Mersey Care NHS
NHS Foundation Trust

TRUST-WIDE CLINICAL POLICY DOCUMENT

INOCULATION INJURIES POLICY

Policy Number:	**IC02**
Scope of this Document:	**All Employees employed by or engaged in work on behalf of the Trust that may have sustained an inoculation injury or been exposed to a Blood Borne Virus during the course of their work.**
Recommending Committee:	**Infection Control Committee**
Appproving Committee:	**Executive Committee**
Date Ratified:	**July 2016**
Next Review Date (by):	**April 2018**
Version Number:	**Version 5**
Lead Executive Director:	**Executive Director of Nursing**
Lead Author(s):	**Occupational Health Deputy Manager**

TRUST WIDE POLICY DOCUMENT

2016– Version 5

Quality, recovery and wellbeing at the heart of everything we do

TRUST-WIDE CLINICAL POLICY DOCUMENT

INOCULATION INJURIES POLICY

Further information about this document:

Document name	**Inoculation Injuries Policy IC02**
Document summary	**This policy provides information, guidance and advice on the actions required following an inoculation injury to minimise the risk to staff of acquiring a blood borne virus from an inoculation injury.**
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Published by Copies of this document are available from the Author(s) and via the trust's website	**Mersey Care NHS Trust** **V7 Building** **Kings Business Park** **Prescot** **Liverpool** **L34 1PJ** **Your Space Extranet: http://nww.portal.merseycare.nhs.uk** **Trust's Website www.merseycare.nhs.uk**
To be read in conjunction with	**Infection Prevention and Control Policy (IC01)**
This document can be made available in a range of alternative formats including various languages, large print and braille etc	

Version Control:

		Version History:
Draft Policy – V5	Presented to Policy Group	June 2016

SUPPORTING STATEMENTS – this document should be read in conjunction with the following statements:

SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Trust employees have a statutory duty to safeguard and promote the welfare of children and vulnerable adults, including:

- being alert to the possibility of child/vulnerable adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child/vulnerable adult;
- knowing how to deal with a disclosure or allegation of child/adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child/vulnerable adult concern;
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;
- participating in multi-agency working to safeguard the child or vulnerable adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy /maternity and marriage/civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Trust is committed to carrying out its functions and service delivery in line the with a Human Rights based approach and the FREDA principles of **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy

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APPENDICES

1 PURPOSE AND RATIONALE

Purpose

1.1 The policy will assist with the appropriate management of an inoculation injury.

1.2 The policy will provide guidelines on the assessment of the risk associated with exposure to blood and body fluids.

1.3 The policy will provide advice around the specific management and follow up of staff exposed to a blood borne virus

Rationale

1.4 Healthcare workers (HCW) in the course of their work are potentially at risk from an exposure to blood and/or body fluids. Exposure to blood or other potentially infective body fluids may result in the transmission of blood borne viruses (BBV) including HIV, Hepatitis B (HBV) and Hepatitis C (HCV).

1.5 Although the risk of acquiring a blood-borne virus (BBV) infection is low, the consequences are serious.

1.6 The risk of transmission of a blood borne virus is greater from an infected patient to health care worker then from health care worker to patient.

1.7 Not all patients infected with a blood borne virus have had their infections diagnosed. Therefore all blood and body fluids should be regarded as potentially infectious.

1.8 Inoculation injuries or exposures to blood and body fluids can be minimised by using standard precautions. Post exposure management following an injury or exposure may prevent infection.

2 OUTCOME FOCUSED AIMS AND OBJECTIVES

2.1 For this Inoculation Injuries policy the aims and objectives are as follows.

2.2 To provide a structured process and appropriate advice to staff sustaining an inoculation injury/exposure to body fluids on the immediate first aid treatment required.

2.3 To outline the risk assessment process and who is repsonsible for this.

2.4 Outline who is repsonsible for managing the expsosed staff member and the procedure to be followed for their management including approaching the source patient (donor) for follow up screening.

3 SCOPE

3.1 The policy applies to all employees employed by or engaged in work on behalf of the Trust in hospital or community settings that may have sustained an inoculation injury or been exposed to a Blood Borne Virus during the course of their work.

