Somerset Partnership NHS
NHS Foundation Trust

NEEDLESTICK AND CONTAMINATION INJURY POLICY

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Relevant Staff Groups:	All staff working in areas where clinical care is delivered

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DOCUMENT CONTROL

Reference	**Version**	**Status**	**Author**
LS/Aug/10/N&CP	5	Final	Head of Infection Prevention and Control/ Decontamination Lead, and Well@Work Lead

Amendments: Amended to reflect the acquisition of Somerset Community Health and changes to the Trusts governance structure and to ensure compliance with the Trusts revised policy for Development and Managing Organisation-wide Procedural Documents. July 2015: Reviewed and amended to ensure continued compliance with national guidance and to reflect Occupational Health Provider name change.
4.1 - updated to ensure relevance for all Sompar staff, including those based outside of Somerset.

Document objectives: To ensure that any contamination injury (e.g needlestick, sharps injury, bite, scratch or blood or bodily fluid splash) is managed appropriately and safely

Intended recipients: All staff including permanent, temporary, full-time, part-time staff and locums, bank staff, volunteers, trainees and students.

Committee/Group Consulted: Health, Safety and Security Management Group; Clinical Governance Group, Infection Prevention and Control Assurance Group

Monitoring arrangements and indicators: As described within Section 14.

Training/resource implications: as indicated within the Trust's Staff Training Matrix (Training Needs Analysis) referred to in Section 11.

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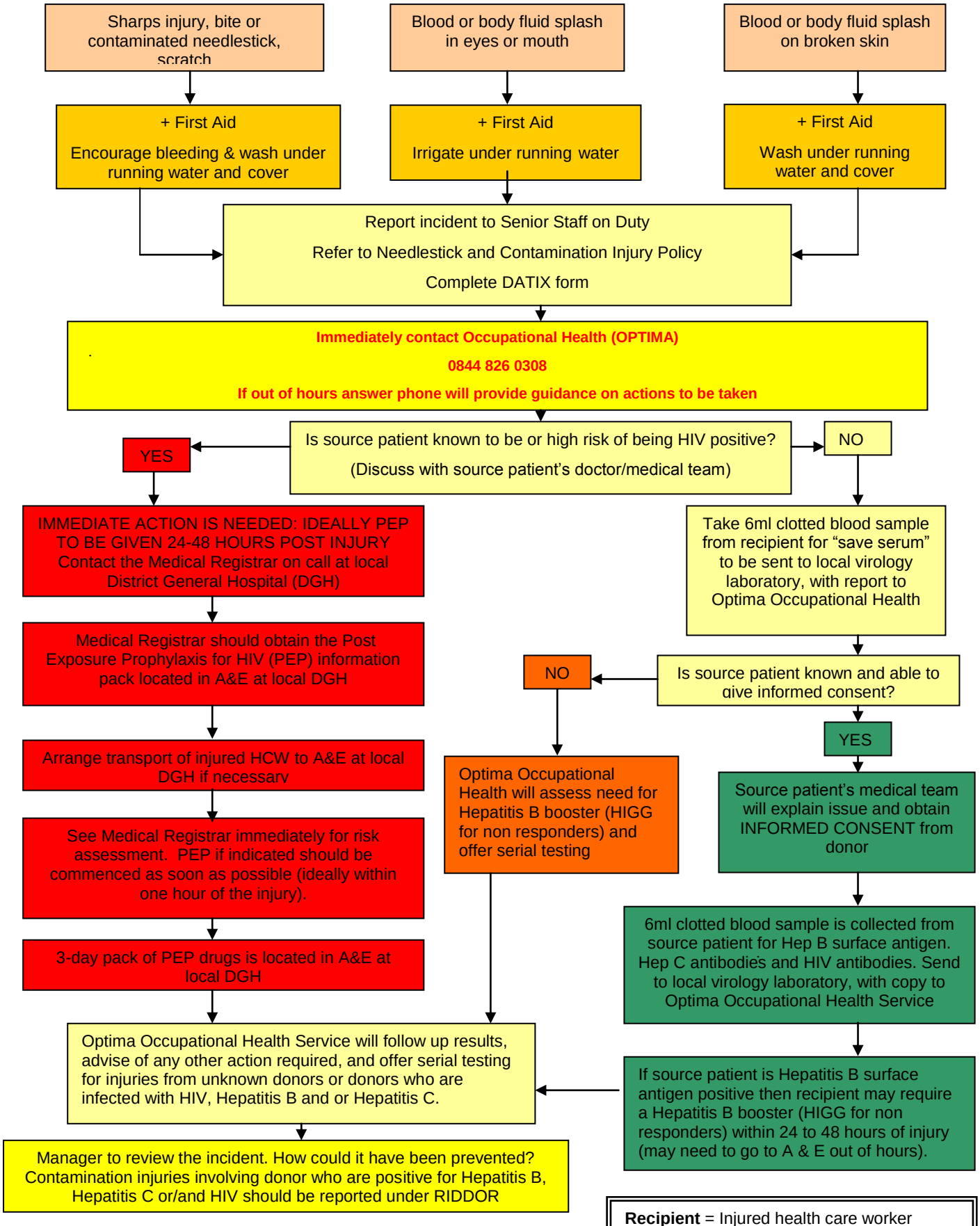

Recipient = Injured health care worker
Source patient = patient involved in the contamination injury. Source patients who refuse testing should be treated as high risk.

1. INTRODUCTION

1.1 Somerset Partnership NHS Foundation Trust is committed to caring for the health and safety of its employees. The Trust has a duty to its staff, patients, visitors and contractors to ensure that the risk of receiving a contamination injury is kept as low as is reasonably practicable.

1.2 Injuries of this kind not only cause obvious injury and distress to employees, it also stops patients being treated and leads to increased sickness absence and poor morale.

1.3 Through suitable and sufficient risk assessments, robust reporting systems, training and safe systems of work, the Trust aims to reduce the risk of contamination injuries to it's employees so far as is reasonably practicable.

