

Steps to take should a sharps or contamination injury occurs.

Contact: 02476 309 727

(Sharps, bites, cuts, scratches, or splashes of blood or body fluids)

The information needs to be shared widely with clinical staff and the poster displayed in an appropriate clinical area e.g. treatment room/office. Please be aware that there is information on the poster which is sensitive and therefore displaying the poster in areas directly accessible to patients/visitors is not appropriate.

ACTION: If a sharps or contamination incident occurs.

Step 1:

- If your mouth or eyes are involved, they should be washed thoroughly with water.
- If your skin is punctured, free bleeding should be gently encouraged and the wound should be washed with soap or chlorhexidine and water, but not scrubbed or sucked.
- If there is any possibility of HIV exposure, urgent advice should be sought via your nearest A&E.

Step 2:

Inform your line manager of your needle stick injury.

Line managers responsibilities...

Is the source patient known?

IF YES

- Provide the source patient with the Source Patient Consent Letter.
- Request that they complete the Source Patient BBV Risk Assessment.
- Information needed:
 - o Patient name or origin of source
 - o Date of birth, address
 - o GP/Consultant, treatment & diagnosis if known

IF NO (or if the source patient is unknown or will not consent to carry onto Step 3)

Line manager with the employee -ACTION

Incidents where there is a high/known risk of BBV: Staff member should report directly to their nearest A&E as may require Post Exposure Prophylaxis treatment.

Step 3:

Staff member need to

- Contact Sugarman Occupational Health on 02476 309 727
- The occupational health administration team will commence your needle stick injury risk assessment and request you to email the completed source patient BBV risk assessment to them.

Out of hours.- ACTION

When Occupational Health is closed (after 5 pm Monday-Friday, weekends & bank holidays), you should go to your local Emergency Department.

Step 4:

Your Needle stick injury risk assessment and the Source patients BBV risk assessment will be passed to the clinician. A qualified clinician will contact you within 2 hours to complete your needle stick injury risk assessment.

Step 5:

The clinician will advise you on the next steps following the risk assessment.

If you require any bloods and further vaccinations this will be arranged within 10 days.

Further action required by staff members and or managers

Any staff member who went to Emergency Department should contact Sugarman Occupational Health on 02476 309 727 the next working day for follow-up.

Management to complete their company work placed incident form: when the incident relates to a positive source, managers should contact the Risk, Health & Safety Team to report under RIDDOR through your own departmental or employer route.

If the source patient is suspected of being positive for a blood-borne virus, staff are advised to consider using condoms during sexual intercourse until their follow-up blood are clear.

Quick Guide: To help with the initial assessment (Blood Borne Virus)

- Is the source or patient/client known or unknown:
- Unknown risk: risk assessment should determine the likelihood that medical device/source was higher risk of contamination with BBV e/g/ was the medical device from a patient known to be infected with hepatitis B or hepatitis C or HIV.
- Known higher risk: the source patient/client is infected with hepatitis B, hepatitis C or HIV. How long is it since they were screened and levels of antigen measured as this may affect their risk?
- When source patient is NOT known to carry any of these infections, risks may also be increased in the following:

Hepatitis B: The risk may be increased when the source/patient is one of the following:

- Injecting drug user
- Individuals who may be at risk of hepatitis B through unsafe sexual activity (e.g. unprotected vaginal or anal intercourse)
- Individual who is having unprotected sex with hepatitis B positive partner or partner who puts themselves at risk because of their sexual behaviour.
- People with hepatitis B infected mothers
- People from Africa, the Middle and Far East, South East Asia and Southern & Eastern Europe

HIV: The risk may be increased when the source/patient is one of the following:

- Individual who has been living in an area of the world with a high prevalence of HIV e.g. Africa (South East/Central Africa), Central Asia and Eastern Europe
- Individual who may be at risk through unprotected/unsafe sex or have partners who participate in unsafe sexual behaviours. Risk is increased from high prevalence areas.
- Injecting drug user
- Blood transfusion before Oct 1985 in UK
- Mother HIV positive

Hepatitis C: The risk may be increased when the source/patient is one of the following:

- Received unscreened blood or untreated plasma products in the UK prior to September 1991 (blood) and 1985 (plasma products) or has received blood/plasma products from country where blood is not tested for hepatitis C virus
- An injecting drug user who has shared equipment
- A healthcare worker, or has been a patient, in invasive medical, surgical, dental or midwifery procedures in parts of the world where infection control procedures may have been inadequate with populations with a prevalence of hepatitis C infection (e.g. Egypt)