4 DEFINITIONS

4.1 The relevant terms and their definitions (within the context of this policy document) are outlined below:

4.2 A workplace blood borne virus exposure is defined one of the following:

4.2.1 A penetrating injury from a sharp object or instrument that is contaminated with blood or body fluids

4.2.2 Exposure of mucous membrane (eyes/mouth) to blood or body fluid – this includes splashes.

4.2.3 Exposure of non-intact (broken area of skin due to cut, abrasions, dermatitis etc) skin to blood or body fluids

4.2.4 A human bite that penetrates the skin

4.3 Body fluid definitions – blood, saliva (blood stained or associated with dental work), urine, amniotic fluid, cerebrospinal fluid, vaginal secretions, semen, pleural fluid, synovial fluid, unfixed tissues or organs

4.4 **Abbreviations**

Term	Definition
BBV	Blood Borne Viruses
A & E	Accident and Emergency
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HIV	Human Immune Deficiency Virus
HCW	Healthcare Worker
OHD	Occupational Health Department
HSE	Health & Safety Executive
RIDDOR	Reporting of Injuries Diseases or Dangerous Occurrences
PHE	Public Health England
PEP	Post exposure Prophylaxis
COSHH	Control of substances Hazardous to Health
Donor	The source patient from whom the body fluids/blood has been exposed
Recipient	The HCW receiving the injury

5 DUTIES –

5.1 **Trust Board** – has strategic responsibility for ensuring that there is a suitable Trust Health & Safety Policy and there are effective arrangements for Occupational Health provision for the trust staff.

5.2 **The Chief Executive** has strategic responsibility for ensuring that there is a suitable Trust Health & Safety Policy and there are effective arrangements for Occupational Health provision for the trust staff.

5.3 **The Executive Director** of Nursing is responsible for ensuring the implementation and compliance with this policy

5.4 The **Executive Director of Workforce** is responsible for the OHD having resources and the necessary systems in place to ensure effective implementation of the policy.

5.5 The **Occupational Health Manager** is responsible for the clinical competence of Occupational Health staff.

5.6 The **Occupational Health Management** is responsible for a robust and effective Inoculation injuries policy.

5.7 **Occupational Health clinical staff** have the responsibility for the management and follow up of individuals that have sustained an inoculation injury or exposure to a blood borne virus.

5.8 **Line Managers** are responsible for ensuring their staff are familiar with this policy. They are responsible for the provision of safety only devices, ensuring all staff are trained in using equipment provided, and auditing of environmental standards and workplace inspections which includes safe disposal of sharps and clinical waste.

5.9 **The Infection Prevention and Control Team** are responsible for annual sharps, clinical waste audits. Providing training in relation to safety sharp device usage. Safety sharps device selection and following up exposure incidents to reduce risk of recurrence.

5.10 The **Director of Infection Prevention and Control** is responsible for ensuring information relating to Blood Borne Viruses is included as part of the Infection Prevention and Control policy.

5.11 **All staff** have a responsibility to report a BBV exposure to the OHD within normal office working hours.

5.12 **All staff** have a responsibility to attend A & E or GUM clinic to report a BBV exposure out of normal office hours.

5.13 **All staff** are responsible for complying and becoming familiar with trusts policies (including Management of Inoculation Injuries) and also with regard to the safe disposal of sharps and clinical waste, health and safety and for ensuring that no person is put at risk by their actions.

5.14 **All staff** have personal responsibility for attending corporate training and for keeping up dated records in their personal developed portfolio.

5.15 **All staff** have a responsibility to report to OH if they are positive for any BBV and if they have been involved in any work related event that may have exposed them to a blood borne virus.

6 PROCESS / PROCEDURE

RISK OF BBV INFECTION

6.1 The risk of transmission to a HCW depends on a number of factors:

6.1.1 The infectious status of the source individual

6.1.2 The type of exposure e.g. Sharps, needlestick injury, mucosal exposure or bite

6.1.3 The body fluid and volume e.g. blood, urine etc.

6.1.4 The type of BBV and viral load at time of the exposure.

6.2 Staff are potentially at risk when taking blood, giving injections, carrying out minor surgery, dental and podiatry procedures when decontaminating reusable medical devices and when carrying out other tasks or duties where they could come into contact with bodily fluids.