1.4 This policy should be read in conjunction with the Trust's Risk Management policy, Untoward Event Reporting Policy and the Healthcare (Clinical) Waste Policy.

2. PURPOSE & SCOPE

2.1 To ensure that all contamination injuries including needlestick, sharps injury, bites, scratches and blood or other bodily fluid splashes are managed appropriately and safely.

2.2 To ensure that the Trust complies with appropriate Health and Safety Legislation including:

The Health and Safety at Work Act 1974 places a legal duty on employers to provide for the health and safety of their employees. NHS Trusts have been subject to the full requirements of this legislation since 1991 and these duties were extended under a number of Regulations including;

- The Management of Health and Safety at Work Regulations 1999, which require employers to assess risks to the health and safety of their employees and arrange for implementation of a comprehensive system of safety management.

- The Control of Substances Hazardous to Health Regulations 2002 (as amended) specifically include micro-organisms in the definition of substances that are hazardous to health. The law requires employers to make a suitable and sufficient assessment of the risks to the health of workers exposed to such substances, with a view to preventing or adequately controlling the risks. This includes the proper use of protective equipment and regular monitoring of exposure.

- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR), requires exposures to Hepatitis B or C, or HIV, to be reportable to the HSE as a dangerous occurrence ("accidental release of a biological agent likely to cause severe human illness")

- The Safety Representatives and Safety Committees Regulations 1977 (as amended) and Health and Safety (Consultation with Employees) Regulations 1996 (as amended)require employers to consult with accredited trade union safety representatives on health and safety issues including the introduction of new technology and information to employees on the risks and dangers arising from their work, measures to reduce or get rid of these risks and what employees should do if exposed to these risks;

- Health and Safety (Sharps Instruments in Healthcare) Regulations 2013 These Regulations implement the EU Council Directive 2010/32/EU on the prevention of sharps injuries in the hospital and healthcare sector. Many of the requirements contained in the Directive already formed part of health and safety law in Great Britain.

- In the context of needlestick injury, examples of where consultation is required include the development of sharps polices and risk assessments and the introduction of safety engineered devices.

Employers

Section 2 of the Health and Safety at Work Act (1974) states that, “it shall be the duty of every employer to ensure, so far as reasonably practicable, to ensure the health, safety and welfare at work of all his/her employees. The employer is required to provide appropriate information and instruction, normally in the form of a policy, together with appropriate safety equipment, training and supervision to ensure their employees are protected at work. In healthcare, all employers should provide a safe working environment in which safe equipment is available and where staff are appropriately trained in the hazards posed by handling sharps and body fluids.

Employees

Employees also have duties under sections 7 and 8 of the Health and Safety at Work Act, 1974 and Reg. 14 of the Management of Health and Safety at Work regulations 1999. They must comply with any safety policies or procedures put in place to protect their health. Employees must also protect their own health and safety by using any protective clothing issued to them. Employees also have a duty to ensure that their actions do not harm the health and safety of others, e.g. the careless disposal of a sharp in a bag could injure a porter or cleaner transporting the waste. **Therefore, employees must use all work items (sharps) provided by the Trust correctly, in accordance with their training and the instruction they received to use. Further detail outlining the Safe Handling and Disposal of Sharps can be found in Appendix C.**

2.3 This policy applies to all staff whatever their grade, role or status., permanent, temporary, full-time, part-time staff including locums, bank staff, agency staff, volunteers, trainees and students.

2.4 For the purposes of this policy please note that the Occupational Health Service for the Trust is provided via Optima Health.

3. DUTIES AND RESPONSIBLITIES

3.1 The Trust Board via the Chief Executive

Responsibility for ensuring compliance with the statutory requirements within the policy lies with the Chief Executive.

3.2 Director of Governance and Corporate Development

The Director of Governance and Corporate Development is the Trust lead for risk and as such will oversee the monitoring and implementation of this policy through the Health, Safety and Security Management to ensure that it is applied throughout the Trust.

3.3 Health, Safety and Security Management Group (HSSMG)

Will review reports of needlestick and contamination injuries for the relevant quarter at each meeting, advise on lessons learned and ensure that procedures for the implementation of the Needlestick and Contamination Injury Policy are continually reviewed and improved within the Trust. The HSSM Group Terms of Reference membership will include a safety representative from Occupational Health**/**Work and Wellbeing Service.

3.4 The **Regulation Governance Group** will be responsible for overseeing and monitoring the work of the Health, Safety and Security Management Group and will escalate areas of concern to the Integrated Governance Committee.

3.5 **Ward Managers, Matrons, Service Managers and Heads of Service** are responsible for:

- the completion of appropriate risk assessments and ensuring a safe working environment within their own areas;
- compiling the local risk register and keeping the document up to date;
- ensuring that staff receive the relevant training / awareness (see the Trust's Mandatory Staff Training Matrix for more information accessible on the Trust Intranet);
- ensure that incident reporting is carried out in line with the Trust Untoward Event Reporting Policy and Procedure, and incidents are investigated appropriately. The DATIX form should record the source patient's hospital number. If a decision is made not to test the source patient, reasons for this decision should be recorded on the DATIX form;
- the completion of a modified root cause analysis (RCA) assessment for any staff member who is subject to a needle stick incident. Ensure that all contamination injuries are investigated in line with the Trust Untoward

Event Reporting Policy and Procedure and that action plans are in place and monitored;

- where required, RIDDOR forms are completed and forwarded to the Head of Corporate Services for action;

- ensure that information regarding action to take in the event of a contamination injury are displayed in staff areas;

- Ensure that all staff who are exposed to a contamination injury contact the Occupational Health Service immediately or as soon as possible the next working day. Managers will give support to all staff who have a contamination injury.

