Ref: QS 35

SAFE USE OF SHARPS POLICY

Executive Sponsor & Function	Director of Strategic Transformation Planning and Digital
Document Author:	Trust Health and Safety Manager
Approved by:	Quality, Safety and Performance Committee
Approval Date:	25 October 2023 (via Committee Chair Urgent Action)
Date of Equality Impact Assessment:	10 May 2023
Equality Impact Assessment Outcome:	This policy has been screened for relevance to equality. No potential negative impact has been identified.
Review Date:	October 2026
Version:	5

Key related documents – action to take in the event of an incident:

- **APPENDIX 2: Velindre Cancer Centre - Sharps Incidents and Occupational Exposure to Blood and High-Risk Body Fluids Procedure**
- **APPENDIX 3: Welsh Blood Service - SOP: 016/ORG Procedure following an inoculation injury and/or contact with blood/body fluids**
- **APPENDIX 4: NWSSP – Procedure for Sharps Injuries and Occupational Exposure to high Risk Body Fluids**

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APPENDICES

ABBREVIATIONS

BBV	Blood Bourne Viruses
HCW	Health Care Worker
PPE	Personal Protection Equipment
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
HSE	Health and Safety Executive
IP&C	Infection Protection and Control
PPE	Personal Protective Equipment
UHW	University Hospital of Wales
VCC	Velindre Cancer Centre
WBS	Welsh Blood Service

1 POLICY STATEMENT

1.1 Velindre University NHS Trust (VUNHST) and its Hosted Organisations acknowledge the risk of injury from medical sharps as a health and safety and infection prevention and control issue. Sharps injuries may result in the exposure of staff, contractors, patients, donors, visitors or others to blood borne viruses (BBV) such as Hepatitis B and C and Human Immunodeficiency Virus (HIV) and/or exposure to chemicals in drugs.

1.2 This Policy requires the elimination of the use of medical sharps where possible. Where sharps must be used, these must to be where possible safer sharps (with engineered safety mechanisms) to reduce the risk of sharps injuries. Non-safer sharps must only be used in exceptional circumstances and following a robust risk assessment.

1.3 This policy should be read (where relevant) in conjunction with the following divisional documents that outline the action required after a needlestick injury or an occupational exposure to high risk body fluids.

- **Velindre Cancer Centre - Sharps Incidents and Occupational Exposure to Blood and High-Risk Body Fluids Procedure (Appendix 2)**
- **Welsh Blood Service - SOP: 016/ORG Procedure following an inoculation injury and/or contact with blood/body fluid (Appendix 3)**
- **NWSSP Procedure for Sharps injuries and Occupational Exposure to High Risk Body Fluid (Appendix 4)**

2 SCOPE OF POLICY

2.1 This Policy applies to all staff at VUNHST and Hosted Organisations who undertake activities which involve the use, handling and disposal of medical sharps.

3 AIMS AND OBJECTIVES

3.1 The aim of this Policy is to ensure the safe and effective management of sharps to reduce the likelihood of injury and harm.

3.2 The objectives of this policy are:

- To comply with the Trust's legal duties to manage sharps including the following:
  - Health and Safety at Work etc. Act 1974
  - Management of Health and Safety at Work Regulations 1999
  - Health and Safety (Sharps Instruments in Healthcare) Regulations 2013.

- Control of Substances Hazardous to Health Regulations 2002 (as amended)
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

4 RESPONSIBILITIES

4.1 Roles and Responsibilities

The Chief Executive: has overall accountability for the management of health and safety within the Trust.

Executive Director of Strategic Transformation Planning and Digital: has delegated corporate responsibility for health and safety and is accountable for this to the Trust Executive Management Board and is accountable and responsible for this policy, its contents and infrastructure for delivery.

Executive Director of Nursing, Allied Health Professionals and Health Science: has delegated corporate responsibility for Infection Prevention and Control (IPC) and is accountable for this to the Trust Executive Management Board. These responsibilities include ensuring that the organisation receives competent infection prevention and control advice and that adequate staff infection prevention and control training, and monitoring is in place.

Trust Health and Safety Manager: is the responsible author for this policy and ensuring it is regularly reviewed and in line with legislative requirements and will in conjunction with the Infection Prevention and Control team monitor and have oversight of the effective implementation of this policy and the associated divisional procedures for actions to take in the event of an incident (see 1.4). They are also be responsible for regular Health and safety audits to monitor safe use of sharps.

Head of Infection Protection and Control: will provide support to the Health & Safety Manager in the oversight and review of this policy and provide education on Safer Sharps as part of mandatory Infection Prevention and Control training. The safe use and disposal of sharps will be monitored through clinical practice audits.

Workforce and Organisational Development: is responsible for managing the contractual relationships with the Occupational Health provider. The Occupational Health provider will be contracted to be responsible for an appropriate vaccination programme for staff at risk of sharps injuries and the provision of post exposure and follow up treatment services.

Divisional Directors and Heads of Departments: must ensure:

- this policy is fully implemented across all areas of their responsibility and that there are adequate resources available for its effective implementation.

- all required safer sharps are available. (see section 7),

- systems are in place to ensure that sharps containers are compliant, suitably located, correctly assembled and disposed of.

- all sharps incidents are reported on Datix, responded to appropriately, investigated and lessons learned and implemented.

- staff are aware of this policy and the relevant divisional procedures for actions to take in the event of an incident (see 1.4).

Line Managers: have responsibility to ensure that:

- the use of sharps is eliminated. Where this is not possible safer sharps are used unless a risk assessment determines no appropriate safer sharp is available or the procedure cannot be done with a safer sharp.

- Staff are aware of this policy and the associated divisional needlestick injury procedures (see 1.4).

- staff have been trained in the use and disposal of safer sharps including the use, assembly, labelling, locking, storage, location and disposal of sharps containers

- sharps injuries are reported on Datix and fully investigated..

- a risk assessment is in place for the use of sharps within their area including identification where injuries may occur and an assessment of device suitability.

Managers Responsible for Procurement / Purchasing: must ensure that safer sharps are procured / purchased when they exist. They must also highlight where alternative sharps equipment become available which would enable non-safer sharps to be withdrawn from service.

Systems must be in place to prevent unauthorised ordering of non-safer sharps.

Systems must be in place to ensure non-safer sharps are not procured where safer alternatives are available. Managers must maintain records of when and where non- safer sharps are procured and ensure that risk assessments are in place prior to their procurement and use.

All Employees: have a responsibility to:

- complete mandatory Infection Prevention and Control training and other sharps safety related training where need is identified and to be aware of this policy and the associated procedures for actions to take after an incident (see 1.4).

- use the correct equipment (safer sharps unless the need for non-safer sharps is identified by risk assessment) and to adhere to safe working practices in relation to use and disposal of sharps.

- raise any concerns regarding the safe use of sharps as soon as it occurs and with their line manager if it is a serious and/or ongoing issue.

- report any incidents or injuries promptly and ensure that they are recorded on Datix and to cooperate with any investigation.

5. DISTRIBUTION

This policy will be available via the Trust and divisional intranet sites. Where staff do not have access to the intranet, their line manager must ensure that they are aware of the contents of this policy.

6 DEFINITIONS

Sharps are needles, blades (such as scalpels) and other medical instruments that are necessary for carrying out healthcare work and could cause an injury by cutting or piercing the skin.

Sharps injury is an incident, which causes a needle, blade (such as scalpel) or other medical instruments to penetrate the skin (percutaneous injury)
.
A puncture wound with a clean needle still constitutes a sharps injury.

Safer Sharps are sharps which incorporate features or mechanisms to prevent or minimise the risk of accidental injury.

7 IMPLEMENTATION / POLICY COMPLIANCE

7.1 <u>Eliminate the risk of Occupational Exposure /Sharps Injuries</u>

Line managers must ensure that where practicable the use of sharps is eliminated.

Where sharps are used, they should be safer sharps.

Where safer sharps are not used, a risk assessment must justify that decision. Reasons why a safer sharp cannot be used may include (other reasons may also occur):

- no safer sharp for that clinical application
- the safer sharp introduces additional risks for patients, donors or staff
- the safer sharp adversely affects clinical outcomes
- poor design of the safety features e.g. unclear how the safety feature is deployed.

Personal preference to use a non-safer sharp when suitable products are available (and widely used in the NHS) is **not** acceptable.

The risk assessment for the use of non-safer sharps should consider and record:

- if safer sharps are used in the Trust for similar clinical work.
- what assessments have been made of possibly suitable safer sharps available
- specific clinical need for this product
- the effectiveness of control measures implemented to control the risk of sharps injuries

The risk assessment for the use of a non-safer sharp must be agreed by the Head of Department and must be scrutinised and agreed by the Divisional health and safety meeting. Risk assessments must be reviewed at least annually to ensure that the circumstances which required the use of non-safer sharps have not changed and to consider the availability of new technology and product design.

7.2 Substitute sharps with safer sharps

The following factors should be considered when selecting a safer sharp:

- the device must not compromise patient care
- the reliability of the device
- other safety hazards or sources of blood exposure that the device may introduce
- ease of use
- is the safety mechanism design suitable for the application
- the care giver should be able to maintain appropriate control over the procedure

Introduction of safer sharps should include:

- evaluation of suitable available devices.
- involvement of users in evaluations
- consideration of any All Wales evaluations of safer sharps
- requirements for training and information for users

7.3 Safe use of sharps

Most sharps injuries can be avoided by the use of safer sharps and by adherence to the principles of safe practice as detailed below

- Safer sharps should be stored separately from non-safer sharps, with controls implemented to prevent unauthorised access to the non-safer products.

- Dispose of sharps **immediately after** and **at the point of use** – take a sharps bin with you on a tray or on a trolley.
- Never pass sharps from person to person by hand – use a receptacle or 'clear field' to place them in
- Never walk around with exposed sharps in your hand
- Never put hands inside a sharps container
- Dispose of syringes and needles as a single unit – do not separate the needle form the syringe before disposal
- When there is need to transport a blood sample in a syringe (e.g. blood gas syringe) remove the needle using a removal device and attach a blind hub prior to transport) – IPC 11 Transport of Specimens Policy.

7.4 Disposal of Sharps

The person using the sharp has a personal responsibility to ensure that the sharp is disposed of safely, as soon as possible after use.

Sharps must only be disposed of in designated sharps bins conforming to UK Standard: BS 7320 in the appropriate coloured container (see Appendix 1). (Waste Management Policy QS20)

- All sharps including needles, safer sharps devices blades, glass slides, drug ampoules, razors, disposable scissors, intravenous cannula's and guide wires must be discarded into a sharps container.

- Sharps bins must be:
  - correctly assembled correctly according to manufacturer instructions and correctly labelled.
  - placed in a suitable, safe location away from children, members of the public and vulnerable adults. Do not store on the floor.
  - an appropriate size for the activity and equipment used.
  - available at the point of use of the sharp e.g. at the bedside/donor couch and must be available on drug, phlebotomy, cannulation and cardiac arrest trolleys.

- Use the temporary closure aperture on the bin between uses to prevent spillage if the container is knocked over.

- Carry sharps bins by the handle held away from the body, or using the carry tray provided (for smaller bins)

- Do not overfill – replace it when 3/4 filled to the line marked

- Complete the container label on disposal with:
  - Date Locked
  - Disposed By

- Do not place sharps or sharps bins in clinical waste bags for disposal.

- Used sharps bins must be stored in a designated area i.e. locked, segregated cupboard or clinical waste bin provided for the purpose. Seek advice from the waste manager for disposal of genetically modified sharps waste

- Sharps containers are not intended to be leak proof so it may be necessary to place designated absorbent matt or paper towels in the bottom of the bin on assembly to mop up any excess fluid.

- Avoid prolonged use of sharps containers – maximum period of use is three months.

7.5 **Failure of a Safer Sharps Device**

Failure of a sharps device, related equipment or container must be reported on Datix under the medical devices reporting system of the Medicines and Health products Regulatory Agency as described in the QS24 Medical Devices Policy and to the line manager for the area where the incident happened and to the Trust Medical Devices Officer.