6.3 **There is NO risk of transmission of BBV viruses to intact skin.**

Hepatitis B

6.4 An unvaccinated Health Care Worker (HCW) exposed to a known positive Hepatitis B Virus (HBV) source has a 6-30% risk of becoming infected if they do not receive post exposure immunoglobulin.

6.5 Staff who are fully immunised against Hepatitis B and have had a blood test post vaccinations to confirm immunity against Hepatitis B cannot contract HBV from a known positive source.

Hepatitis C

6.6 The risk of being infected from a known Hepatitis C Virus (HCV) source through a needlestick injury is approximately 3%.

HIV

6.7 A sharps injury sustained from a known HIV infected source is about 1 in 300 (a 0.3% risk of transmission depending on the viral load of the donor (patient). Meaning the risk of occupational exposure to HIV is low.

Prevention

6.8 Control of Substances Hazardous to Health (COSHH) requires employers to carry out an assessment of work and procedures to prevent or control both an individuals' or group of employees' exposure to substances known to be hazardous to health.

6.9 This process should include methods of working and ways of reducing identified hazards and the risks involved in activities such as disposal of sharps, body fluid and tissues, and contaminated items and equipment.

Standard Universal Precautions

6.10 These are measures which will help to minimise the risk of exposure to BBV's, Standard Precautions - Appendix B.

6.11 Measures Associated with Use and Disposal of Sharps and Equipment Contaminated with Blood and Body Fluid.

6.12 Many percutaneous injuries are preventable and if procedures for the safe handling and disposal of potentially infected materials are followed this will reduce the risk – Safe Handling of Sharps and Items Contaminated with Blood and/or Body fluids - Appendix C.

Immunisation (Hepatitis B)

6.13 There is currently no vaccine to prevent against either HCV or HIV.

6.14 The OHD offers all Mersey Care NHS Trust employees' who have direct contact with patients Hepatitis B immunisation. Vaccination is administered in compliance with the Department of Health Guidelines.

MANAGEMENT OF EXPOSURE INCIDENT

Immediate Action

6.15 Wounds and skin areas that have been in contact with blood or body fluids should be gently encouraged to bleed and washed with soap and water and covered with a waterproof dressing if the skin is broken (bleed it, wash it, cover it, report it).

6.16 Mucous membranes should be flushed with water. Eyes should be irrigated with clean water or saline.

6.17 The incident should be reported immediately to the manager/supervisor within that working area.

6.18 The manager/supervisor should make an initial risk assessment of the exposure using the flowchart shown in Appendix 1

6.19 If the exposure is assessed as high or uncertain risk the OHD should be contacted promptly for further advice. If it is outside the normal departmental hours (8:30 – 16:00 hours Monday - Friday) the HCW should attend the nearest Accident and Emergency (A&E) Department or GUM clinic (Genito-Urinary Medicine) for assessment and management of the injury.

6.20 Details regarding the source patient (Appendix 4) should be provided to the OHD or A&E Department to assist the assessment/treatment process.

6.21 A blood sample (5mls clotted in a ochre/yellow topped blood bottle) is requested and taken from the exposed HCW and this will be stored within the lab as a baseline sample for possible further testing (serum save).

6.22 All incidents should be reported to the OHD (even if the initial assessment was carried out in the A&E Department/GUM) for advice, counselling, follow-up and further tests (if required). Details relating to the incident will be recorded Appendix 5.

6.23 The incident should be reported using the Mersey Care Datix system

6.24 If an exposure occurs out of hours due to a failed resuscitation the Silver on Call is to be notified, so that the Coroner can be contacted.

Assessment of Risk

6.25 The immediate treatment offered depends on the risk of exposure and whether the source patient is known to be or is potentially infected with HBV, HCV, or HIV.

6.26 Information on the source patient is important as part of the risk assessment. The risk assessment can be undertaken immediately by the employees' line manager or themselves if they are lone workers by using appendix D. This risk assessment should also include the volume of blood/body fluid, mode of transmission, duration and extent of the exposure.

6.27 If the exposure occurs within normal working hours the OHD will risk assess the incident and therefore should be contacted promptly for further advice.