3.6 **All Staff**

- All staff are responsible for reporting incidents and raising any concerns. The incident reporting process is in place to support this (See Untoward Event Reporting Policy and Procedure). All contamination incidents must be reported via DATIX but this will be secondary to ensuring that correct and timely action is taken following any contamination injury. Staff will cooperate with the Trust, follow the correct procedures and follow the devised safe systems of work to ensure the safety of themselves and their colleagues. Staff will attend all relevant training. Staff should follow procedures set out in this policy following any contamination incident. (See section 5.0 onwards).

- Any member of staff who is exposed to blood and / or body fluids will contact the Occupational Health/Health and Wellbeing department immediately or as soon as practicable during office hours via 0844 826 0308.

- Booking themselves onto initial and update mandatory training and for attending mandatory training, regardless of their grade, role or status, including permanent, temporary, full-time, part-time staff and locums, bank staff, volunteers, trainees and students.

3.7 **Occupational Health and Well@Work**

3.7.1 For the purposes of this policy the Occupational Health Service is provided by Optima Health, and the Well@Work Service is Trust managed.

The services will;

- the Occupational Health and the Well@Work Service will work collaboratively to actively monitor and review needlestick incidents and subsequent follow up appointments for immunisations which may result from these incidents;

- the Occupational Health Provider/Well@Work service will take a proactive approach to identify non-compliance in relation to

immunisations for new starters and will inform managers if an Exposure Prone Procedure worker does not complete serial testing.

3.7.2 The Occupational Health Service are key to ensuring that staff receive timely advice and support following any contamination injury. The Services will:

- Maintain and ensure the needle stick hotline (0844 826 0308) is effective and all calls are acted upon promptly during office hours.
- Provide advice and support to all staff on contamination injuries and instigate appropriate follow up
- Promote, via the Well@Work Service, the correct management of contamination injuries by providing an up to date poster which can be displayed in all clinical areas (on request) and an intranet site which has guidance for staff in the event of a contamination injury
- Provide advice, support and guidance to the Trust in relation to contamination injuries
- Report incidents of known contaminated source incidents to the Head of Corporate Services and via the RIDDOR pathway (this can be done anonymously)
- Provide information and instruction via Well@Work Service representation at the Health, Safety and Security Management Group that meets Quarterly
- Provide a pre-employment screen for blood borne viruses or hepatitis B vaccination, depending on role and risk assessment and an ongoing immunisation programme to ensure staff have optimum protection against transmissible disease.

3.8 Head of Risk

The Head of Risk is responsible for the day to day management of the Truswide DATIX Untoward Events Reporting and Risk Reporting system.

The Head of Risk produces a quarterly report of needlestick injuries for the Health, Safety and Security Management Group.

3.9 Head of Corporate Services

The Head of Corporate Services will also ensure that the Health and Safety Executive are informed of any incidents that are defined as a dangerous occurrence under the requirements of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).

3.10 Medical Teams (injuries with a known patient source)

Will assist the person in charge at the time of the incident / on call manager to obtain further information on which to base an assessment of the risk of

exposure to blood borne viruses, particularly the risk of HIV, associated with the injury. See section 5 in this policy on general procedures to follow in the event of a contamination injury. This includes the need to gain consent from a known source patient.

3.11 **Microbiology Laboratory**

Will receive laboratory requests from medical teams following contamination with a known source.

All responsibilities in relation to assessing the need for PEP (Post Exposure Prophylaxis) and the full procedure are listed in section 8.2.

3.12 **Learning and Development Department**

Will record attendance at Training and will advise Operational Managers of non-attendance.

4. EXPLANATION OF TERMS USED

4.1 **Sharps** are needles, sharp-edged instruments, broken glassware or any other item which may be contaminated in use by blood, body fluids or tissues and which may cause laceration or puncture wounds.

4.2 **Sharps injury** is a percutaneous injury caused by a sharp penetrating the skin, this includes cuts, pinches, scratches, nicks and gashes and bites which break the skin.

4.3 **Needlestick** - Accidents with needles are most common so injuries from sharps are often called needlestick injuries

4.4 **Sharps injury procedure –** is the procedure following occupational exposure to body fluids by sharps injury or exposure to mucous membranes or non intact skin

4.5 **A contamination incident -** is an exposure to blood or body fluids via a sharp implement or human bite that causes bleeding or punctures the skin; or exposure of mucous membranes or non intact skin to blood or other body fluids

4.6 **The source patient**- The source patient is the person from whom the body fluid originated

4.7 **The Recipient**- Refers to the person who has received the injury

4.8 **RIDDOR-** Reporting of Diseases and Dangerous Occurrences Regulations

4.9 **DGH-** District General Hospital, this will be the nearest hospital with an A&E department

4.10 **EPP** – Exposure Prone Procedures are those where there is a risk that injury to the worker may result in exposure of the patient's open tissues to the blood of the worker. These procedures include those where the worker's

gloved hands may be in contact with sharp instruments, needle tips or sharp tissues (spicules of bone or teeth) inside a patient's open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times.

4.11 **A&E-** Accident and Emergency Department

4.12 **PEP**- Post exposure prophylaxis, prophylactic treatment that may be given after exposure to Hepatitis B or HIV.

4.13 **BBV** – Blood Borne Virus

4.14 **HCW** – Health Care Worker

4.15 **DATIX** - the Trust's electronic risk management database used for recording the following data: PALS; Complaints; Untoward Events; Corporate and Local Risks; Medical Devices Register and CAS Alerts.

5. PROCEDURE TO FOLLOW IN THE EVENT OF A CONTAMINATION INJURY

5.1 First Aid Action

Recipients should:

- **encourage bleeding of the wound site under running water;**
- **do NOT suck the wound;**
- **flush mucous membranes or skin with copious amounts of running water – before and after removing any contact lenses;**
- **apply waterproof dressing (plaster) to wound site;**
- **inform source patient's medical team.**

In cases where the source patient is known the following action must be taken:

- inform the most senior member of staff on duty or the on call manager and the donor where known, this should take place within 24 hours of the injury occurring;
- contact the Needle stick Hotline via 0844 826 0308.
- immediate action should be taken by the senior member of staff with the assistance of the source patient's medical team to obtain further information on which to base an assessment of the risk of exposure to blood borne viruses, particularly the risk of HIV, associated with the injury.