7.6 **Actions in the Event of Incorrectly Discarded Sharps**

If a sharp has been found incorrectly disposed of/discarded e.g. waste bag, found on the floor, patient locker etc.

Assess the risk: make the area around the sharp safe to prevent others being exposed or injured e.g. move patients who may be at risk of contact with the sharp away from the area.

Inform the manager: inform the person in charge of the area/department and manager/supervisor (if different)

Remove and dispose of safely: do not pick up the item by hand, use PPE and a secondary device to retrieve the item(s) e.g. dustpan and brush or forceps. Non-clinical staff and those who do not routinely handle or use sharps must **not** undertake these themselves e.g. clerical, cleaning or catering staff

Complete an incident Datix report: include details of exact location and how the item was discovered. The staff manager/supervisor must investigate how the incident had occurred, the possible source, the staff involved and possible reasons for the error and include the departmental manager in the investigation (if different). Training needs must be identified as part of the investigation summary and an outcome provided.

Managing Implicated Staff: Any member of staff found to have discarded a sharp inappropriately must be interviewed by their manager to ascertain the circumstances and any competence issues that may need to be addressed. If this is a repeat issue the relevant Workforce and Operational Development policy should be invoked.

If staff encounter an object which they are unsure may be a sharp, they should follow the above steps until the nature of the object is established.

7.7 **Actions in the Event of a Sharps Injury**

Please refer to the divisional procedures for actions to take in the event of an incident (see 1.4).

If a sharps injury does occur, the following action must be taken **IMMEDIATELY:**

- **Bleed it -** encourage bleeding ideally by holding under running water – but do not massage or scrub the site**.** Do not suck the wound.
- **Rinse it –** if splashed with bodily fluids to the eyes or mouth, rinse with plenty of running water
- **Wash it** - wash the injury under warm running soapy water
- **Cover it** – cover with a waterproof dressing
- **Report it** – inform you manager immediately and complete incident report
- **Manage it** – If assessed as a high-risk injury contact Occupational Health immediately during working hours or Accident and Emergency out of hours in accordance with divisional procedures for actions to take in the event of an incident (see 1.4).

7.9 **Training**

Managers should ensure that staff receive appropriate training on preventing sharps injuries and the action to be taken should such an incident occur.

Managers must ensure that staff are aware of the following:

- the correct use of safer sharps including information on individual types of device;
- the findings of any risks assessments related to use of sharps and the precautions they should take to protect themselves and other persons, for example the use of medical devices, safe systems of work or local procedures and the correct use and disposal of sharps;
- procedures to follow in the event of an emergency, including measures to be taken in the event of a sharps injury and how to report incidents (see 1.4).

The training provision should also take into account:

- appropriate intervals for refresher training; and,
- Induction for all new and temporary staff.
- Supervision or new/inexperienced staff until competent

8. MONITORING ARRANGEMENTS

Arrangements for safer use of sharps will be monitored as part of health and safety audits and outcomes with be monitored by divisional and Trust wide

health and safety meetings. Findings from these audits will also be provided by Divisions and the Health & Safety Manger to the Trust Infection Prevention and Control Management Group.

The safe use and disposal of sharps will be monitored through clinical practice audits by Infection Prevention and Control Team.

Compliance with this policy will also be measured by review of incident investigations and observation of clinical practice by managers. Oversight will be provided by the Health & Safety Manager.

9. REFERENCES

- Health and Care Standards for Wales (2015)
- British Standard: BS EN ISO 23907/ 2012 Sharps Injury Protection. Requirements and Test Methods Sharps Containers.
- WHTM 07-01 Safe management of Healthcare Waste (2013)
- HSE Sharps Injuries
- HSE Health Services Information Sheet 7

10 GETTING HELP

10.1 Further information and support:

Trust Health and Safety Manager – Helenjones56@wales.nhs.uk
Divisional Health and Safety Advisors
VCC CeriPell@wales.nhs.uk
WBS MatthewBellamy@Wales.nhs.uk
Infection Prevention and Control Team 02920615888 ext. 6129.
02920615888 ext. 6129.

10.2 Telephone Numbers:

A&E

UHW: 02920 748792 or ext. 48792, 02920 748285 or ext. 48285 (VCC)

Royal Glamorgan: 01443 443157 (WBS)

Occupational Health Departments

University Hospital of Wales
Tel : 02920 74 3264 or ext 43264
Fax: 02920 74 4411 or ext 44411

University Hospital of Llandough
Tel: 02920 72 5140 or ext 25140
Fax: 02920 72 5432 or ext 25432

Specialist Virology Centre for Wales, NPHS Microbiology Cardiff

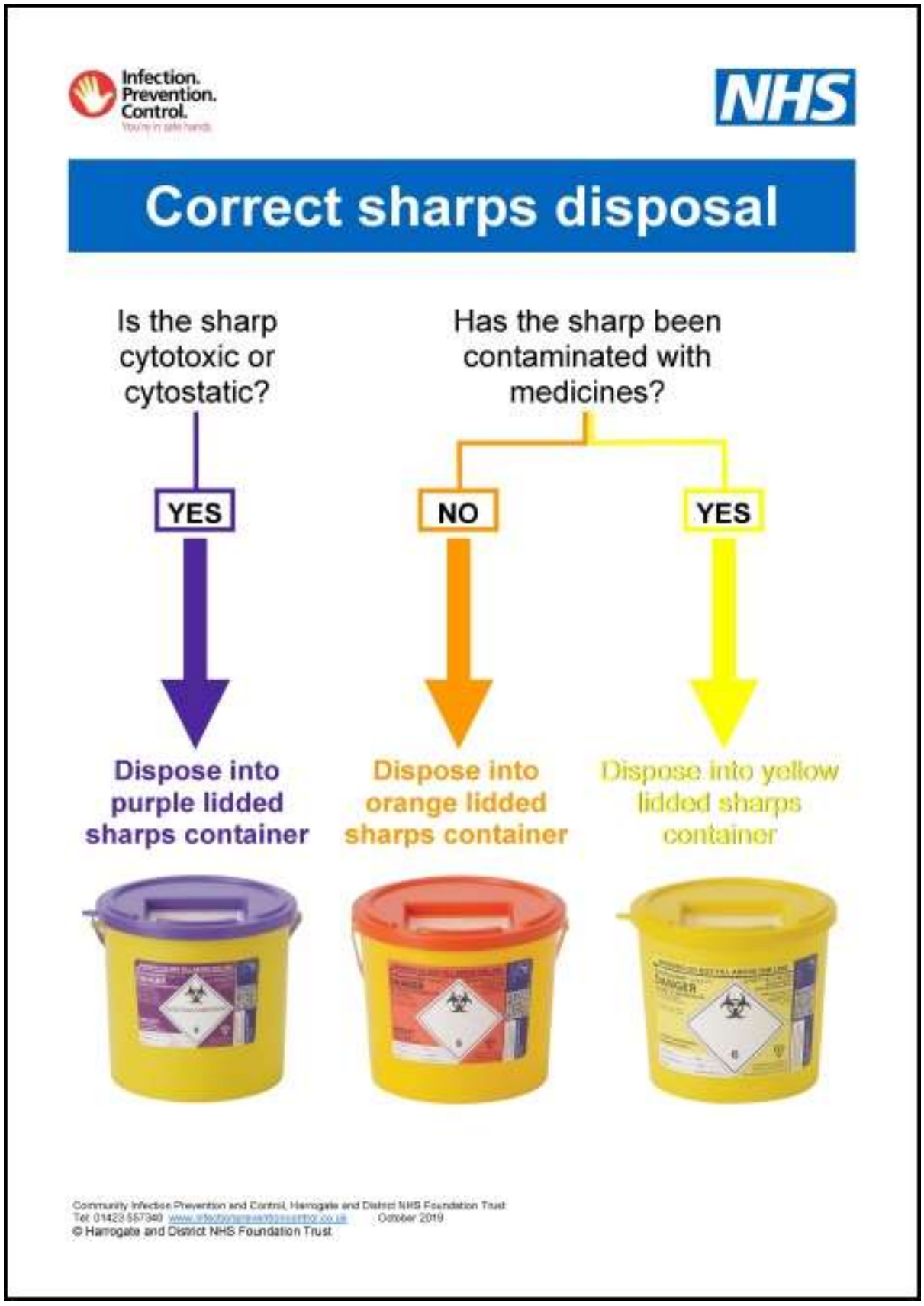
Monday to Friday, 9am to 5pm: Tel: 02920 74 2178. Out of hours: Contact on call Microbiologist via UHW Switchboard: Tel: 02920 747747

11 RELATED POLICIES/PROCEDURES

11.1 This policy should be read in conjunction with:

- QS 24 – Medical Devices and Equipment Management Policy
- QS 20 – Waste Management Policy
- QS 35 – APPENDIX 2: Velindre Cancer Centre - Sharps Incidents and Occupational Exposure to Blood and High-Risk Body Fluids Procedure
- QS 35 – APPENDIX 3: Welsh Blood Service - SOP: 016/ORG Procedure following an inoculation injury and/or contact with blood/body fluids
- QS 35 – APPENDIX 4: NWSSP – Procedure for Sharps Injuries and Occupational Exposure to high Risk Body Fluids
- IPC 11 – Transport of Specimens Policy

APPENDIX 1 - Colour Coding for Sharps Containers



APPENDIX 2

VELINDRE CANCER CENTRE
SHARPS INCIDENTS AND OCCUPATIONAL EXPOSURE TO BLOOD AND HIGH-RISK BODY FLUIDS PROCEDURE

PROCEDURE FOR SHARPS INJURIES AND OCCUPATIONAL EXPOSURE TO HIGH RISK BODY FLUID

Quick Reference Guide – In the event of an inoculation injury

An Inoculation Injury Occurs

The injured staff member will:	The manager/operational manager will:
First Aid Needlestick/Sharp/Bite injury: • Encourage bleeding • Wash the site immediately with soap and warm running water, do not scrub the skin and do not suck the wound • Splash Injury: • Wash and rinse the area/mucous membrane immediately (if eye splashed remove any contact lenses first) • Keep a record of the patients name and location • Report to manager **immediately** • Complete DATIX form **For your own protection do not delay, act immediately**.	• Ensure First Aid has been carried out • Ensure source patient risk assessment by medical staff or trained manager **within 30 minutes of the injury**, using **Form 1** (Appendix 1) • If **HIGH RISK** refer injured person to C&VUHB Occ Health/A&E – **to attend within 1 hour of injury occurring** • Ensure Risk **Form 2** (Appendix 2) is completed and sent with the injured worker • If **LOW RISK** to be seen in Occupational Health within 24 hours • Ensure that a DATIX form is completed documenting all steps taken

Guidance on risk assessing the source patient can be found in: sections 11-14

If the source patient is known **they must be asked for permission to sample blood** for a HBV test.
If the patient refuses or is unable to give consent then it must be treated as an unknown source.

If known BLOOD BORNE VIRUS contact Occ Health/EU **immediately** for advice.

If it is an unknown source, or if patient refuses, a risk assessment should be carried out to determine the likelihood that the inoculation injury, bite or splash, may have come from a patient with a BLOOD BORNE VIRUS infection.

VCC staff contact:

- Occupational health department between 9am and 5pm
- UHW (WHTN 01872) or 02920743264 or EU at hospital closest to where the incident occurred.
- Out of hours: EU at UHW 02920 748047

The injured party **must not** be involved in the risk assessment of the source patient and **must not** approach the source patient for permission to test for BLOOD BORNE VIRUSES.

Speak to on-call microbiologist for advice if difficult to take blood from source patient

Approved by: VCC Health Safety and Fire Management Group
VCC IP&C Management Group

Author(s) Trust Health and Safety Manager
Head of Infection Prevention & Control

Contents

1. INTRODUCTION

Healthcare workers are at risk of blood borne viruses including hepatitis B Virus (HBV), hepatitis C virus (HCV), human immunodeficiency virus (HIV), due to sharps incidents and other high-risk contact with high risk body fluids.

