouth should be washed thoroughly with water. Contact lenses should be removed prior to washing.

2. If the injury was caused by a contaminated sharp, then seek attention immediately:-

During working hours

Contact NUH Occupational Health Service:

- QMC Campus 61268
- City Campus 56657

Out of hours

If on discussion with a senior member of staff the incident is felt to pose a significant risk, then the on-call Medical Microbiologist should be contacted via switchboard for advice. The Manager is responsible for making this call.

NB. If the source patient is known to be HIV positive, or at high risk of being so, the on-call Infectious Diseases Doctor should be the first point of contact.

The need for Post Exposure Prophylaxis will be assessed by the Occupational Health and/or Infectious Diseases Physicians.

Out of hours the Medical Microbiologist may also recommend this course of action.

Report the incident in accordance with the Trust’s Incident Reporting and Management Policy.

3. Managers / Supervisors

Follow the process set out in the flow chart above. Gather and record the following information:

- Date and time of exposure
- Name of source patient
• Review source patient’s notes for clinical details relevant to inoculation risk
• Details of the exposure – type of sharp, type of bodily fluid, severity of exposure.

Arrange for a sample of blood to be obtained from the source patient (if known), with informed consent as per the Consent to Examination and Treatment Policy.

If the incident occurs out of hours, contact the on call Microbiologist or Infectious Diseases Doctor as appropriate. The member of staff must not make this call.

This should be 10mls of clotted blood in a plain Z9 tube and forward to the Microbiology Department for HIV, Hepatitis B antigen, Hepatitis C antibodies testing. If the patient is in outpatients or a day unit, this should be undertaken prior to the patient leaving if possible, following appropriate discussion, consent and contact details being obtained.

NB. The recipient of the injury should not be the person who takes the blood sample from the source patient.

Ensure an Incident Report has been completed

An incident form must be completed in accordance with the Incident Reporting and Management Policy.

Investigate the incident

See Section 6 above.

Feedback to the member of staff / team / Governance Forum.

See Section 6 above.

4. Injury to students (Medical, Nursing and Allied Healthcare Professionals)

Managers should follow the guidance set out in this appendix for all students on NUH Trust premises.

5. Injury to a Patient / Visitor

If a patient sustains a sharps injury, staff must inform the Manager of the area at the time of the incident. The injury should receive first aid as above and an incident form completed. If a contaminated sharp is involved, then the incident must be reported to
the patient’s medical team to assess the risks. The sharps injury and actions taken must be recorded in the medical and nursing notes. Managers must ensure that appropriate support and guidance is provided to the individual affected.

Staff dealing with visitors who have sustained a sharps injury, must carry out first aid, as above, and arrange for the visitor to be taken to the Emergency Department. Incidents must be reported in accordance with the Trust's Incident Reporting and Management Policy.

6. Post Exposure Prophylaxis

Prophylaxis (PEP) is available from Occupational Health and the Emergency Department for known/suspected exposure to HIV following risk assessment. It is best taken within 1 hour of the incident but may be considered beneficial for up to 72 hours post exposure. Beyond that, decisions should be left to clinicians involved in the prescription of PEP.

HBV prophylaxis: If risk assessment raises the possibility of need for Hepatitis B immunoglobulin, the clinician in Occupational Health or the Emergency Department should contact the consultant microbiologist to discuss the incident and arrange provision if required.
Dear Health Care Professional,

Health Care Workers and Blood Borne Viral Infections

I am writing to inform you of the action this Trust takes to prevent healthcare workers becoming infected with blood borne viruses, and to remind you of your responsibilities should you know or suspect you have become infected. Blood borne viruses include Hepatitis B, Hepatitis C and the Human Immunodeficiency Virus (HIV).

Blood borne viruses can be carried by individuals, and can in rare circumstances be passed on by an infected health care worker to a patient in the course of exposure prone procedures.¹

Hepatitis B
Hepatitis B is a serious infection and is highly infectious; all staff who undertake exposure prone procedures, will before they perform any such procedures, be tested for immunity to, and infection with, the Hepatitis B virus. Those who have positive markers (hepatitis B surface antigen) will undergo further testing to define the level of virus carriage and determine whether they are allowed to perform exposure prone procedures²,³.

Hepatitis C
The Department of Health has issued guidance on Hepatitis C infection in health care workers.⁴ This guidance states that health care workers who undertake exposure prone procedures and may be infected with Hepatitis C, must seek appropriate advice on the management of the infection and, if necessary, modification of their work.