5.2 Assessing the exposure risk / need for HIV post exposure prophylaxis
The patient's medical team should assess the source for personal risk factors associated with BBV such as:

- high risk sexual activities;
- present or past history of intravenous drug use;
- from country of origin known to have a high prevalence of HIV infection;
- multiple blood transfusions prior to September 1991;
- **If the source patient is known to be positive or HIV is strongly suspected, the HIV post exposure prophylaxis (PEP) procedure in section 8 should be followed immediately.**

Following compliance with the PEP procedure, or in circumstances where no HIV risk is identified or when PEP is not indicated, the remaining elements of the reporting and follow up procedure must be completed.

5.3 Testing the source patient for blood borne viruses

- Testing of the source patient for hepatitis B surface antigen, Hepatitis C antibodies and HIV antibodies can only take place with informed consent
- Pre-test discussion with the patient is the responsibility of the medical team caring for the patient and should take place in all cases. The injured member of staff should not approach the source patient
- A Trust consent form can be used or verbal consent can be recorded in the patient's medical notes
- Write "source patient in needle stick injury to (staff members name) on (date)" on the request form in addition to the specific tests required
- In some cases it is not appropriate or possible to obtain consent (e.g. when the source patient is a child or is not fit to consent). Decisions on prophylaxis and follow up will then be made on a risk assessment of available information.
- The medical team taking the test are responsible for informing the patient of the result of the tests and if required arranging further advice or treatment for the source patient.

5.4 Blood sample from recipient staff member

- A clotted sample of blood is taken from the injured staff member. Request "save serum" under tests (see sample form appendix A)

- Write “recipient of needle stick injury on (date) and source patient (patients name and date of birth)”

- The staff member’s sample will not be tested at this stage. The sample will be stored for at least two years and may be tested at a later date with consent, should the employee test positive for hepatitis B, Hepatitis C of HIV viruses in follow up assessment.

5.5 Blood samples will be stored at the laboratory, local to the incident and to where, geographically, they are obtained:

  - Somerset based staff – Somerset Pathology Service, Taunton or Royal United Hospital, Bath

  - Dorset Based staff – Poole Hospital or Dorchester Hospital

  - Isle of Wight Staff – St Mary’s Hospital

  - If Occupational Health provide a blood pack for stored bloods this blood will be sent by the employee to the laboratory designated by Occupational Health in the appropriate envelope provided by Occupational Health

5.6 If testing is required, the Occupational Health Provider will liaise with the relevant laboratory and consultant microbiologist to ensure this is undertaken.

5.7 Where to get advice on the need for prophylactic treatment for hepatitis B exposure: -

- Needlestick Helpline: 0844 826 0308. Out of hours leave contact details and a brief message(for incidents at night, advice can be sought the next morning, but note this does not apply where there is a risk from HIV, See section 8) Out of hours staff should attend their nearest A&E department for advice, blood storage and any treatment that may be required;

- if needed, prophylactic treatment for Hepatitis B should ideally be given 24-48 hours post injury and can be given in A&E if out of hours;

- prophylaxis for HIV is described in the HIV post exposure procedure in sections 5, 8 and 9

6. PROPHYLAXIS AFTER EXPOSURE TO HEPATITIS B

Table 1 below describes treatment after exposure to hepatitis B

HBV Status of person exposed	Significant Exposure			Non-significant Exposure	
	HBsAg positive source	**Unknown source**	**HBsAg negative source**	**Continued risk**	**No further risk**
≤ 1 dose HB vaccine pre exposure	Accelerated course of HB vaccine* HBIG x1	Accelerated course of HB vaccine*	Initiate course of HB vaccine	Initiate course of HB vaccine	No HBV prophylaxis Reassure
≤ 2 doses HB vaccine pre exposure	One dose of HB vaccine followed by 2nd dose one month later	One dose of HB vaccine	Finish course of HB vaccine	Finish course of HB vaccine	No HBV prophylaxis Reassure
Known responder to HB vaccine AntiHBs >10miu/ml	Consider booster dose of HB vaccine	Consider booster dose of HB vaccine	Consider booster dose of HB vaccine	Consider booster dose of HB vaccine	No HBV prophylaxis Reassure
Known NON responder to HB vaccine AntiHBs <10miu/ml	HBIG X1consider dose of HB vaccine A second dose of HBIG should be given at 1 month	Give HBIG consider dose of HB vaccine. A second dose of HBIG should be given at 1 month	No HBIG consider booster dose if HB vaccine	No HBIG consider booster dose of HB vaccine	No prophylaxis Reassure

*An accelerated course of vaccine consists of doses spaced at zero, one and two months.

A booster dose maybe given at 12 months to those at continuing risk of exposure to HBV

Information accessed via:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/263311/Green_Book_Chapter_18_v2_0.pdf

HBV = Hepatitis B virus

HB = Hepatitis B

HBIG = Hepatitis B Immunoglobulin

7. EXPOSURE TO HEPATITIS C

- Hepatitis C can be transmitted occupationally. Currently there is no prophylaxis available.

- The Occupational Health Department will advise the injured person and arrange further testing and specialist advice after exposure to Hepatitis C.

- Specialist testing of the source patient may help to establish the level of infectivity. In the very rare event that the recipient becomes infected early treatment for Hepatitis C infection is effective in the majority of cases.

- Pending follow up and in the absence of seroconversion, the employee need not be subject to any restrictions in their working practices.

8. GUIDELINES ON PRE-TEST DISCUSSION BEFORE HIV TESTING AND TESTING FOR OTHER BLOOD BORNE VIRUSES

8.1 See Appendix B for suggested simple pre-test discussion suitable for use with most source patients.

- If the patient is given a careful explanation of the reason for the test there is rarely a problem obtaining consent form a source patient to test for blood borne viruses after an employee has been injured.