6.28 If exposure occurs outside the normal departmental hours (8:30 – 16:00 hours Monday – Friday) the HCW should attend the nearest Accident and Emergency (A&E) Department / GUM clinic for the injury to be risk assessed.

Testing the Source Patient

6.29 The patient's Medical Officer or treating doctor will be asked about obtaining the patient's consent for testing for HBV, HCV, and HIV if there is no existing known status on the patient, (ie: in the event that the patients Medical Officer is the recipient (injured party) then another Medical Officer should be asked to obtain the patients consent).

6.30 If the patient refuses testing or is mentally incapacitated and unable to give consent and the patient's medical officer decides it is not in the best interest of the patient to be tested then the incident will be managed as an unknown source.

6.31 When consent has been obtained from the source (donor) (or the medical officer decides it is the best interests of the patient to be screened) a blood sample should be obtained and sent to the virology laboratory with a request for a copy of the result to be forwarded to the OHD. Staff will then be informed if future follow-up is required.

6.32 Depending on where in the Trust the incident takes place confirmation from the lab (Liverpool, Whiston, Southport) should be obtained in relation to what colour blood bottle should be used, as this may differ between sites.

Specific BBV Post Exposure Management

HIV - Post Exposure Prophylaxis

6.33 If following assessment of risk (Appendix 4) it is concluded that Post Exposure Prophylaxis (PEP) treatment should be commenced the exposed staff will be advised to attend the nearest A&E Department/GUM clinic where the treatment will be issued.

6.34 It is most effective if PEP is commenced within 1-2 hours following exposure, although it can be commenced within 72 hours of the injury. If the exposure is assessed as high risk the commencement of PEP for the recipient (staff Member) should not be delayed whilst the outcome of any testing of the source patient (donor) is obtained

6.35 The A&E Department/GUM clinic will discuss the drug treatment regime with the exposed staff. Staff must contact the OHD to ensure specialist follow-up arrangements are in place.

HBV – Booster Vaccination or Immunoglobulin

6.36 If the HCW has completed a course of vaccination and is known to have produced protective antibodies following vaccination they can be reassured that they are not at risk but a booster dose of Hepatitis B vaccine may be given in compliance with national guidelines.

6.37 If the HCW has not been vaccinated or not produced protective antibodies following a previous course of vaccination and there is a high risk of exposure to the virus they can be

given a dose of immunoglobulin (ideally within 48 hours but can be up to seven days post inoculation injury) following exposure and commence a course of Hepatitis B vaccination where appropriate.

6.38 The Occupational Health Department will contact the Consultant Microbiologist who will risk assess the incident and advise whether Immunoglobulin is required. This will then be obtained from the laboratory at UHA as the shelf life is too short to be kept refrigerated on Trust site.

6.39 The Immunoglobulin or Hepatitis B booster injection will be administered by the OH professional.

HCV

6.40 There is no immediate post exposure treatment for Hepatitis C. Management is follow-up blood testing at intervals specified by the Department of Health ie: 6 weeks, 3months and 6 monthly periods.

6.41 If the recipient (staff member) is found to be positive for HCV following transmission they will be referred to a specialist for further management.

6.42 **Management of an Unknown Source**

6.43 When staff (recipient) receives an injury from an unknown source or where source blood testing cannot be carried (patient refusal) out further management of the exposure will be based on the risk assessment and it will be classed as exposure from an unknown source.

6.44 In some cases with pre and post test counselling (Appendix 6) the staff may undergo testing for HBV, HCV and/or HIV. The timing of these tests complies with national recommendations.

6.44.1 HCV - Polymerase Chain Reaction (PCR) blood test at 6 weeks and 3 months

6.44.2 HCV antibody blood test at 3 and 6 months.

6.44.3 HIV - antibody blood test at 3 and 6 months.

6.44.4 Specialist follow-up will be arranged in the event of a positive result.

6.44.5 For staff non responder Hepatitis B status testing will take place at 3 and 6 months post exposure.

TRUST REPORTING ARRANGEMENTS

6.45 Inoculation incidents will be reported in compliance with the Trust Policy on the Reporting, management and review of adverse incidents (SA03).

6.46 The incident must be reported to the Occupational Health Department as soon as possible after the injury or after attending the nearest A&E Department.