2 AIM

This procedure outlines the actions to be taken following sharps incidents and other high-risk contacts with high risk body fluids.

3 OBJECTIVES

To outline responsibility for the management of actions following a sharps injury and other high risk contacts with high risk body fluids including procedures to be followed and management of staff and others involved including the source patient.

To outline responsibilities for making a risk assessment of the source patient and obtaining permission to test for blood borne viruses.

4. SCOPE

This procedure applies to all Velindre Cancer Centre staff in all locations where they work.

5. DOCUMENTS TO READ ALONGSIDE THIS PROCEDURE

- QS 35 Safe Use of Sharps Policy
- GC 04a Risk Management Policy

6. DEFINITIONS

Occupational Exposure for the purposes of this policy includes:

- Percutaneous injury from sharps (including needles, instruments, bone fragments, human bites which break the skin) which are contaminated with blood or other body fluid.
- Exposure of broken skin (abrasions, cuts, eczema etc.) to body fluids which may be of risk of causing infection.
- Exposure of mucus membranes including eye, nose and mouth to body fluids which may be of risk of causing infection.

Sharps are needles, blades (such as scalpels) and other medical instruments that are necessary for carrying out healthcare work and could cause an injury by cutting or pricking the skin.

Sharps injury is an incident, which causes a needle, blade (such as scalpel) or other medical instruments to penetrate the skin. Sometimes called a percutaneous injury. A puncture wound with a clean needle still constitutes a sharps injury.

Post- Exposure Prophylaxis (**PEP)** is the use of antiretroviral drugs after a single high-risk event to stop HIV seroconversion. PEP must be started as soon as possible to be effective—and always within 72 hours of a possible exposure.

Safer Sharps are sharps which incorporate features or mechanisms to prevent or minimise the risk of accidental injury.

High Risk Body Fluids – Blood, low risk fluid if bloodstained, amniotic fluid, breast milk, pericardial fluid, peritoneal fluid, pleural fluid, Cerebral Spinal Fluid, Saliva associated with dentistry, seamen, synovial fluid, unfixed organs or tissues, vaginal secretions.

Low Risk Body Fluids (unless blood-stained) - Urine, Vomit, Saliva, Faeces

7 RISKS FROM BLOOD BOURNE VIRUSES (BBV)

Hepatitis B Virus - For HBV there is effective vaccination, post exposure prophylaxis (PEP) with vaccine +/- immunoglobulin (HBIG) for those not vaccinated, and post exposure HBIG for HCW's who fail to respond to the vaccine.

Vaccinated HCW's who have developed immunity are at extremely low risk of infection. Unvaccinated persons have a risk from a single needlestick injury or cut exposure of 6-30% (depending on viral load) to HBV infected blood.

Hepatitis C Virus - There is no vaccine or Post Exposure Prophylaxis (PEP) available for HCV but effective treatment is available for those exposed.

The risk of infection after a needlestick or cut exposure to HCV infected blood is approximately 1.8%. The risk following blood splashes is unknown.

HIV - For HIV there is no vaccine available but there is PEP but this requires immediate action.

The risk of HIV infection after needlestick or cut exposure to HIV infected blood is low at approximately 0.3%. The risk after exposure of the eye, nose or mouth is less than 0.1%. There is no risk of HIV transmission where intact skin is exposed to HIV infected blood.

8 TESTING SOURCE PATIENTS

Testing source patients for HBV, HCV and HIV is the most effective way of providing reassurance to those injured. The majority of patients will not be infected. A universal approach to asking source patient to agree to have BBV tests avoids the need to make difficult judgements and avoids any appearance of discrimination against people perceived as being in 'risk groups'. In practice, there has been some reluctance to seek patients' consent to be tested, yet patients have usually been found willing to co-operate if approached in a sensitive manner.

9 RESPONSIBILITIES

Staff Responsibilities - Staff should take all reasonable precautions to avoid sharps injuries. This includes avoiding the use of medical sharps so far as is practical, using safer sharps where possible and correctly following protocols for sharps disposal.

In the event of a needlestick or similar injury all staff should know:-

- What action to take.
- Who has responsibility to ensure proper assessment.
- Where to go for treatment of the injury and follow-up.
- How to report the incident so that future injuries are reduced or avoided.

The Injured Person must:-

- Immediately apply first aid.
- Report to the appropriate manager.
- Collect Risk Assessment form 2 (Appendix 2) to take to Occupational Health/ EU.
- Complete an incident form on Datix.

UHW Occupational health department (9am and 5pm) Tel 02920743264

Out of hours: EU at UHW Tel 02920 748047

Managers Responsibilities - The manager responsible for the injured person at the time of the injury must:-

- Ensure first aid has been carried out.
- Refer injured person to C&VUHB Occupational Health/Emergency Unit
- Ensure Form 2 is completed and sent with the injured worker in a sealed envelope.
- Ensure that source patient risk assessment is carried out by liaising with the Clinical Manager covering the area of the source patient.

The Clinical Manager should:-

- Liaise with the Consultant responsible for source patient.
- Ensure that Datix incident is completed.
- Investigate the cause of the injury and put in place any appropriate preventative measures to reduce likelihood of any further injuries

The risk assessment of the source patient is the responsibility of the Consultant responsible for their care.

The injured party must not be involved in the risk assessment of the source patient and must not approach the source patient for permission to test for blood borne viruses.

10. PROCEDURE FOR NEEDLESTICK AND SIMILAR INJURIES

10a First Aid

First Aid should be performed immediately after the injury occurs.

Skin/Tissue

- Encourage local bleeding by gently squeezing, do not suck area.
- Wash the affected area with soap and running warm water. Do not scrub the area.
- Cover area with waterproof dressing.

Eyes or Mouth

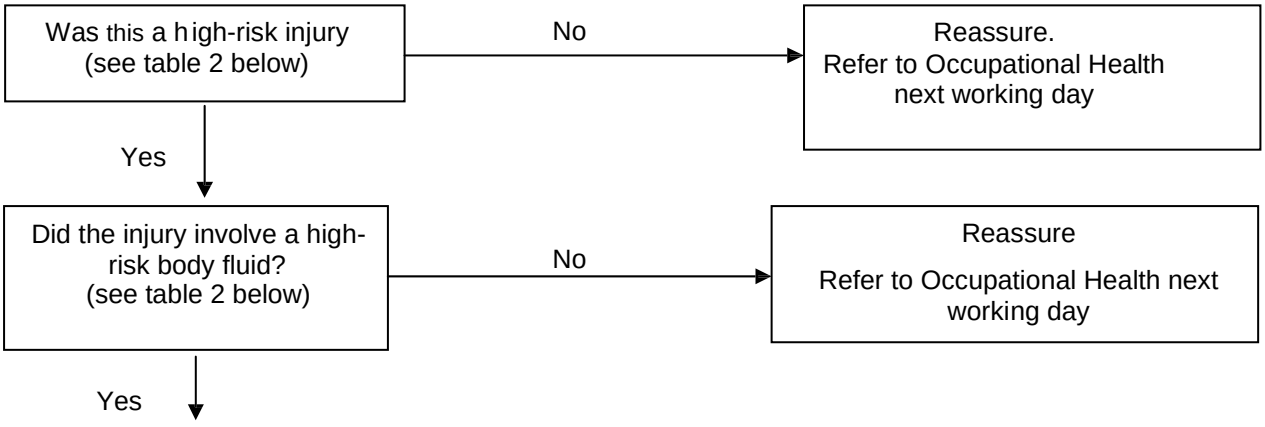
- Rinse out / irrigate with copious amounts of water (use eye washout kits if available).
- If wearing contact lenses irrigate eyes before and after removing them.
- Do not swallow water used for rinsing mouth.

10b Injury Assessment

Injury Assessment other than Human Bites (to be completed as far as possible within 30 minutes of the incident)

For an injury to be considered significant, both the type of injury incurred and the body fluid involved must be high risk.

Table 1: Flow diagram for injury risk assessment



Treat as Significant Injury. The staff member now becomes a PATIENT

Refer to: Occupational Health during working hours
OR Emergency Unit out of hours

Manager must establish risk status of source by completing forms 1 and 2 (Appendix 1 +2) as appropriate and communicating outcome to Occ Health/EU

Table 2: Injury Type

High-Risk Injury	Low-Risk Injury
Percutaneous exposure e.g. needlestick or other sharps injury Exposure on broken skin Mucous membrane exposure (e.g. eye)	Splash on intact skin.

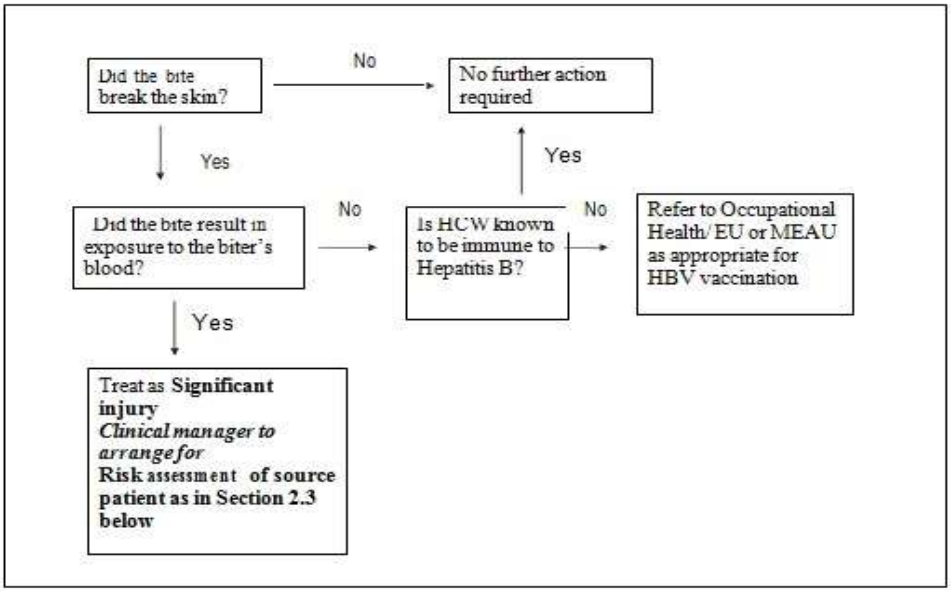
Table 3: Body Fluids

High-Risk Body Fluid		Low Risk Body Fluid (unless blood-stained)
Blood Low risk fluid if bloodstained Amniotic fluid Breast milk Pericardial fluid Peritoneal fluid	Pleural fluid CSF Saliva associated with dentistry Semen Synovial fluid Unfixed tissues or organs Vaginal Secretions	Urine Vomit Saliva Faeces

Injury Assessment for Human Bites (to be completed as far as possible within 30 minutes of the incident)

- Apply first aid (See section 2.1).
- Refer to EU at UHW.
- Refer to Occupational Health.
- Assess the risk of BBV transmission. The clinical evaluation should include the possibility that both the person bitten and the person inflicting the bite may have been exposed.

Table 4: Flow diagram for injury assessment for human bites



10c Establishing risk status of source

The clinical team caring for the source patient are responsible for establishing the risk status of the source patient, even if the staff member has been referred to Occupational Health or the Emergency Unit.

The clinical manager for the area where the source of blood is located should:-

- Locate the source patient if possible.
- Arrange for a source patient risk assessment to be carried out **IMMEDIATELY** and for the source patient's informed consent to be sought for HBV, HCV and HIV testing ideally within 30 minutes of the incident occurring.

The source patient risk assessment should be carried out by an experienced health care professional e.g. senior nurse or doctor from the clinical team caring for the patient, not by Occupational Health or Emergency Unit. The injured health care worker must not carry out the source patient risk assessment.

Inform Occupational Health or out of hours Emergency Unit whether or not a source patient risk assessment has been arranged and provide them with contact details of the person carrying out the risk assessment.

Inform the Consultant responsible for the source patient if not already involved.