- HIV testing is undertaken in a number of different situations for different reasons. The pre test discussion will vary depending on the reason for the test and clinical situation of the patient. Discussion about HIV and HIV testing should now be part of main stream clinical care.

- In cases when the source patient is asked to consent to a test as a routine measure after needle stick injury, the discussion can usually be quite simple. This would be the case where there is considered to be no clinical need for an HIV test.

- In cases where the patient's history suggests a clinical need for a test, or the patient has had a previous test for clinical reasons, or the patient is concerned that they may be in a high risk group, a fuller discussion is normally indicated. A specialist Genito-urinary Medicine counsellor (via local DGH switchboard) may be required if the patients circumstances are complex and time consuming and more detailed discussion is needed.

- The discussion should take into account the patients own situation. Not all points below will be appropriate in all cases. Select the points relevant to the given situation:

- explain that testing for blood borne viruses after a sharps injury is a routine procedure recommended in nationally agreed guidance;

- explain that testing prevents needless anxiety for the injured employee;

- ensure the patient understands the nature of HIV infection and how it is transmitted;

- if the patient wishes, be prepared to discuss the patients personal risk factors for HIV including IV drug use, sexual practice, overseas travel, tattooing and exposure to blood products;

- provide a brief summary of the advantages and disadvantages of testing including:

  Advantages

  - Allows for appropriate medical care
  - Allows decisions about the future to be made
  - Allows sexual partners to be protected
  - Reduces needless anxiety about infection
  - A negative test would not affect life insurance.

  Disadvantages

  - Psychological complications
  - Possible impact on relationships including family, work, partners
  - Possible issues if result is positive such as new implications for mortgage and life insurances

- if appropriate discuss how a patient would cope with a positive result;

- explain the test procedure and how the result will be given;

- explain the significant of positive and negative results;

- obtain informed consent. A Trust consent form can be used or write in the medical notes that consent has been given;

- the source patient's clinical team is responsible for notifying the patient of the result in an appropriate manner.

8.2 **Hepatitis B and C**

- Usually only a very simple explanation and discussion is required. Explain that testing for blood-borne viruses after a needle stick injury is a routine procedure recommended in nationally agreed guidance. Explain the advantages to the health care worker - removes needless anxiety, in very rare cases enables prophylaxis to be given. In some cases a brief discussion following a similar pattern to the HIV discussion, may be required.

- The source patient's clinical team is responsible for notifying the patient of the result in an appropriate manner.

9. POST EXPOSURE PROPHYLAXIS FOLLOWING OCCUPATIONAL EXPOSURE TO HIV

9.1 Post exposure prophylaxis (PEP) is most likely to be effective when initiated as soon as possible (within hours) and ideally should be started within an hour of exposure. When a significant risk of exposure to HIV is identified, the procedure below should be followed in addition to the action required in section 5.0 of this policy.

9.2 **Action required by manager or recipient employee**

- Manager / injured employee to contact the occupational health consultant immediately. If he is not available contact the medical registrar on call as prophylaxis treatment is required within 1 hour of a contaminated injury

- Make arrangements for the member of staff to be seen as soon as possible at the nearest District General Hospital and if necessary arrange transport to A&E. This could include arriving by taxi.

- Advise the registrar to obtain the PEP emergency pack from A&E

- If an incident occurs outside of office hours, leave a message on the Needlestick helpline via 0844 826 0308 to ensure follow up. Do not let this delay obtaining PEP. A colleague or friend can fill out incident forms on your behalf until such a time you can complete a summary of events. The on-line DATIX Untoward Events Report form is accessible to all staff on the Trust Intranet.

9.3 **Action by the Consultant Occupational Health Physician or Medical Registrar on call in receiving District General Hospital**

- Obtain PEP emergency pack from A&E. Read the guidance for doctors. A&E also holds a copy of the procedure.

- Complete the PEP record sheet in the pack documentation. Obtain sufficient information about the incident and the source patient to

enable an assessment to be made of the likely risk of transmission of HIV as a result of the incident. This is likely to require contact with the clinical team responsible for the care of the source patient. This process should start immediately even before seeing the recipient if there is likely to be a delay before they arrive

- Assess the risk to the employee and decide if it is appropriate to offer PEP. The guidance in the pack will assist with this. If necessary, contact the occupational health physician, consultant in GU medicine, consultant microbiologist or the medical consultant on call for further advice

- If PEP is not appropriate: discuss the assessment with the employee and follow the procedures in section 5.

- If it is appropriate to offer PEP, assess if there are any contraindications to treatment or if the employee is pregnant. PEP may still be appropriate if the employee is pregnant, but further advice may be required.

- Advise the employee of the decision. Discuss the level of risk and the implications of treatment. PEP should normally only be offered if the source patient is known to be or strongly suspected of being HIV positive and a penetrating exposure or exposure to mucous membrane or broken skin has occurred with a potentially infectious body fluid

- The employee should be asked if they wish to take PEP. The final decision to take the medication rests with the employee. If they do not wish to take PEP, follow the procedure in section 5.

- Ask the employee to read the information sheet and sign the consent form. The documentation is located in the emergency information pack. All the points discussed should be confirmed on the checklist included in the PEP record sheet

- Complete and sign the prescription and advice of possible side effects. The employee should be given copies of the drug information guidance sheets and the employee information sheets.

- After the employee's agreement to commence PEP medication, the consultant on call for medicine should be informed before the prescription is issued. The first dose should be taken as soon as possible

- Give the emergency pack of drugs to the employee, ensuring sufficient quantities of the medication have been provided to last until they can contact the occupational health department (taking account of weekends / bank holidays). Arrange for an additional supply of drugs from pharmacy if required

- Ensure the remainder of the general procedure following occupational exposure to body fluids is completed (section 5)

- Inform the employee to contact the occupational health department as soon as possible to arrange follow up. This would normally be during office hours or the next day if out of hours

- Complete the PEP record sheet and send to occupational health immediately. This should be done whether the employee has accepted PEP or not. The occupational health/ department should be informed on 0844 826 0308 on the next occasion that it is open

- The pharmacy department should be contacted immediately during office hours or the next time the department is staffed. If out of hours send the notification letter from emergency pack information, to notify that the emergency pack of PEP drugs in A&E have been used and a replacement pack will need to be issued.