6.47 Compliance with this policy will be monitored through the Infection Control Committee. All inoculation injuries will be reported quarterly by the Occupational Health Manager to the Infection Control Committee. This will outline the number of incidents, trends and action taken.

6.48 This information will also be presented to the Integrated Governance Committee as part of the Chair's report and to the Trust Board via the Infection Control Annual Report.

6.49 Annual auditing of sharps is undertaken through the Infection Prevention and Control Department.

Notification

6.50 Cases of occupationally acquired HBV, HCV, and HIV are reportable to the Health & Safety Executive (HSE) under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995.

6.51 The Public Health England (formerly Health Protection Agency), Communicable Disease Surveillance Centre is informed of cases of confirmed exposures of staff to a BBV. This report excludes any details of the injured staff but includes data on type of exposure, type of sharp, depth of injury, material exposed to. Further follow-up questionnaires are completed when requested.

7. CONSULTATION

7.1 This policy was written by the Occupational Health Specialist Nurse and distributed to members of the Policy Group for consultation.

8. TRAINING AND SUPPPORT

8.1 The training requirements related to this policy.

8.2 All Trust staff will receive information on safe use of sharps and inoculation incidents as part of induction and mandatory training

8.3 All staff new to OH will be trained on Management of Inoculation Injuries/Exposure to Blood Borne virus and the relevant processes.

8.4 Infection Prevention and Control Team provide additional training to all link nurses/vaccinators.

8.5 Please see the Corporate Training Needs Analysis in the Mandatory Training Policy (HR05).

9. MONITORING

9.1 Reporting will on a quarterly basis to the Infection Control Committee of Mersey Care NHS Foundation Trust

9.2 For LCH NHS Trust reporting arrangements will be provided to the Health & well Being Coordinator as requested

10. SUPPORTING DOCUMENTS

List of Supporting Documents

Ref No	Name
IC01	Infection Prevention and Control
HR05	Mandatory Training
SA03	Reporting Management and review of Adverse Incidents
HR29	Occupational Health
SA07	Health Safety and Welfare Policy