10d Known Source Patient - guidance on approach to risk assessment and permission to test

In the case of a known source patient, a risk assessment should be carried out and consent for testing sought. The situation must be handled sensitively. The patient must not be approached by the injured healthcare worker.

Case notes should be reviewed to establish if there is known infection with any BBV. If this is not clear from case notes then it will be necessary to seek information from the patient themselves.

There is no single approach that will cover every interview, but it is recommended that the following points be observed:

- The discussion should take place in a location where proper privacy can be maintained.
- The patient should be informed that someone has been injured in an accident involving their blood/other body fluid. Injuries of this kind can cause considerable anxiety and worry to healthcare workers because infections such as hepatitis B, hepatitis C and HIV can be transmitted in this way (see appendix 5).
- Patients should be asked if they would consent to answering some personal questions, which would help to address the concern. Emphasise that the questions are very personal and might very well not apply to them, but they are now asked routinely, for example, by the Blood Transfusion Service before accepting blood donations.

- If the patient agrees, ask them the questions detailed on Form 1 (Appendix 1).

If any of the answers to the questions on Form 1 is Yes then the patient should be considered as high risk for blood borne viral infections.

Permission to test for Hepatitis B, Hepatitis C and HIV

Unless there are reasons for not testing, all source patients should be asked if they would be willing to allow a sample of their blood to be taken for testing for HIV, HBV and HCV, as a negative result gives reassurance to the injured person.

Explain that testing is also in their interest as these diseases may be entirely asymptomatic, but have effective treatment if diagnosed and are best diagnosed at the earliest opportunity. It is important that undue pressure is not applied and that the decision lies entirely with the patient and this must be explained clearly to the patient. The outcome of the discussion should be recorded in the patient's notes.

Inform source patient that he/she will be notified of the result. Inform source patient that the test result will be passed to their medical team.

Patients may be concerned that consenting to an HIV test might adversely affect insurance policies. Patients can be advised that a negative HIV test will not affect their insurance premiums although a positive result may have implications. The great advances in treatment of HIV mean that early diagnosis facilitates the best outcome.

After testing, permission will be sought to communicate any positive result to the GP. *Would the GP have access via the clinical portal?*

If the request raises serious anxiety, or if the source patient requests anonymous testing (where a code is used on the request form and sample rather than the patient name), then refer for specialist management to Infectious Diseases Department or Genitourinary Medicine Department.

Document the risk assessment outcome on Form 2 (Appendix 2), along with whether or not consent for blood testing has been obtained and samples sent. Send the completed Form 2 to Occupational Health or Emergency unit by giving the form the injured worker in a sealed envelope.

Record that an assessment has been carried out in the source patient's case notes, but do not record the assessment outcome.

Record the name and contact details of the person carrying out the assessment in source patient's case notes.

Destroy Form 1.

Where the patient declines any engagement with the risk assessment process, and a risk assessment cannot be carried out from patient notes, proceed as per "unknown source"

10e Sending samples once obtained

Specimens taken for storage and for blood borne virus testing should be sent to the Specialist Virology Centre, PHW Microbiology, University Hospital of Wales, Cardiff.

The preferred sample for both storage and source patient testing is a 9ml EDTA sample (2 purple cap vacuum tubes).

During working hours (i.e. Monday to Friday, between 9am – 5pm) the Specialist Virology Centre will test patients for blood borne viruses to establish that the exposed individual is not already HIV infected. Where possible, specimens should be sent during working hours. Contact details are listed in appendix 3. All positive HIV antibody tests will require confirmatory testing which will be carried out on the next working day.

If the sample is being sent out of hours (e.g during the weekend) the on call virology consultant should be contacted to discuss processing of the sample and its effect on immediate management. They may request that the virology laboratory technician is informed separately (see appendix 3 for contact details) to inform them that a specimen is being sent and the agreed processing time.

Ensure that the specimen is labelled with the contact details of the person who should be telephoned with the results. Only positive or equivocal results will be telephoned. Negative results will be automatically authorised and available for review via the clinical portal.

Mark request form "copy to Occupational Health".

10f Managing results of source patient test

It is the responsibility of the person carrying out the source patient risk assessment to ensure the results of the source patient blood tests are telephoned to the doctor or nurse managing the injured person.

If the person carrying out the risk assessment is not going to be on duty when the results become available then the name of nominated deputy should be given to the laboratory. The nominated deputy must then take responsibility for passing the results on to the doctor or nurse managing the injured person.

The person carrying out the source patient risk assessment must ensure that the source patient is informed of their test results within 24 hours of them becoming available.

In the event of the source patient test results being positive, specialist advice should be sought from an infectious diseases consultant before the patient is informed (see appendix 3 for contact details).

10g Unknown source

If it is not possible to identify the source patient for a particular needle or sharp implement, a risk assessment should be carried out to determine the likelihood that the needle may have been used on a patient with a blood borne virus infection. Are there patients known to be infected with a BBV in the clinical area concerned?

If no further information is available background prevalence rates can be used in the risk calculation (appendix 4)

10h Testing when source patient is unable to give consent

When the source patient is deceased, unconscious or unable to give informed consent for any other reason, testing should not be carried out without first seeking further advice from the on call ID (see appendix 3 for contact details). However, if the source patient has died, consent for testing can be given by a "nominated representative" (if appointed) or by a person with a "qualifying relationship" to the deceased". The decision to start PEP should be taken by Occupational Health or the Emergency Unit on the basis of the source patient risk assessment.

10i Risk assessment and testing when source is a child

For children and their parents / guardians all the above considerations including privacy must be maintained. To establish the risk status of the child, the questions in the source patient assessment tool should be asked, not only regarding the child, but also the mother. If the child is deemed to have sufficient understanding, whatever his/her age, an appropriate explanation should be given, and consent sought from the child. If the child refuses, blood should not be taken or tested. If the child consents, consent should also be sought from the child's parents / guardian.

As the route of transmission to children is usually vertical (from mother to child), testing the child may be a surrogate for testing the mother, so she should be aware of this prior to testing. The reason for refusal of consent may be the distress of venepuncture. If this is the case, in young children with no history of foreign travel, blood transfusion or needlestick injury, the mother's blood may be tested instead of the child's.

10j Management of the injured person

This is carried out by Occupational Health / Emergency Unit.

Patients should be triaged and treated as a priority, within one hour if possible.

Ensure first aid has been carried out (see section 10a)

Confirm that a significant injury has occurred (see section 10b). If not a significant injury, the injured person can be reassured.

Check whether the source patient is known to have a blood borne virus or at high risk of infection with a BBV.

Check if source patient has given consent for testing and if so, when will the results be known. Arrange for results of source patient blood test to be phoned to a named doctor or nurse responsible for managing the injured person. If the source patient HIV antibody test is negative, and PEP has been started, then the injured person must be contacted as soon as possible and advised to discontinue PEP.

Assess the need for HIV PEP, remember that therapy should be started as soon as possible following injury, ideally within one hour.

Assess the need for hepatitis B vaccination +/- hepatitis B immunoglobulin. HCWs should know their vaccination status and whether they responded to HB vaccine (i.e. ever attained a level of >1OIU/L)

Consider the need for hepatitis C follow-up

Offer to take blood for storage (all significant injuries). Explain that testing will be carried out only with consent. Request form should state type of injury and 'blood for storage'.

Ensure all appropriate follow-up is arranged:

Appointment with ID physicians if HIV PEP started.

Occupational Health (HCW) or GP (others) follow-up if further hepatitis B vaccination / testing or HCV screening is required.

Referral to counselling services including specialist services if required.

For all injuries in the workplace, advise the injured HCW to inform the Occupational Health Department at the earliest opportunity, regardless of outcome of the assessment.

Advise staff to report the incident on Datix.

10k Management of patients exposed to blood from a Health Care Worker (HCW)

Circumstances that could allow the transmission of blood borne viruses from HCW to patient include:

- Visible laceration occurring to a HCW's hand where the patient's open tissue or mucous membranes could be contaminated with the HCW's blood.

- Visible bleeding form a HCW from any other site, e.g. nosebleed, leading to significant bleed-back into a patient's open tissues or mucous membranes.

- An instrument or needle contaminated with the blood of the HCW is inadvertently introduced into the patient's tissues.

The injured worker should:

- Stop the procedure as soon as possible, wash and dress the wound and stem the bleeding.
- Clean and disinfect any contaminated areas.
- Report the incident to the manager.
- Inform the Occupational Health department (EU out of hours)
- Complete a Datix form

A risk assessment should then be carried out by someone other than the injured HCW, e.g. a senior doctor, to ascertain whether or not a significant exposure has occurred. If the incident is considered to be a significant exposure, involving bleed-back into the patient, a source HCW risk assessment should be carried out IMMEDIATELY using Forms 1 and 2 (Appendix 1 and 2) and the injured HCW should routinely be asked to consent to testing for HIV, HBV and HCV.

If the HCW tests positive for any blood borne virus, the patient should be notified of an intra-operative exposure without revealing which member of the clinical team is infected. Only in exceptional circumstances would a patient be given PEP for HIV in the absence of a positive blood test in the HCW (eg high risk of having been infected with HIV and refusal to undergo a test). National Guidance indicates that it is unnecessary to tell the patient if the HCW's tests are all negative.

A written record of the incident and test results should be entered in the HCW's occupational health notes.

11 TRAINING

Mandatory infection prevention and control training updated every two years.

Further departmental based training as identified by training needs analysis.

12 IMPLEMENTATION

5.1 The document will be available on the VCC Health and Safety intranet site and the Infection Prevention and Control site. Individual directorates will be responsible for the implementation of the protocol document in clinical areas.

13 EQUALITY

This procedure has had an equality impact assessment and has shown there has been no adverse effect or discrimination made on any particular individual or group.

14 AUDIT

Audit of compliance with the protocol document will be carried out by the Infection Prevention and Control department as part of their audit programme.

15. REVIEW

This procedure will be reviewed every three years or sooner if the national guidelines are updated.

APPENDIX 1

Source Patient Risk Assessment Form 1

CONFIDENTIAL **For use following needlestick injury or similar**	
Is source patient known to have hepatitis B	**Yes/No**
Is source patient known to have hepatitis C	**Yes/No**
Is source patient known to have HIV	**Yes/No**
If the answer to any of these is YES, the patient is considered "High risk". If all answers are NO, then ask the following in an area where confidentiality can be assured. (based on questions asked routinely of blood donors)	
For men – Has he ever had sex with a man	**Yes/No**
For women, have she ever had sex with a man who has had sex with a man	**Yes/No**
Have he/she ever paid for or sold sex	**Yes/No/Not known**
Has he/she had a blood transfusion in a country outside Western Europe, Australia, New Zealand, Canada or the USA	**Yes/No**
Has he/she ever injected drugs	**Yes/No**
Has he/she ever had sex with someone who has injected drugs	**Yes/No**
If source patient answers "yes" to any of above should be considered "high risk"	
ON completion of risk assessment: • **Document outcome on Form 2** • **Forward part 2 to Emergency Unit or Occupational Health in sealed envelope to be carried by injured worker** **In patient case notes** • **Record assessment has been done but NOT outcome** • **Record your name, grade and contact details**	

• Destroy this form

APPENDIX 2

Source patient risk assessment Form 2

You should contact the nurse or doctor managing the injured person PROMPTLY with an initial verbal report with results of risk assessment and when and to whom any lab test results will be notified. This form can be taken to Emergency Unit or Occ Health by the injured worker could take it with them **in a sealed envelope**

To be completed by practitioner performing source patient risk assessment

Name of Injured Person_____Place where injury happened _____

Consultant/ GP responsible for source patient_____Date_____

Source patient reference _____

I have scrutinised the case notes of the identified source patient	Yes/No
I have spoken to the medical team responsible for source patient	Yes/No
I have spoken to source patient and carried out risk assessment	Yes/No
Outcome of Risk assessment	
Has patient been diagnosed with a blood borne virus infection	Yes/No
Does patient have any possible syndrome suggesting acute HIV infection	Yes/No/Not known
Is patient HIGH RISK for BLOOD BORNE VIRUS infection	Yes/No
Has Occupation Health or Emergency Unit been informed of risk status of source patient	Yes/No
Source patient blood test	
Has consent be sought and granted for blood to be taken and tested	Yes/No
Has blood been taken	Yes/No
When will result be available	
Has injured staff member been informed of source risk assessment and /or lab result	Yes/No

Post: _____ **Practitioner's name** _____ **Page/contact no** _____	

To be completed by doctor or nurse managing injured person

Hepatitis B vaccine given	Yes/No	/ /200
HBIG given	Yes/No	/ /200
PEP for HIV started	Yes/No	/ /200
Has follow up been arranged	Yes/No	/ /200
Post _____ **Name** _____ **Page/contact no** _____		

APPENDIX 3

Contact Telephone Numbers

Occupational Health Departments - University Hospital of Wales Tel : 02920 74 3264

Paediatrics

For specialist advice, contact on-call Paediatric ID consultant via UHW switchboard on 02920 747747. Referrals to consultant paediatrician for follow-up testing.