9.4 Action by Occupational Health Service

- Follow up counselling, further testing, and monitoring of medication will be arranged, with the involvement of Genito-Urinary medicine if required.

- The pharmacy department will be contacted to ensure replacement of the emergency pack of PEP drugs has been arranged

- The Occupational Health Service will report the incident to the Health Protection Agency reporting scheme for documentation

- The Occupational Health Service will communicate with the relevant laboratory to ensure testing of blood samples is undertaken as required

- The Consultant Occupational Health Physician will inform the employee's GP if PEP has been prescribed.

9.5 Follow up by Occupational Health/Well@Work Service for contamination injuries when consent cannot be obtained or source patient is unknown

- The following table describes the schedule of serial blood tests that will be offered to the recipient of a contamination injury through Occupational Health, when the source patient is unable or unwilling to provide consent or when the source patient is unknown:

6 weeks post exposure	12 weeks post exposure	24 weeks post exposure
HB surface antigen	HB surface antigen	HB surface antigen
	HCV antibodies	HCV antibodies
HCV PCR	HCV PCR	
Hiv antibodies	HIV antibodies	

- Serial testing can be done under a coded system if requested to ensure the employee's anonymity

- Pending follow up and in the absence of seroconversion, the employee need not be subject to any restrictions in their working practices

- Stored blood taken at the time of the incident will be tested with consent should the results of serial testing indicate seroconversion.

10. MANAGEMENT OF INCIDENTS AND RISK ASSESSMENTS

10.1 Trust arrangements to ensure effective management of contamination injuries including proactive steps to reduce incidents are given below

10.2 Incident reporting, investigation and action plans

- As listed in the responsibilities section of this policy, all staff are responsible for reporting any incident or near miss.

- Service and Team Managers/Matrons are responsible for ensuring that a suitable investigation is carried out according to the consequence of the incident and action plans are created and carried out in a suitable time frame. A modified Root Cause Analysis investigation will be undertaken and forwarded to the Risk Team at the time of the DATIX report submission.

- Service and Team Managers/Matrons are responsible for ensuring that incidents of consequence 3 or more are investigated promptly, within the timescales given in the Trust Untoward Event Reporting Policy. The Ward/Team will ensure that action plans to address any issues raised in the investigation are monitored.
- Needlestick/Sharps injuries recorded on the Trust's DATIX Untoward Events Report forms will be provided quarterly by the Head of Risk to the Health, Safety and Security Management Group for analysis and discussion of lessons learned

10.3 Risk Register

- Any Ward or Team that has identified a risk with contamination injuries will carry out a risk assessment in line with the DATIX Local Risk Register Guidance and the Risk Management Policy and Procedure. The local risk register will be monitored by the Service/Team Manager and will be discussed in local Team meetings to raise staff awareness and recorded in the minutes/notes for staff unable to attend the meeting.

- Any risk, which involves a single staff member or patient, will not be added to the DATIX risk register if information would identify the person at risk. This information will be kept in the employee personal file or, in the case of a patient, documented within their clinical health record.

- All risk assessments will be updated at least quarterly to ensure the risk registers remain current and effective.

10.4 **Staff training**

- Managers should review the Mandatory staff training matrix to identify the training requirements for staff in relation to contamination injuries.

11. TRAINING REQUIREMENTS

11.1 The Trust will work towards all staff being appropriately trained in line with the organisation's Mandatory Training Matrix (training needs analysis). All training documents referred to in this policy are accessible to staff within the Learning and Development Section of the Trust Intranet.

- Staff Induction – Standard Infection Prevention and Control Precautions
- Infection Prevention and Control Training
- Untoward Event Reporting

12. EQUALITY IMPACT ASSESSMENT

12.1 All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. In addition, the Trust has identified Learning Disabilities as an additional tenth protected characteristic. If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Equality and Diversity Lead who will then actively respond to the enquiry.

13. COUNTER FRAUD

13.1 The Trust is committed to the NHS Protect Counter Fraud Policy – to reduce fraud in the NHS to a minimum, keep it at that level and put funds stolen by fraud back into patient care. Therefore, consideration has been given to the inclusion of guidance with regard to the potential for fraud and corruption to occur and what action should be taken in such circumstances during the development of this procedural document.

14. MONITORING COMPLIANCE AND EFFECTIVENESS

14.1 **Monitoring arrangements for compliance and effectiveness**
Overall monitoring will be by the Regulation Governance Group who will receive a quarterly progress report from the Health, Safety and Security Management Group, via the Head of Risk.

14.2 **Responsibilities for conducting the monitoring**

- The Regulation Governance Group will refer clinical issues to the Clinical Governance Group who will monitor procedural document compliance and effectiveness where they relate to clinical areas.

- The Wellbeing Service will monitor incident reporting and provide a report relating to Needlestick and Contamination Injuries to the Health, Safety and Security Management Group, quarterly.

14.3 **Methodology to be used for monitoring**

- internal audits

- incident reporting and monitoring

- clinical effectiveness monitoring

14.4 **Frequency of monitoring**

- Quarterly reports from the Head of Risk produced for the Health Safety and Security Management Group

- Quarterly trend analysis reports from the Work and Wellbeing Team produced for the Health, Safety and Security Management Group

14.5 **Process for reviewing results and ensuring improvements in performance occur.**

- Any audit results will be presented to the Health, Safety and Security Management Group, for consideration, identifying good practice, any shortfalls, action points and lessons learnt. This Group will receive assurance that improvements, where necessary, have been implemented.