In accordance with the guidance, Healthcare workers who perform exposure prone procedures and who know they have been infected with Hepatitis C, must be tested for Hepatitis C virus RNA. Healthcare workers who perform exposure prone procedures who think they may have been exposed to Hepatitis C infection, or who are intending to embark on a career that relies on performance of exposure prone procedures must be tested for Hepatitis C antibodies.

HIV
Human Immunodeficiency Virus is a serious infection and there is a real, though very low, risk of transmission during exposure prone procedures. Healthcare workers who undertake exposure prone procedures, and think they may be infected by, or have been exposed to, the virus must take advice on steps to control transmission⁵.
The major risk factors for acquisition of Blood Borne Virus infection are:

**For Hepatitis B, Hepatitis C and HIV**

- Sharing of injecting equipment whilst misusing drugs.
- Invasive medical, surgical, dental or midwifery procedures in parts of the world where infection control measures may have been inadequate, or with populations with a high prevalence of blood borne virus infection.
- Occupational exposure to the blood of patients known to be infected, or deemed to be at high risk of infection, by sharps or other injuries.

**For Hepatitis B and HIV**

- Unprotected sexual intercourse between men
- Unprotected heterosexual intercourse in a country where transmission of Hepatitis B and HIV through sexual intercourse between men and women is common or unprotected intercourse with a person who had been exposed in such a country.
- Perinatal transmission from mother to child.

**For Hepatitis C Only**

- Receipt of unscreened blood or untreated plasma products (in the UK prior to September 1991 and 1985 respectively)

There are clear benefits of knowing early if you are infected with a blood borne virus. Treatment is available which may enable you to clear the infection (reducing your risk of the serious complications of infection) and/or reduce infectivity. After treatment you may be able to resume exposure prone procedures.

The Occupational Health Service is available to discuss with any health care workers, whether they have been exposed to blood borne virus, occupationally or otherwise, whether they should be tested for infection, and the implications of a positive test. Modifications may be required to a health care worker’s practice if there is evidence of infection with a blood borne virus.
Health care workers are under legal and ethical obligations to take all proper steps to safeguard the interests of their patients. The General Medical Council’s guidance documents *Good Medical Practice* and *Serious Communicable Diseases* state that doctors who have a serious communicable disease and continue in professional practice must have appropriate medical supervision and should not rely on their own assessment of the risks they pose to patients. Statements from the General Dental Council and Nursing and Midwifery Council also emphasise the duties of health care workers to safeguard the well being of their patients.

You are asked to note the content of this letter. The Trust requires you to seek advice from occupational health if any of the circumstances above apply to you *now, or in the future*. Health care workers who request an occupational health appointment will be seen as quickly as practicable, and the service will maintain medical confidentiality.

Yours faithfully,

Medical Director

**Contact telephone numbers for Occupational Health**

Enquiries and appointments:

Queen’s Medical Centre Campus extension 61268 or 0115 970 9268

City Hospital Campus extension 56657 or 0115 962 7657
Equality Impact Assessment Report Outline

1. **Name of Policy or Service**
   Blood Borne Virus Policy (Including Management of Inoculation, Sharps and Contamination Incidents and Post Exposure Prophylaxis)

2. **Responsible Manager**
   Heather Churchill, Health and Safety Manager

3. **Name of Person Completing Assessment**
   Heather Churchill

4. **Date EIA Completed**
   12\textsuperscript{th} April 2012

5. **Description and Aims of Policy/Service (including relevance to equalities)**

6. **Brief Summary of Research and Relevant Data**
   Review of incidents

7. **Methods and Outcome of Consultation**
   THSC – 29\textsuperscript{th} May 2012
   Sharps Management Assurance Group
8. **Results of Initial Screening** or Full Equality Impact Assessment:

<table>
<thead>
<tr>
<th>Equality Group</th>
<th>Assessment of Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>None</td>
</tr>
<tr>
<td>Gender</td>
<td>None</td>
</tr>
<tr>
<td>Race</td>
<td>None</td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td>None</td>
</tr>
<tr>
<td>Religion or belief</td>
<td>None</td>
</tr>
<tr>
<td>Disability</td>
<td>Low</td>
</tr>
<tr>
<td>Dignity and Human Rights</td>
<td>Low</td>
</tr>
<tr>
<td>Working Patterns</td>
<td>Medium</td>
</tr>
<tr>
<td>Social Deprivation</td>
<td>None</td>
</tr>
</tbody>
</table>

9. **Decisions and/or Recommendations (including supporting rationale)**

Full assessment not required.