Specialist Virology Centre for Wales, NPHS Microbiology Cardiff

Monday to Friday, 9am to 5pm: Tel: 02920 74 2178.

Out of hours: Contact on call Microbiologist via UHW Switchboard: Tel: 02920 747747

Genitourinary medicine, Cardiff Royal Infirmary

Health Advisors: 02920 498900
GUM Secretaries: 02920 335169

Monday 08:15 – 12:30 and 13:15 – 16.30
Tuesday 08:15 – 12:30 and 13:15 – 16:30
Wednesday Closed
Thursday 08:15 – 12:30 and 13:15 – 16:30
Friday 08:15 – 12:30 only - closed pm

APPENDIX 4

Risk that Source is HIV Positive

Community Group	HIV Seroprevalence	Risk
1. Known HIV Positive people	100%	High
2. Homosexual Men		
• London/Manchester/Brighton	Up to 15%	High
• Elsewhere in UK including Wales	Up to 5%	Medium
3. Heterosexuals		
• Sub Saharan Africa	Up to 39%	High
• Caribbean	Up to 6%	Medium
• Latin America	< 2.7%	Medium
• South & SE Asia	< 2.7%	Medium
• N Africa & Middle East	< 2.6%	Medium
• UK	< 1%	Low
• W Europe	< 1%	Low
• E Europe and Central Asia	< 1%	Low
• N America	< 0.6%	Low
• Australia and New Zealand	0.1%	Low
4. Intravenous Drug Users		
• S Europe	>50%	High
• London	4.7%	Medium
• E Europe	Variable	Medium/High
• Elsewhere in UK (Wales)	0.23%	Low

APPENDIX 5

Suggested Form of Words for Approaching Source Patient

"Unfortunately, one of the members of staff has had an accidental injury where your blood *(or specify relevant body fluid)* has been "involved". I am here to ask if you would let me take a blood sample for testing for the viral infections, which can be transmitted to staff in this way. This is something that we ask for routinely whenever a patient's blood *(or specify relevant body fluid*) is involved in such an accident. We need your agreement to do this and would appreciate your help.

The purpose of the testing is to reassure staff where the results are negative. This may allow them to stop taking precautionary medication, which often causes unpleasant side effects. In the unlikely event that a test is positive you will receive specialist advice and management including treatment if required. The staff member may also be offered additional treatment.

The tests are for hepatitis B, hepatitis C and HIV. The test results should be available within a few days (but may take several weeks if extra investigations are required for clarification) and will normally be given to you by a member of the medical staff. The results are confidential, but they will appear in your health record and the affected staff member will also be informed.

Do you have any concerns? A common concern is whether having these tests done will affect any existing life insurance policies or future life insurance applications. The Association of British Insurers has issued guidance stating; "Existing life insurance policies will not be affected in any way by taking an HIV test, even if the result is positive." For new life insurance applications, companies should only enquire about positive test results, not whether a test has been performed. A positive test result may affect the outcome of a life insurance policy application. Do I have your permission to take a blood sample for hepatitis B, C and HIV testing? I should remind you that you can refuse to have some or all of these tests performed and that if you do choose not to be tested it will not affect your future care and regardless of the results from your recent blood tests your Trust consultant will contact you. If the results are positive a meeting will be arranged to explain them to you."

Taken from: Draft "Policy for the Prevention and Control of Blood Borne Viruses" 2010 NHS Plus

APPENDIX 6

Definitions and Acronyms

BLOOD BORNE VIRUS	Blood Borne Viruses referred to in this policy include Hepatitis B, Hepatitis C and Human Immunodeficiency Virus
Donor	Person who is the origin of blood or body fluid. The preferred term is 'source.'
EU	Emergency Unit (also known as A&E)
EPP	Exposure Prone Procedure
HBIG	Hepatitis B immunoglobulin
HBsAb	Hepatitis B surface antibody
HBsAg	Hepatitis B surface antigen
HBV	Hepatitis B Virus
HCV	Hepatitis C virus
HCW	Health Care Worker
HIV	Human Immunodeficiency virus
Inoculation incident	Consists of exposure to blood or other body fluids involving: • Broken skin – such as abrasions, fresh cuts, eczema • Percutaneous exposure - when contaminated material penetrates the skin e.g. needlestick injury, bites • Mucocutaneous exposure- exposure of blood or other body fluids to the lining of eyes, nose or mouth
PEP	Post Exposure Prophylaxis against HIV which is given following exposure in cases considered high risk for possible HIV exposure
Recipient	Person who was exposed to the body fluid
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995
Sharps	Are objects with sharp edges such as suture needles, hollow needles, scalpels, blades lancets, surgical instruments, broken ampoules, bone, teeth or equipment used in dentistry e.g. burr which carry the risk of transmission of blood borne viruses.
Source	Person who is the origin of blood or body fluid. Also known as 'donor.'
Victim	Person who was exposed to the body fluid. The preferred term is 'recipient.'

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Ref: SOP: 023/ORG

PROCEDURE FOLLOWING AN INOCULATION INJURY AND/OR CONTACT WITH BLOOD/BODY FLUID

A member of staff may only perform this task if authorised to do so by the individual in charge of the working area

INTRODUCTION

An inoculation injury is an incident which causes a needle or sharp instrument, such as a scalpel (collectively referred to as 'sharps'), to penetrate the skin. If the sharp is contaminated with blood or other body fluid, there is a potential for transmission of blood borne viruses (BBV) or other pathogens.

Inoculation injuries and contact with blood/body fluid can occur to donors or staff and this SOP is to be followed for any such injuries.

Blood borne viruses in infected blood may also be spread through contamination of open wounds, skin abrasions, skin damaged due to a condition such as eczema, or through splashes to the eyes, nose or mouth.

These viruses can also be found in body fluids other than blood and this should be taken into account when handling pathological specimens. Some body fluids or materials such as urine, faeces, saliva, sputum, sweat, tears and vomit carry a minimal risk of BBV infection due to the potential of containing blood. Care should still be taken with all such body fluids as the presence of blood is not always obvious. If any such contact occurs, this SOP must be followed as a precaution.

RESPONSIBILITIES

- The injured person has the responsibility to instigate immediate first aid and to report the incident to their manager/supervisor
- The manager/supervisor is responsible for ensuring that procedures are followed correctly

DEFINITIONS

- **Injured Person** – the person who has received the inoculation or splash injury
- **Source** – the material (blood / body fluid) that has caused contamination

SAFETY PRECAUTIONS

As identified in departmental SOPs for handling pathological specimens
Normal precautions taken by staff

MATERIALS/EQUIPMENT

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PROCEDURE FOLLOWING AN INOCULATION INJURY AND/OR CONTACT WITH BLOOD/BODY FLUID

Confidential Incident Form (ORF 008)
Reporting of Incidents, Accidents, Near Misses or Hazards (**SOP: 025/ORG**)
Sample Return Form for Sample Save (ORF 016)
Consent Form for a PPT (Gel) Sample to be Taken (ORF 015)
Inoculation Injury and Blood/Body Fluid Contact Accident Form (ORF 019)
IPC 06 Policy for the Management of Occupational Exposure to Blood and High Risk Body Fluids (Needlestick Injury)
PPT (Gel) sample tube

PROCEDURE

1. Known Source where microbiology samples have been taken (eg full donation or part bag)

1.1 **Inoculation injury – contaminated**

1.1.1 Immediately following **any** exposure – whether or not the source is known to pose a risk of infection – the site of exposure, e.g. wound or non-intact skin, should be washed liberally with soap and water but without scrubbing. Gently encourage the site to bleed. Wounds should not be sucked.

1.1.2 Dry the site and apply a dressing.

1.1.3 Seek urgent clinical advice (Specialist RN / WBS Consultant)

1.1.4 Inform your line manager of the incident.

Go to section 5 of this SOP

1.2 **Contact with Blood/Body fluid**

1.2.1 If it is certain that a blood splash has occurred to intact skin there is no risk of infection. Ensure the area is cleaned and any soiled clothing removed appropriately. Complete a confidential incident report form (ORF 008). Record the implicated donation number for information. There is no requirement to contact a Specialist RN or a Consultant for advice or to collect a blood sample from the injured person.

1.2.2 If the blood splash has occurred to broken or damaged skin or exposed mucous membranes, there is a risk of infection. Wash the site liberally with soap and water. Exposed mucous membranes, including conjunctivae, should be irrigated copiously with water, before and after removing any contact lenses. Contact a Specialist RN or a Consultant for advice.

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1.2.3 Inform your line manager of the incident.

Go to section 5 of this SOP

2. Known source where microbiology samples have not been taken. (eg FST)

2.1 For any incident where microbiology samples have not been taken, a PPT (Gel) sample for microbiology testing can be requested from the identifiable source individual with consent (ORF 15). It must be labelled with the injured person's first name, last name, D.O.B, first line of home address and the date the sample taken.

2.2 The sample and consent form must be taken to the Automated Testing Laboratory (as per point 5.5). Microbiology testing can be performed at the WBS in this instance.

2.3 If a donor sustains a contamination injury they must be deferred accordingly and advised of any microbiology results once available.

Go to section 5 of this SOP

3. Injury with a clean object

3.1 If it is certain that a sharps injury has been with a **clean** needle/object, ensure area is cleaned and a dry dressing is applied. Complete a confidential incident report form (ORF 008). There is no requirement to contact a Specialist RN or a Consultant for advice or to collect a blood sample from the injured person or to complete any other forms.

4. Non Donor Source/Unknown Donor- information for managers/supervisors

4.1 If the inoculation injury is attributed to a source other than a donor e.g. from a patient blood sample in the laboratories, or from staff to staff sharps injury, then the microbiology status of the source will not be known and risk cannot be managed as per usual WBS processes.

4.2 Inform a Specialist RN (Ext 2301) who will notify a Consultant. The Line Manager will refer the injured person to Occupational Health, as per instruction in Trust Policy **IPC 06-**Policy for the Management of Occupational Exposure to Blood and High Risk Body Fluids (Needle stick Injury).

4.3 Velindre University NHS Trust has a Service Level Agreement with Cardiff & Vale Occupational Health Department.

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4.4 A Consultant will decide on the urgency of the referral based on the risk assessment of the injury as instructed in the policy. All donors when assessed for suitability to donate are considered to be low risk before giving a sample or donation. Therefore, used needles/body fluids from these donors are deemed to be low risk of contamination.

If in doubt treat as a contaminated injury as follows:

5. All Contamination Injuries

5.1 The Line Manager must contact a Specialist RN, or if outside of normal working hours a WBS Consultant, so that the injured person can be given the appropriate advice.