- A briefing of audits undertaken, highlighting key learning will be provided to staff to raise awareness through the Trust SPICE newsletter.

- Line Managers will complete a modified root cause analysis (RCA) assessment with any staff member who is subject to a needlestick incident. A modified RCA tool is embedded within the DATIX report. Key learning points will be disseminated locally by the Line Manager and via the appropriate Best Practice Group.

- Well@Work will support the Head of Infection Prevention and Control/Decontamination Lead to review all DATIX reported incidents cross referencing data received from Occupational Health to monitor compliance in relation to immunisation.

- Key learning points will be evaluated at the Health, Safety and Security Management Group and disseminated Trust-wide.

15. RELEVANT CARE QUALITY COMMISSION (CQC) REGISTRATION STANDARDS

15.1 Under the **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3), the fundamental standards** which inform this procedural document, are set out in the following regulations:

Regulation 9:	Person-centred care
Regulation 10:	Dignity and respect
Regulation 11:	Need for consent
Regulation 12:	Safe care and treatment
Regulation 13:	Safeguarding service users from abuse and improper treatment
Regulation 15:	Premises and equipment
Regulation 16:	Receiving and acting on complaints
Regulation 17:	Good governance
Regulation 18:	Staffing
Regulation 19:	Fit and proper persons employed
Regulation 20:	Duty of candour
Regulation 20A:	Requirement as to display of performance assessments.

15.2 Under the **CQC (Registration) Regulations 2009 (Part 4)** the requirements which inform this procedural document are set out in the following regulations:

Regulation 12:	Statement of purpose
Regulation 16:	Notification of death of service user
Regulation 17:	Notification of death or unauthorised absence of a service user who is detained or liable to be detained under the Mental Health Act 1983
Regulation 18:	Notification of other incidents
Regulation 22A:	Form of notifications to the Commission (although this is in Part 5, it relates to regulations in Part 4).

15.3 Detailed guidance on meeting the requirements can be found at http://www.cqc.org.uk/sites/default/files/20150311%20Guidance%20for%20providers%20on%20meeting%20the%20regulations%20FINAL%20FOR%20PUBLISHING.pdf

Relevant National Requirements

The Health and Safety at Work Act 1974

Immunisation against infectious disease, December 2013 via:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/263311/Green_Book_Chapter_18_v2_0.pdf

Directive 2010/32/EU – Prevention from Sharp Injuries in the Hospital and Healthcare Sector

Health and Safety (Sharps Instruments in Healthcare) Regulations 2013

Safety Representatives and Safety Committees Regulations 1977 (as amended) and Health and Safety (Consultation with Employees) Regulations 1996 (as amended)

Department of Health (2009) The Health and Social Care Act 2008 (Updated 2015) Code of Practice for health and social care on the prevention and control of infections and related guidance.

Department of Health, HIV post exposure prophylaxis, 2004 (Revised 2008)

Department of Health, the Management of Health, Safety and Welfare Issues for NHS staff, 2005

16. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS

16.1 References

NHSLA Risk Management Standards 2012-2013 for Trusts providing Acute, Community, or Mental Health & Learning Disability Services and Non-NHS Providers of NHS Care

16.2 Cross reference to other procedural documents

Corporate and Local Induction Policy

DATIX Risk Register Guidance

DATIX Untoward Event Reporting Guidance

Hand Hygiene Policy

Health and Safety Policy

Healthcare (Clinical) Waste Policy

Infection Prevention and Control Policy

Standard infection control precautions policy (incorporating blood and body fluid spillage)

Risk management Policy and Procedure

Risk Management Strategy

Staff Training Matrix (Training Needs Analysis)

Untoward Event Reporting Policy

Waste Management Policy

All current policies and procedures are accessible in the policy section of the public website (on the home page, click on 'Policies and Procedures'). Trust Guidance is accessible to staff on the Trust Intranet.

17. APPENDICES

17.1 For the avoidance of any doubt the appendices in this policy are to constitute part of the body of this policy and shall be treated as such.

Appendix A – Sample of Pathology Forms

Appendix B - How Do I Counsel Source Patient For Consent To Blood Test?

Appendix C - Safe Handling and Disposal of Sharps

APPENDIX A

SAMPLE OF PATHOLOGY FORMS

Form for Recipient Staff Member:

<table>
<tr><td colspan="4">Somerset Pathology Service MICROBIOLOGY CPA Accredited</td></tr>
<tr><td>Hospital No:</td><td>GP/NHS No.</td><td>Test required:
Save Serum ……
……</td><td>Lab No:</td></tr>
<tr><td colspan="3">Surname Bloggs (Staff)</td><td>M/F
M</td></tr>
<tr><td colspan="2">Forename Joe</td><td>DOB
06.06.1966</td><td>Date received:</td></tr>
<tr><td colspan="2">Patient's Address
Insert home address and post code</td><td>Post Code</td><td>Specimens will not be examined unless full name, date of birth, registration number and source of request are provided and the specimen container labelled with full name and date of birth</td></tr>
<tr><td colspan="2">Hospital, Ward/GP Surgery
Somerset Occupational Health</td><td>NHS √
Private ☐
Cat 2 ☐</td><td>Please tick relevant boxes
Antenatal infection screen ☐
……</td></tr>
<tr><td colspan="4">Consultant/GP</td></tr>
<tr><td colspan="4">Address for report and/or copies
Occupational Health</td></tr>
<tr><td>Date of collection
13.06.05</td><td>Time of collection
1430</td><td>Specimen type
VB</td><td>For laboratory use</td></tr>
<tr><td colspan="4">Relevant clinical details
Contamination injury to staff Joe Bloggs on 03.05.04
Source Patient is John Smith 11.11.59
Date of onset of illness Antibiotics</td></tr>
<tr><td colspan="4">MO's signature Bleep No.</td></tr>
</table>