10. Equality Action Plan (if required)

11. **Monitoring and Review Arrangements (including date of next full review)**

Incident reported on DATIX
Incidents reported to THSC
Compliance Review

Next Full Review: August 2013
## Screening Grid

<table>
<thead>
<tr>
<th>Equality Area</th>
<th>Key Equalities Legislation / Policy (See summary sheet)</th>
<th>Is this policy or service RELEVANT to this equality area? YES / NO</th>
<th>Assessment of Potential Impact: HIGH MEDIUM LOW NOT KNOWN</th>
<th>Reasons for Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Equalities Act 2010</td>
<td>No</td>
<td>N/A</td>
<td>No evidence to suggest that this Policy will have an adverse impact on this equality group.</td>
</tr>
<tr>
<td>Gender</td>
<td>Equalities Act 2010</td>
<td>No</td>
<td>N/A</td>
<td>No evidence to suggest that this Policy will have an adverse impact on this equality group.</td>
</tr>
</tbody>
</table>

Blood Borne Virus Policy (Including Management of Inoculation, Sharps and Contamination Incidents)
Version 4
December 2012
<table>
<thead>
<tr>
<th>Equality Area</th>
<th>Key Equalities Legislation / Policy (See summary sheet)</th>
<th>Is this policy or service RELEVANT to this equality area? YES / NO</th>
<th>Assessment of Potential Impact: HIGH MEDIUM LOW NOT KNOWN</th>
<th>Reasons for Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race</td>
<td>Equalities Act 2010</td>
<td>No</td>
<td>N/A</td>
<td>No evidence to suggest that this Policy will have an adverse impact on this equality group.</td>
</tr>
<tr>
<td>Sexual orientation</td>
<td>Equalities Act 2010</td>
<td>No</td>
<td>N/A</td>
<td>No evidence to suggest that this Policy will have an adverse impact on this equality group.</td>
</tr>
<tr>
<td>Religion and beliefs</td>
<td>Equalities Act 2010</td>
<td>No</td>
<td>N/A</td>
<td>No evidence to suggest that this Policy will have an adverse impact on this equality group.</td>
</tr>
<tr>
<td>Disability</td>
<td>Key Equalities Legislation / Policy</td>
<td>Is this policy or service RELEVANT to this equality area?</td>
<td>Assessment of Potential Impact:</td>
<td>Reasons for Assessment</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------</td>
<td>---------------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>Equalities Act 2010</td>
<td></td>
<td>Yes</td>
<td>Low</td>
<td></td>
</tr>
<tr>
<td>Dignity and Human Rights</td>
<td>Human Rights Act 1998 (relevant articles)</td>
<td>Yes</td>
<td>Low</td>
<td></td>
</tr>
<tr>
<td>Working Patterns</td>
<td>The Part-time Workers (Prevention of Less Favourable Treatment) Regulations 2000</td>
<td>Yes</td>
<td>Medium</td>
<td>Staff are able to access an out of hours service in the event of an incident.</td>
</tr>
</tbody>
</table>

Policy ensures that proper protocols are followed in relation to consent.

Policy ensures that proper protocols are followed in relation to consent.
| Social Deprivation | Neighbourhood Renewal Strategy Tackling Health Inequalities Local Area Agreement | No | N/A | N/A | No evidence to suggest that this Policy will have an adverse impact on this equality group. |
CERTIFICATION OF EMPLOYEE AWARENESS

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Blood Borne Virus Policy (Including Management of Inoculation, Sharps and Contamination Incidents)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Version (number)</td>
<td>4</td>
</tr>
<tr>
<td>Version (date)</td>
<td>13 December 2012</td>
</tr>
</tbody>
</table>

I hereby certify that I have:

- Identified (by reference to the document control sheet of the above policy/procedure) the staff groups within my area of responsibility to whom this policy/procedure applies.
- Made arrangements to ensure that such members of staff have the opportunity to be aware of the existence of this document and have the means to access, read and understand it.

<table>
<thead>
<tr>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print name</td>
</tr>
<tr>
<td>Date</td>
</tr>
<tr>
<td>Directorate/Department</td>
</tr>
</tbody>
</table>

The manager completing this certification should retain it for audit and/or other purposes for a period of six years (even if subsequent versions of the document are implemented). The suggested level of certification is:

- Clinical directorates - general manager
- Non clinical directorates - deputy director or equivalent.

The manager may, at their discretion, also require that subordinate levels of their directorate/department utilise this form in a similar way, but this would always be an additional (not replacement) action.