5.2 The Specialist RN records details of the incident in excel file E:\MEDICAL\LOOKBACK NSI contamination LKB.

5.3 The line manager completes:

- Parts A & B of the Inoculation Injury and Blood/Body Fluid Contact Accidents Form (ORF 019)
- Consent Form for a PPT (Gel) Sample to be Taken (ORF 015)
- Sample Return Form for Sample Save (ORF 016)
- Confidential Incident Form (ORF 008)

5.4 A PPT(Gel) blood sample must be taken prior to the end of the injured person's working day and must be labelled with:

- the injured person's first and last names
- D.O.B
- first line of home address
- date the sample was taken

5.5 Place the sample and completed Sample Return form (ORF 16) into a clear plastic bag which must be secured and labelled "FAO Head of Automated Testing". It must be taken to the Automated Testing laboratory immediately, if from within the centre, or on the next available pick-up if at a collection clinic. The person taking the sample should contact Automated Testing to inform them that a sample has been obtained (if possible).

5.6 The sample is sent back with the pink top microbiology samples, so it is not confused with the routine NAT samples.

5.7 The 'sample save' is stored but not tested. Should the sample require testing

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for any reason in the future appropriate consent must be obtained from the injured individual.

5.8 If the injury occurs outside of normal working hours, the sample and completed Sample Return Form (ORF 016) is to be placed in the fridge in the Automated Testing Laboratory and an email sent to Automated Testing advising them of the same.

5.9 A Specialist RN must notify the individual of the results of the microbiology markers, malaria test if taken and for platelet donors any information on component infectivity as soon as they are available. The Specialist RN then completes parts C, D & E of the Inoculation Injury and Blood/Body Fluid Contact Accidents form (ORF 019).

5.10 If the microbiology markers are negative no treatment is required.

5.11 If any of the microbiology screening tests (HIV, HCV, HBV) are reactive a Consultant needs to apply the Velindre NHS Trust Needlestick Policy (IPC 06)

5.12 If treatment/prophylaxis or immunization is required staff must be referred urgently to-

South East;
Denbigh House
University Hospital Wales
Heath Park Way
Cardiff
CF14 4YU
Tel (02920) 743264

South West;
Glangwili General Hospital,
Dolgwili Road,
Carmarthen,
SA31 2AF
Tel (01267) 227429

Wrexham;
Wrexham Occupational Health Department
1 Bron Y Nant
Wrexham
LL13 7TD

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PROCEDURE FOLLOWING AN INOCULATION INJURY AND/OR CONTACT WITH BLOOD/BODY FLUID

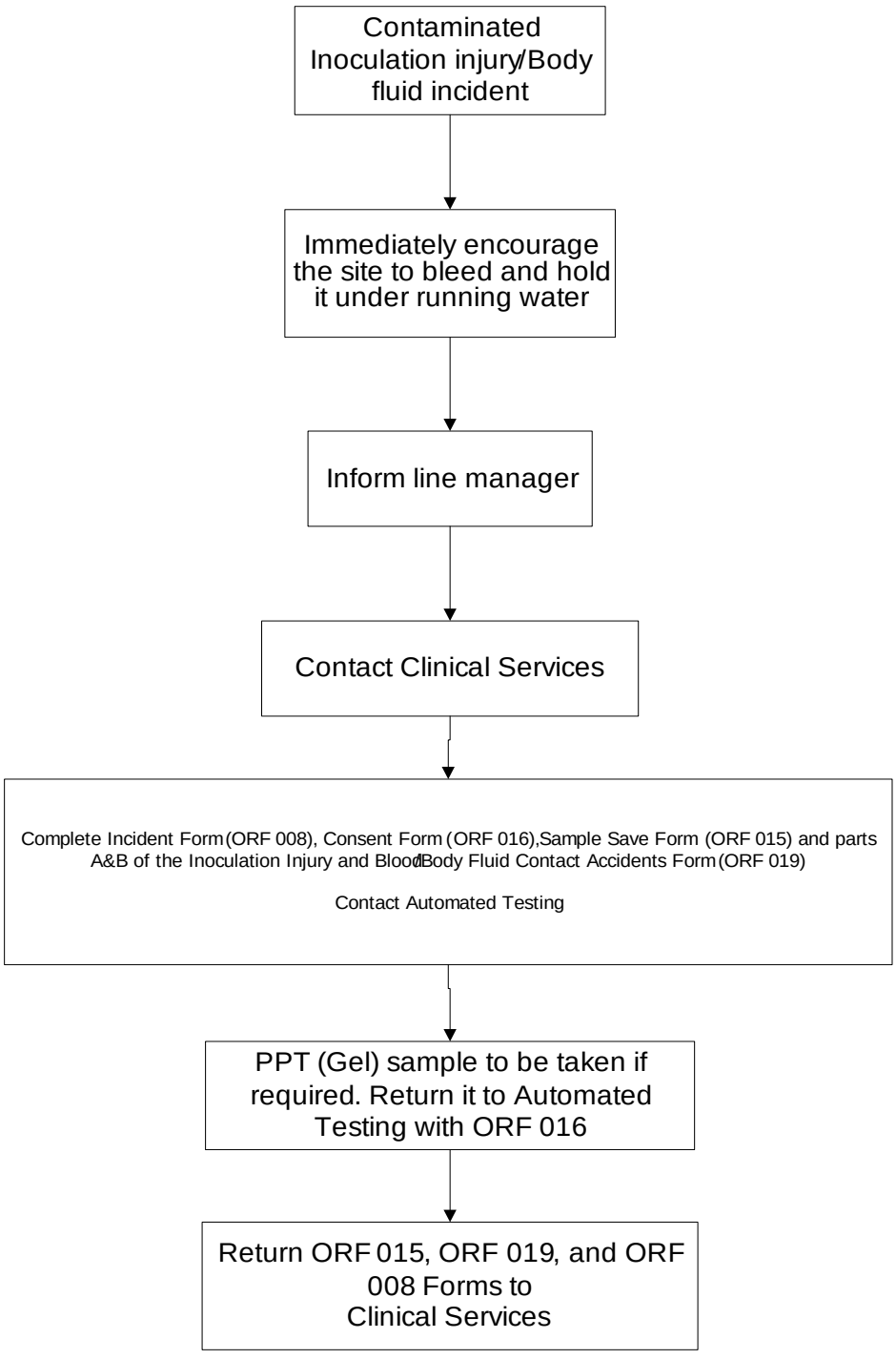
(01978) 291100

Bangor;
Occupational Health Department
Mountain View
Penrhos Road
Bangor
LL57 2NA
(01248) 384384

ATTACHMENTS

Attachment 1 Flowchart of Procedure

Flowchart Outlining Procedure Following A Contamination Injury



Tîm Iechyd a Diogelwch PCGC
NWSSP Health & Safety Team

APPENDIX 4

GIG CYMRU NHS WALES
Partneriaeth Cydwasanaethau
Shared Services Partnership

NHS WALES
SHARED SERVICES PARTNERSHIP
(NWSSP)

Procedure for Sharps Injuries and Occupational Exposure to High Risk Body Fluid

As at June 2023

1 INTRODUCTION

NWSSP acknowledge the risk of injury from medical sharps as a health and safety and infection prevention and control issue. Sharps injuries may result in the exposure of staff, contractors, patients, donors, visitors or others to blood borne viruses (BBV) such as Hepatitis B and C and Human Immunodeficiency Virus (HIV) and/or exposure to chemicals in drugs.

2 AIM

This procedure outlines the actions to be taken following sharps incidents and other high risk contacts with high risk body fluids.

3 OBJECTIVES

To outline responsibility for the management of actions following a needle stick (sharps) injury and other high-risk contacts with high-risk body fluids including procedures to be followed and management of staff and others involved including the source patient where this can be identified.

To outline responsibilities for making a risk assessment of the source patient and obtaining permission to test for blood borne viruses where this is carried out.

4 SCOPE

This procedure applies to all NWSSP staff in all locations where they work. Staff employed under the Single Lead Employer Scheme are to follow the Sharps Policy within the organisation they are operating at the time.

5 DOCUMENTS TO READ ALONGSIDE THIS PROCEDURE

- The Velindre University NHS Trust Safe Use of Sharps Policy QS 35

6 DEFINITIONS

Occupational Exposure for the purposes of this policy includes:

- Percutaneous injury from sharps (including needles, instruments, bone fragments, human bites which break the skin) which are contaminated with blood or other body fluid.
- Exposure of broken skin (abrasions, cuts, eczema etc.) to body fluids which may be of risk of causing infection.
- Exposure of mucus membranes including eye, nose and mouth to body fluids which may be of risk of causing infection.

Sharps are needles, blades (such as scalpels) and other medical instruments that are necessary for carrying out healthcare work and could cause an injury by cutting or pricking the skin.

Sharps injury is an incident, which causes a needle, blade (such as scalpel) or other medical instruments to penetrate the skin. Sometimes called a percutaneous injury. A puncture wound with a clean needle still constitutes a sharps injury.

Post- Exposure Prophylaxis (**PEP)** is the use of antiretroviral drugs after a single high-risk event to stop HIV seroconversion. PEP must be started as soon as possible to be effective—and always within 72 hours of a possible exposure.

Safer Sharps are sharps which incorporate features or mechanisms to prevent or minimise the risk of accidental injury.

High Risk Body Fluids – Blood, low risk fluid if bloodstained, amniotic fluid, breast milk, pericardial fluid, peritoneal fluid, pleural fluid, Cerebral Spinal Fluid, Saliva associated with dentistry, seamen, synovial fluid, unfixed organs or tissues, vaginal secretions.

Low Risk Body Fluids (unless blood-stained) - Urine, Vomit, Saliva, Faeces

7 RISKS FROM BLOOD BOURNE VIRUSES (BBV)

Hepatitis B Virus - For HBV there is effective vaccination, post exposure prophylaxis (PEP) with vaccine +/- immunoglobulin (HBIG) for those not vaccinated, and post exposure HBIG for HCW's who fail to respond to the vaccine.

Vaccinated persons who have developed immunity are at extremely low risk of infection. Unvaccinated persons have a risk from a single needlestick injury or cut exposure of 6-30% (depending on viral load) to HBV infected blood.

Hepatitis C Virus - There is no vaccine or Post Exposure Prophylaxis (PEP) available for staff but effective treatment is available for those exposed.

The risk of infection after a needlestick or cut exposure to HCV infected blood is approximately 1.8%. The risk following blood splashes is unknown.

HIV - For HIV there is no vaccine available but there is PEP but this requires immediate action.

The risk of HIV infection after needlestick or cut exposure to HIV infected blood is low at approximately 0.3%. The risk after exposure of the eye, nose or mouth is less than 0.1%. There is no risk of HIV transmission where intact skin is exposed to HIV infected blood.

8 TESTING SOURCE PATIENTS

If it can be identified, it should be identified as part of the rapid investigation process, the NWSSP Manager will work with partner organisations to identify the source patient as quickly as possible.

Testing source patients for HBV, HCV and HIV is the most effective way of providing reassurance to those injured. The majority of patients will not be infected. A universal approach to asking source patient to agree to have BBV tests avoids the need to make difficult judgements and avoids any appearance of discrimination against people perceived as being in 'risk groups'. In practice, there has been some reluctance to seek patients' consent to be tested, yet patients have usually been found willing to co-operate if approached in a sensitive manner.

9 RESPONSIBILITIES

Staff Responsibilities - Staff should take all reasonable precautions to avoid sharps injuries.

In the event of a needlestick or similar injury all staff should know:-

- What action to take.
- Who has responsibility to ensure proper assessment.
- Where to go for treatment of the injury and follow-up.
- How to report the incident so that future injuries are reduced or avoided.

The Injured Person must:-

- Report to the appropriate manager or speak to the on-call manager.
- Complete the Risk Assessment form 2 (Appendix 2) with the support of your manager and take to Occupational Health/ A&E/Emergency Unit.
- Complete an incident form on Datix Cymru.

Managers Responsibilities - The manager responsible for the injured person at the time of the injury must:-

- Ensure first aid has been carried out.
- Refer injured person to the appropriate Occupational Health provider or Emergency Unit/A&E if out of hours. Refer to appendix 3 for telephone numbers of occupational health providers for NHS Wales.
- If the source patient is identifiable then the details should be captured and, where possible, Form 2 should be completed. Managers should ensure that Form 2 is completed and sent with the injured worker in a sealed envelope.