Note – specimen request forms may differ depending on the receiving laboratory, please ensure all relevant information as detailed above is entered as per local guidance

Form for Source Patient:

Somerset Pathology Service **MICROBIOLOGY** CPA Accredited			
Hospital No:	GP/NHS No.	Test required: HBsAg HCV antibodies HIV antibodies	Lab No:
Surname Smith			M/F M
Forename John		DOB 11.11.59	Date received:
Patient's Address Insert home address and post code		Post Code	**Specimens will not be examined unless full name, date of birth, registration number and source of request are provided and the specimen container labelled with full name and date of birth**
Hospital, Ward/GP Surgery Insert name of ward or team		NHS √ Private ☐ Cat 2 ☐	Please tick relevant boxes Antenatal infection screen ☐ .....
Consultant/GP Insert name of consultant			
Address for report and/or copies Copy to Somerset Occupational Health			
Date of collection 13.06.05	Time of collection 1530	Specimen type VB	For laboratory use
Relevant clinical details Source patient of contamination injury to Joe Bloggs on 13.06.05 Date of onset of illness Antibiotics			
MO's signature Bleep No.			

Note – specimen request forms may differ depending on the receiving laboratory, please ensure all relevant information as detailed above is entered as per local guidance

APPENDIX B

HOW DO I COUNSEL SOURCE PATIENT FOR CONSENT TO BLOOD TESTS?

Many staff are uncertain how to approach this. A suggested form of words would be:

"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 that 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 that 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 are usually available within a few days but may take several weeks if extra investigations are required for clarification. The results will normally be given to you by a member of the medical staff caring for you. The results are confidential, but they will appear in your medical records 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."

A record of the discussion and patient's consent (or non-consent) to testing for HBV, HCV and HIV should be made in the medical records of the source.

APPENDIX C

SAFE HANDLING AND DISPOSAL OF SHARPS

1. SAFE HANDLING OF SHARPS

1.1 The European Union Directive was introduced in 2010 to prevent injuries and blood-borne infections to hospital and healthcare workers from sharp instruments such as needles. As a result of this legislation the Trust has implemented needleless and safer needle systems whenever possible.

1.2 Where a safe sharps system cannot be implemented due to a risk assessed clinical need, staff are advised of the following;

1.2.1 Keep handling of sharps to a minimum and avoid passing from person to person.

1.2.2 Gloves should always be worn when handling sharps.

1.2.3 Sharps must not be carried to the patient by hand; ideally they should be carried on a purpose made sharps tray and integral sharps bin.

1.2.4 **Needles must not be manually re-capped / re-sheathed**. Sharp safe vacutainers should be used for phlebotomy wherever possible.

1.2.5 Disposable needles and syringes must be discarded of as a single unit and not bent, broken or disassembled.

1.2.6 Care should be taken when removing dressings from subcutaneous infusions. Dressings can stick to the gloves causing an increased risk of a sharps injury occurring.

2. SAFE DISPOSAL OF SHARPS

2.1 Sharps must be disposed of into a sharps container at point of use.

2.2 The user should ensure that the size of the sharps bin is appropriate for the clinical activity and size of the equipment.

2.3 Sharps boxes must not be filled above the maximum fill line.

2.4 It is the responsibility of the user to dispose of their own sharps and the clinical waste generated as a result of the procedure.

2.5 Between uses, the temporary closure device must be used to prevent accidental spillage from the sharps bin.

2.6 An empty sharps bin should be available and stored safely with resuscitation equipment.

3. SAFE USE OF SHARPS BINS

3.1 Only yellow sharps bins that conform to UN 3291 and BS 7320 standards may be used.

3.2 The applicable Waste Protocol should be adhered to regarding colour coding of waste packaging. These are available on the intranet together with the Waste flow charts.

- **Yellow lidded receptacles –** yellow lidded sharps receptacles should contain waste that requires disposal by incineration only, such as sharps containing a quantity of medicinal product (for example undischarged sharps or partially discharged sharps);

- **Purple lidded receptacles –** purple-lidded sharps receptacles should be used for waste that is contaminated with cytotoxic and cytostatic medicinal products.

3.3 Sharps bins must be assembled and labelled correctly; follow the manufacturers' instructions and ensure that the lid is securely fitted. The appropriate information must be entered onto the label by the person assembling the bin.

3.4 Faulty sharps boxes must not be used and any faults should be reported to the ward / department manager. A Datix untoward event report form should be completed.

3.5 Sharps bins must be located in a position that is out of reach of children. Sharps bins should not be stored on the floor or above shoulder height; they should be wall or trolley mounted using the correct bracket, or placed on a secure, stable surface at approximately waist height.

3.6 When not in use the temporary closure mechanism must be used to keep the contents of the sharps bin safely contained

3.7 Under no circumstances must the contents of one sharps container be decanted into another container.

4. SAFE DISPOSAL OF SHARPS BINS

4.1 When maximum fill line is reached, sharps bin must be closed locked and the label filled in by the person doing this. After sealing, sharps containers must be stored in designated secured clinical waste store. Tags must be attached to the handle of the sharps bin. Label the bin with ward/department and date of closure

4.2 Domestic/Housekeeping staff will transport sharps containers to the central storage facility. Sharps boxes are stored separately here awaiting collection by the waste contractor.

4.3 Sealed sharps bins delivered back to the Community Hospitals for disposal must be received by a member of the Community Hospital staff prior to being placed in the designated secure clinical waste storage area.

5. ADDITIONAL GUIDANCE FOR STAFF HANDLING SHARPS IN THE COMMUNITY

5.1 Staff employed by the Trust who use sharps in the community should keep the size of sharps been carried to a minimum. While being transported in a car the sharps bin must have the temporary closure mechanism in place and should be secured in an additional transport box so spillage would be minimised in the event of an accident. They should be kept out of sight and the vehicle in which it is stored must be locked.

IN THE EVENT OF A SHARPS INJURY: Please refer to Policy Flow Chart on Page 4