The Health and Safety team should:-

- Where appropriate liaise with the organisation responsible for the care of the source patient.
- Ensure that Datix Cymru incident is completed.
- In conjunction with the manager, assist in the investigation of the cause of the injury and put in place any appropriate preventative measures to reduce likelihood of any further injuries.

Where incidents may occur in NWSSP, it is possible that the source patient is not identifiable. However, even where the source patient can be identified the injured member of staff must not be involved in the risk assessment of the source patient and must not approach the source patient for permission to test for blood borne viruses.

10 PROCEDURE FOR NEEDLESTICK AND SIMILAR INJURIES

10a First Aid

First Aid should be performed immediately after the injury occurs.

<u>Skin/Tissue</u>

- Encourage local bleeding by gently squeezing, do not suck area.
- Wash the affected area with soap and running warm water. Do not scrub the area.

- Cover area with waterproof dressing.

Eyes or Mouth

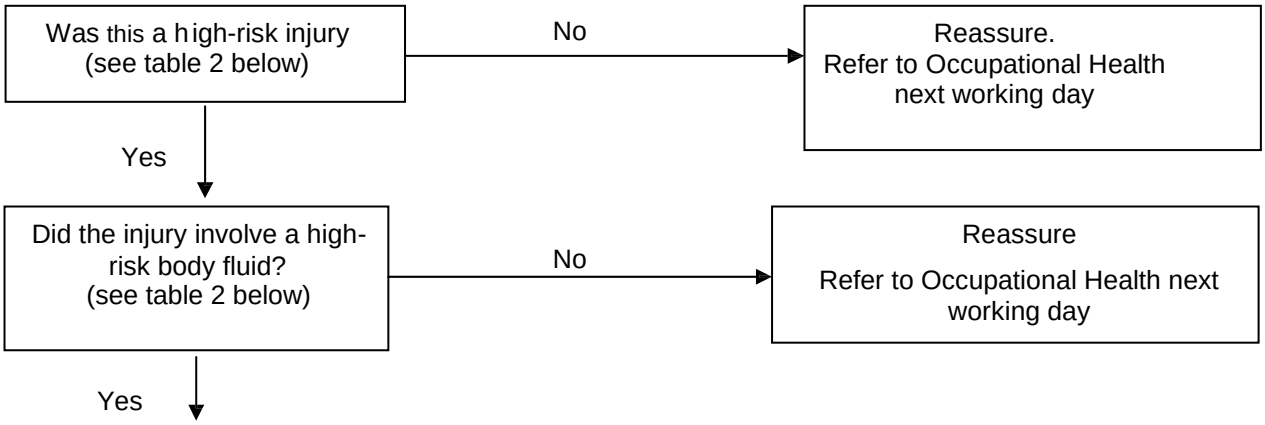
- Rinse out / irrigate with copious amounts of water (use eye washout kits if available).
- If wearing contact lenses irrigate eyes before and after removing them.
- Do not swallow water used for rinsing mouth.

10B INJURY ASSESSMENT

Injury Assessment other than Human Bites (to be completed as far as possible within 30 minutes of the incident)

For an injury to be considered significant, both the type of injury incurred and the body fluid involved must be high risk.

Table 1: Flow diagram for injury risk assessment



Treat as Significant Injury.

Refer to: Occupational Health during working hours
OR Emergency Unit out of hours

Manager must establish risk status of source by completing forms 1 and 2 (Appendix 1+2) as appropriate and communicating outcome to Occupational Health/A&E Emergency Unit

Table 2: Injury Type

High-Risk Injury	**Low-Risk Injury**
Percutaneous exposure e.g. needlestick or other sharps injury Exposure on broken skin Mucous membrane exposure (e.g. eye)	Splash on intact skin.

Table 3: Body Fluids

High-Risk Body Fluid		Low Risk Body Fluid (unless blood-stained)
Blood Low risk fluid if bloodstained Amniotic fluid Breast milk Pericardial fluid Peritoneal fluid	Pleural fluid CSF Saliva associated with dentistry Semen Synovial fluid Unfixed tissues or organs Vaginal Secretions	Urine Vomit Saliva Faeces

10c Establishing risk status of source

The clinical team caring for the source patient are responsible for establishing the risk status of the source patient, even if the staff member has been referred to Occupational Health or the Emergency Unit.

The clinical manager for the area where the source of blood is located should:-

- Locate the source patient if possible.
- Arrange for a source patient risk assessment to be carried out **IMMEDIATELY** and for the source patient's informed consent to be sought for HBV, HCV and HIV testing ideally within 30 minutes of the incident occurring.

The source patient risk assessment should be carried out by an experienced health care professional e.g. senior nurse or doctor from the clinical team caring for the patient, not by Occupational Health or Emergency Unit. **The injured worker must not carry out the source patient risk assessment.**

Inform Occupational Health or out of hours Emergency Unit whether or not a source patient risk assessment has been arranged and provide them with contact details of the person carrying out the risk assessment.

Inform the Consultant responsible for the source patient if not already involved.

10d Known Source Patient - guidance on approach to risk assessment and permission to test

In the case of a known source patient, a risk assessment should be carried out and consent for testing sought. The situation must be handled sensitively. The patient must not be approached by the injured worker.

Case notes should be reviewed to establish if there is known infection with any BBV. If this is not clear from case notes then it will be necessary to seek information from the patient themselves.

There is no single approach that will cover every interview, but it is recommended that the following points be observed:

- The discussion should take place in a location where proper privacy can be maintained.
- The patient should be informed that someone has been injured in an accident involving their blood/other body fluid. Injuries of this kind can cause considerable anxiety and worry to employees because infections such as hepatitis B, hepatitis C and HIV can be transmitted in this way (see appendix 6).
- Patients should be asked if they would consent to answering some personal questions, which would help to address the concern. Emphasise that the questions are very personal and might very well not apply to them, but they are now asked routinely, for example, by the Blood Transfusion Service before accepting blood donations.
- If the patient agrees, ask them the questions detailed on Form 1 (Appendix 1).

If any of the answers to the questions on Form 1 is Yes then the patient should be considered as high risk for blood borne viral infections.

Permission to test for Hepatitis B, Hepatitis C and HIV

Unless there are reasons for not testing, all source patients should be asked if they would be willing to allow a sample of their blood to be taken for testing for HIV, HBV and HCV, as a negative result gives reassurance to the injured person.

Explain that testing is also in their interest as these diseases may be entirely asymptomatic, but have effective treatment if diagnosed and are best diagnosed at the earliest opportunity. It is important that undue pressure is not applied and that the decision lies entirely with the patient and this must be explained clearly to the patient. The outcome of the discussion should be recorded in the patient's notes.

Inform source patient that he/she will be notified of the result. Inform source patient that the test result will be passed to their medical team.

Patients may be concerned that consenting to an HIV test might adversely affect insurance policies. Patients can be advised that a negative HIV test will not affect their insurance premiums although a positive result may have implications. The great advances in treatment of HIV mean that early diagnosis facilitates the best outcome.

After testing, permission will be sought to communicate any positive result to the GP.

If the request raises serious anxiety, or if the source patient requests anonymous testing (where a code is used on the request form and sample rather than the patient name), then refer for specialist management to Infectious Diseases Department or Genitourinary Medicine Department.

Document the risk assessment outcome on Form 2 (Appendix 2), along with whether or not consent for blood testing has been obtained and samples sent. Send the completed Form 2 to Occupational Health or Emergency unit by giving the form the injured worker in a sealed envelope.

Record that an assessment has been carried out in the source patient's case notes, but do not record the assessment outcome.

Record the name and contact details of the person carrying out the assessment in source patient's case notes.

Destroy Form 1.

Where the patient declines any engagement with the risk assessment process, and a risk assessment cannot be carried out from patient notes, proceed as per "unknown source"

10e Sending samples once obtained

Specimens taken for storage and for blood borne virus testing should be sent to the Specialist Virology Centre, PHW Microbiology, University Hospital of Wales, Cardiff.

The preferred sample for both storage and source patient testing is a 9ml EDTA sample (2 purple cap vacuum tubes).

During working hours (i.e. Monday to Friday, between 9am – 5pm) the Specialist Virology Centre will test patients for blood borne viruses to establish that the exposed individual is not already HIV infected. Where possible, specimens should be sent during working hours. Contact details are listed in appendix 3. All positive HIV antibody tests will require confirmatory testing which will be carried out on the next working day.

If the sample is being sent out of hours (e.g during the weekend) the on call virology consultant should be contacted to discuss processing of the sample and its effect on immediate management. They may request that the virology laboratory technician is informed separately to inform them that a specimen is being sent and the agreed processing time.

Ensure that the specimen is labelled with the contact details of the person who should be telephoned with the results. Only positive or equivocal results will be telephoned. Negative results will be automatically authorised and available for review via the clinical portal.

Mark request form "copy to Occupational Health".

10f Managing results of source patient test

It is the responsibility of the person carrying out the source patient risk assessment to ensure the results of the source patient blood tests are telephoned to the doctor or nurse managing the injured person.

If the person carrying out the risk assessment is not going to be on duty when the results become available then the name of nominated deputy should be given to the laboratory. The nominated deputy must then take responsibility for passing the results on to the doctor or nurse managing the injured person.

The person carrying out the source patient risk assessment must ensure that the source patient is informed of their test results within 24 hours of them becoming available.

In the event of the source patient test results being positive, specialist advice should be sought from an infectious diseases consultant before the patient is informed.

10g Unknown source

If it is not possible to identify the source patient for a particular needle or sharp implement, a risk assessment should be carried out to determine the likelihood that the needle may have been used on a patient with a blood borne virus infection. Are there patients known to be infected with a BBV in the clinical area concerned?

If no further information is available background prevalence rates can be used in the risk calculation (appendix 4).

10h Testing when source patient is unable to give consent

When the source patient is deceased, unconscious or unable to give informed consent for any other reason, testing should not be carried out without first seeking further advice from the on call ID. However, if the source patient has died, consent for testing can be given by a "nominated representative" (if appointed) or by a person with a "qualifying relationship" to the deceased". The decision to start PEP should be taken by Occupational Health or the Emergency Unit on the basis of the source patient risk assessment.

10i Risk assessment and testing when source is a child

For children and their parents / guardians all the above considerations including privacy must be maintained. To establish the risk status of the child, the questions in the source patient assessment tool should be asked, not only regarding the child, but also the mother. If the child is deemed to have sufficient understanding, whatever his/her age, an appropriate explanation should be given, and consent sought from the child. If the child refuses, blood should not be taken or tested. If the child consents, consent should also be sought from the child's parents / guardian.

As the route of transmission to children is usually vertical (from mother to child), testing the child may be a surrogate for testing the mother, so she should be aware of this prior to testing. The reason for refusal of consent may be the distress of venepuncture. If this is the case, in young children with no history of foreign travel, blood transfusion or needlestick injury, the mother's blood may be tested instead of the child's.

10j Management of the injured person

This is carried out by Occupational Health / Emergency Unit.

Patients should be triaged and treated as a priority, within one hour if possible.

Ensure first aid has been carried out (see section 10a)

Confirm that a significant injury has occurred (see section 10b). If not a significant injury, the injured person can be reassured.

Check whether the source patient is known to have a blood borne virus or at high risk of infection with a BBV.

Check if source patient has given consent for testing and if so, when will the results be known. Arrange for results of source patient blood test to be phoned to a named doctor or nurse responsible for managing the injured person. If the source patient HIV antibody test is negative,

and PEP has been started, then the injured person must be contacted as soon as possible and advised to discontinue PEP.

Assess the need for HIV PEP, remember that therapy should be started as soon as possible following injury, ideally within one hour.

Assess the need for hepatitis B vaccination +/- hepatitis B immunoglobulin.
HCWs should know their vaccination status and whether they responded to HB vaccine (i.e. ever attained a level of >1OIU/L).

Consider the need for hepatitis C follow-up.

Offer to take blood for storage (all significant injuries). Explain that testing will be carried out only with consent. Request form should state type of injury and 'blood for storage'.

Ensure all appropriate follow-up is arranged:

Appointment with ID physicians if HIV PEP started.

Occupational Health (HCW) or GP (others) follow-up if further hepatitis B vaccination / testing or HCV screening is required.

Referral to counselling services including specialist services if required.

For all injuries in the workplace, advise the injured HCW to inform the Occupational Health Department at the earliest opportunity, regardless of outcome of the assessment.

Advise staff to report the incident on Datix Cymru.

10k Management of patients exposed to blood from a Health Care Worker (HCW)

Circumstances that could allow the transmission of blood borne viruses from HCW to patient include:

- Visible laceration occurring to a HCW's hand where the patient's open tissue or mucous membranes could be contaminated with the HCW's blood.

- Visible bleeding form a HCW from any other site, e.g. nosebleed, leading to significant bleed-back into a patient's open tissues or mucous membranes.

- An instrument or needle contaminated with the blood of the HCW is inadvertently introduced into the patient's tissues.

The injured worker should:

- Stop the procedure as soon as possible, wash and dress the wound and stem the bleeding.

- Clean and disinfect any contaminated areas.

- Report the incident to the manager.

- Inform the Occupational Health department (EU out of hours)

- Complete a Datix Cymru form

A risk assessment should then be carried out by someone other than the injured HCW, e.g. a senior doctor, to ascertain whether or not a significant exposure has occurred. If the incident is considered to be a significant exposure, involving bleed-back into the patient, a source HCW risk assessment should be carried out IMMEDIATELY using Forms 1 and 2 (Appendix 1 and 2) and the injured HCW should routinely be asked to consent to testing for HIV, HBV and HCV.

If the HCW tests positive for any blood borne virus, the patient should be notified of an intra-operative exposure without revealing which member of the clinical team is infected. Only in exceptional circumstances would a patient be given PEP for HIV in the absence of a positive blood test in the HCW (eg high risk of having been infected with HIV and refusal to undergo a test). National Guidance indicates that it is unnecessary to tell the patient if the HCW's tests are all negative.

A written record of the incident and test results should be entered in the HCW's occupational health notes.

11 TRAINING

Mandatory infection prevention and control training updated every two years.

Further departmental based training as identified by training needs analysis.

12 FURTHER INFORMATION AND SUPPORT:

- NWSSP Health and Safety Team - nwssp.safety@wales.nhs.uk
- Infection Prevention and Control Team – 02920615888 ext. 6129
- Specialist Virology Centre for Wales, NPHS Microbiology Cardiff
  Monday to Friday, 9am to 5pm: Tel: 02920 74 2178. Out of hours: Contact on call Microbiologist via UHW Switchboard: Tel: 02920 747747

13 IMPLEMENTATION

The document will be available on the NWSSP Health and Safety intranet site. Individual directorates will be responsible for the implementation of the protocol document in clinical areas.

APPENDIX 1

Source Patient Risk Assessment Form 1

CONFIDENTIAL **For use following needlestick injury or similar**	
Is source patient known to have hepatitis B	**Yes/No**
Is source patient known to have hepatitis C	**Yes/No**
Is source patient known to have HIV	**Yes/No**
If the answer to any of these is YES, the patient is considered "High risk". If all answers are NO, then ask the following in an area where confidentiality can be assured. (based on questions asked routinely of blood donors)	
For men – Has he ever had sex with a man	**Yes/No**
For women, have she ever had sex with a man who has had sex with a man	**Yes/No**
Have he/she ever paid for or sold sex	**Yes/No/Not known**
Has he/she had a blood transfusion in a country outside Western Europe, Australia, New Zealand, Canada or the USA	**Yes/No**
Has he/she ever injected drugs	**Yes/No**
Has he/she ever had sex with someone who has injected drugs	**Yes/No**
If source patient answers "yes" to any of above should be considered "high risk"	
ON completion of risk assessment: • **Document outcome on Form 2** • **Forward part 2 to Emergency Unit or Occupational Health in sealed envelope to be carried by injured worker** **In patient case notes** • **Record assessment has been done but NOT outcome** • **Record your name, grade and contact details**	

• **Destroy this form**

APPENDIX 2 **Source Patient Risk Assessment Form 2**

If you think you need to complete the Source patient risk assessment form, then contact the NWSSP Health and Safety corporate team

You should contact the nurse or doctor managing the injured person PROMPTLY with an initial verbal report with results of risk assessment and when and to whom any lab test results will be notified. This form can be taken to Emergency Unit or Occupational Health by the injured worker **in a sealed envelope**

To be completed by practitioner performing source patient risk assessment

Name of Injured Person_____**Place where injury happened** _____

Consultant/ GP responsible for source patient_____**Date**_____

Source patient reference

I have scrutinised the case notes of the identified source patient	Yes/No
I have spoken to the medical team responsible for source patient	Yes/No
I have spoken to source patient and carried out risk assessment	Yes/No
Outcome of Risk assessment	
Has patient been diagnosed with a blood borne virus infection	Yes/No
Does patient have any possible syndrome suggesting acute HIV infection	Yes/No/Not known
Is patient HIGH RISK for BLOOD BORNE VIRUS infection	Yes/No
Has Occupation Health or Emergency Unit been informed of risk status of source patient	Yes/No
Source patient blood test	
Has consent be sought and granted for blood to be taken and tested	Yes/No
Has blood been taken	Yes/No
When will result be available	
Has injured staff member been informed of source risk assessment and /or lab result	Yes/No

Post: _____ **Practitioner's name** _____ **Page/contact no** _____	

To be completed by doctor or nurse managing injured person

Hepatitis B vaccine given	Yes/No	/ /200
HBIG given	Yes/No	/ /200
PEP for HIV started	Yes/No	/ /200
Has follow up been arranged	Yes/No	/ /200
Post _____ **Name** _____ **Page/contact no** _____		

APPENDIX 3

Occupational Health Contact Numbers NHS Wales

- Aneurin Bevan UHB – Telephone: St Woolos Hospital; 01633 238349
  Ysbyty Ystrad Fawr; 01443 802442
- Betsi Cadwaladr UHB – Telephone: 03000 853853
- Cardiff and Vale UHB – Telephone: 02920 74 2531
- Cwm Taf Morgannwg UHB – Telephone: 01443 443231
- Hywel Dda UHB – Telephone: 0300 3039674
- Nevill Hall Hospital; 01873 732849
- Powys THB – Telephone - 01874 712600
- Swansea Bay UHB – Telephone: 01792 703610

- WAST Occupational Health & Wellbeing Service number is 0300 123 9850
  occupationalhealth.amb@wales.nhs.uk

Specialist Virology Centre for Wales, NPHS Microbiology Cardiff

- Monday to Friday, 9am to 5pm: Tel: 02920 74 2178.
- Out of hours: Contact on call Microbiologist via UHW Switchboard: Tel: 02920 747747

APPENDIX 4

Hospital Switchboard Contact Numbers NHS Wales

Hospital	Service Offered	Switchboard Contact Number
Bronglais Hospital	A&E	01970 623131
Glan Clwyd Hospital	A&E	01745 583910
Glangwili Hospital	A&E	01267 235151
Morriston Hospital	A&E	01792 702222
Nevil Hall Hospital	Minor Injury Unit	01873 723732
The Grange Hospital	A&E	01633 493100
Prince Charles Hospital	A&E	01685 721721
Princess of Wales Hospital	A&E	01656 752752
Royal Glamorgan Hospital	A&E	01443 443443
University Hospital of Wales	A&E	02920 747747
Withybush Hospital	A&E	01437 764545
Wrexham Maelor Hospital	A&E	01978 291100
Ysbyty Gwynedd	A&E	01248 384384

APPENDIX 5

Risk that Source is HIV Positive

Community Group	HIV Seroprevalence	Risk
1. Known HIV Positive people	100%	High
2. Homosexual Men		
• London/Manchester/Brighton	Up to 15%	High
• Elsewhere in UK including Wales	Up to 5%	Medium
3. Heterosexuals		
• Sub Saharan Africa	Up to 39%	High
• Caribbean	Up to 6%	Medium
• Latin America	< 2.7%	Medium
• South & SE Asia	< 2.7%	Medium
• N Africa & Middle East	< 2.6%	Medium
• UK	< 1%	Low
• W Europe	< 1%	Low
• E Europe and Central Asia	< 1%	Low
• N America	< 0.6%	Low
• Australia and New Zealand	0.1%	Low
4. Intravenous Drug Users		
• S Europe	>50%	High
• London	4.7%	Medium
• E Europe	Variable	Medium/High
• Elsewhere in UK (Wales)	0.23%	Low

APPENDIX 6

Suggested form of Words for approaching Source Patient

"Unfortunately, one of the members of staff has had an accidental injury where your blood *(or specify relevant body fluid)* has been "involved". I am here to ask if you would let me take a blood sample for testing for the viral infections, which can be transmitted to staff in this way. This is something that we ask for routinely whenever a patient's blood *(or specify relevant body fluid*) is involved in such an accident. We need your agreement to do this and would appreciate your help.

The purpose of the testing is to reassure staff where the results are negative. This may allow them to stop taking precautionary medication, which often causes unpleasant side effects. In the unlikely event that a test is positive you will receive specialist advice and management including treatment if required. The staff member may also be offered additional treatment.

The tests are for hepatitis B, hepatitis C and HIV. The test results should be available within a few days (but may take several weeks if extra investigations are required for clarification) and will normally be given to you by a member of the medical staff. The results are confidential, but they will appear in your health record and the affected staff member will also be informed.

Do you have any concerns? A common concern is whether having these tests done will affect any existing life insurance policies or future life insurance applications. The Association of British Insurers has issued guidance stating; "Existing life insurance policies will not be affected in any way by taking an HIV test, even if the result is positive." For new life insurance applications, companies should only enquire about positive test results, not whether a test has been performed. A positive test result may affect the outcome of a life insurance policy application. Do I have your permission to take a blood sample for hepatitis B, C and HIV testing? I should remind you that you can refuse to have some or all of these tests performed and that if you do choose not to be tested it will not affect your future care and regardless of the results from your recent blood tests your Trust consultant will contact you. If the results are positive a meeting will be arranged to explain them to you."

Taken from: Draft "Policy for the Prevention and Control of Blood Borne Viruses" 2010 NHS Plus

APPENDIX 7

Definitions and Acronyms

BLOOD BORNE VIRUS	Blood Borne Viruses referred to in this policy include Hepatitis B, Hepatitis C and Human Immunodeficiency Virus
Donor	Person who is the origin of blood or body fluid. The preferred term is 'source.'
EU	Emergency Unit (also known as A&E)
EPP	Exposure Prone Procedure
HBIG	Hepatitis B immunoglobulin
HBsAb	Hepatitis B surface antibody
HBsAg	Hepatitis B surface antigen
HBV	Hepatitis B Virus
HCV	Hepatitis C virus
HCW	Health Care Worker
HIV	Human Immunodeficiency virus
Inoculation incident	consists of exposure to blood or other body fluids involving: • Broken skin – such as abrasions, fresh cuts, eczema • Percutaneous exposure - when contaminated material penetrates the skin e.g. needlestick injury, bites • Mucocutaneous exposure- exposure of blood or other body fluids to the lining of eyes, nose or mouth
PEP	Post Exposure Prophylaxis against HIV which is given following exposure in cases considered high risk for possible HIV exposure
Recipient	Person who was exposed to the body fluid
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995
Sharps	Are objects with sharp edges such as suture needles, hollow needles, scalpels, blades lancets, surgical instruments, broken ampoules, bone, teeth or equipment used in dentistry e.g. burr which carry the risk of transmission of blood borne viruses.
Source	Person who is the origin of blood or body fluid. Also known as 'donor.'
Victim	Person who was exposed to the body fluid. The preferred term is 'recipient.'