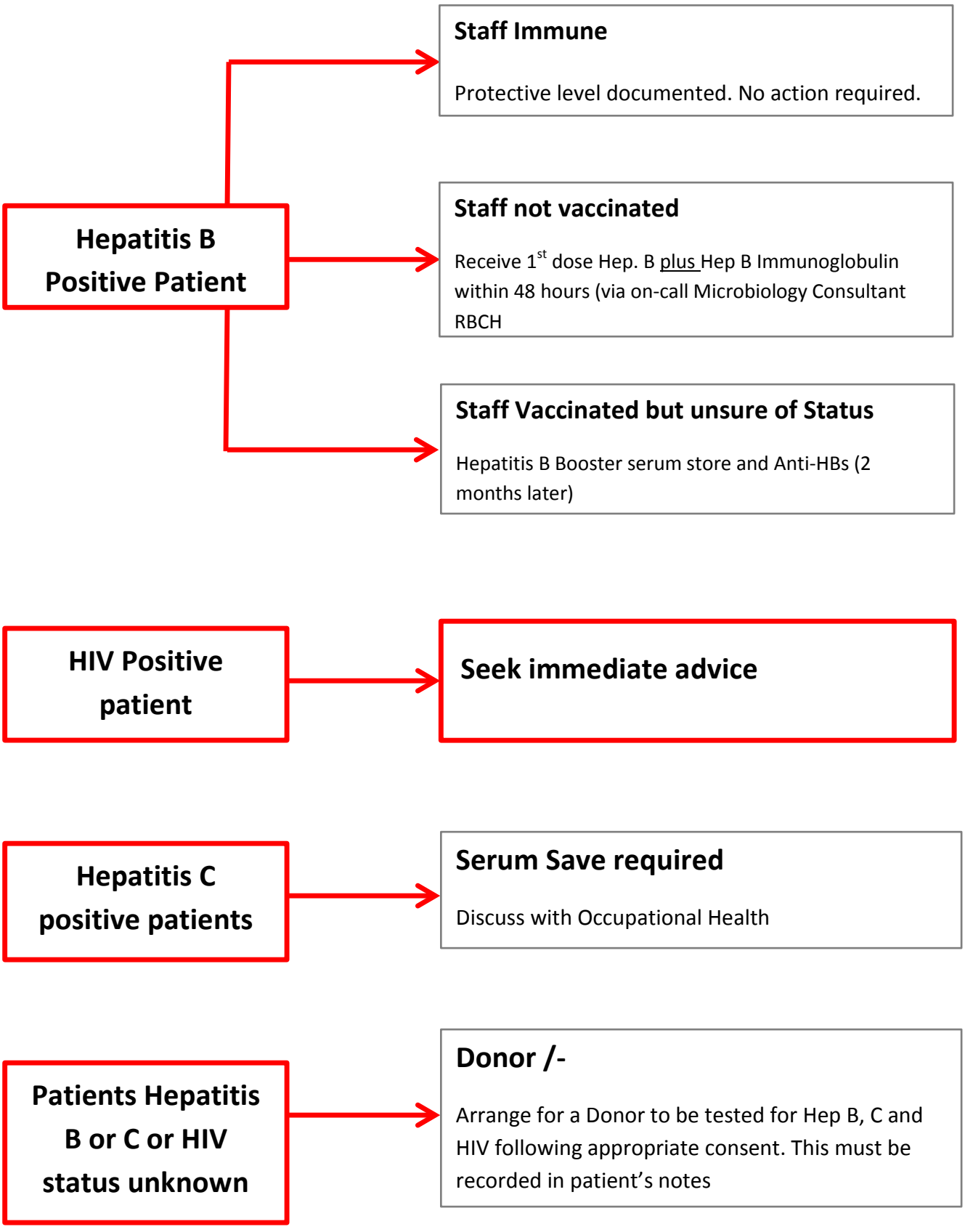
APPENDIX A

1. Wash/clean affected broken skin area with soap and water, rinse mucosal membranes with saline water. Do not suck.

2. Notify line manager immediately

3. Contact Occupational Health immediately – if out of hours go to nearest A & E or GUM clinic for assessment of injury

4. Complete incident form/Datix (whichever recording system relevant to Trust)


Hepatitis B Positive Patient
Staff Immune
Protective level documented. No action required.
Staff not vaccinated
Receive 1st dose Hep. B plus Hep B Immunoglobulin within 48 hours (via on-call Microbiology Consultant RBCH
Staff Vaccinated but unsure of Status
Hepatitis B Booster serum store and Anti-HBs (2 months later)
HIV Positive patient
Seek immediate advice
Hepatitis C positive patients
Serum Save required
Discuss with Occupational Health
Patients Hepatitis B or C or HIV status unknown
Donor /-
Arrange for a Donor to be tested for Hep B, C and HIV following appropriate consent. This must be recorded in patient's notes

APPENDIX B

Standard Precautions

- Wash hands between the care of each patient
- Use gloves when handling body fluids or performing procedures where exposure is possible. Wearing a glove may reduce the volume of blood introduced through the injury.
- Use protective aprons, eyewear when there is a risk of a splash or spray of body fluids
- Spillages of body fluids should be dealt with as per the Infection Prevention and Control Policy
- Cover all cuts and breaks in the skin with a waterproof dressing. Cases of eczema/dermatitis affecting exposed areas should seek advice from Occupational Health
- Appendix

Appendix C

Safe Handling of Sharps and Items Contaminated with Blood and/or Body Fluids

- Use safety needles and syringes (devices)
- Dispose of sharps in an appropriate designated sharps container
- Ensure an adequate supply of sharps containers and they are not over filled
- Ensure sharps containers are not left unattended in patient/visitor areas
- Ensure sharps containers are securely closed and disposed of as clinical waste
- dispose of sharps at the point of care
- Do not attempt to retrieve any item from a sharps container
- Sharps containers which are transported must comply with the Carriage of Dangerous Goods (Classification, Packaging and Labelling) and Use of Transportable Pressure Receptacles Regulations 1996

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APPENDIX D

OCCUPATIONAL HEALTH
ASSESSMENT OF INJURY AND MANAGEMENT OF BBV INCIDENT

Personal details	NHS Trust:
Name:	Job Title:
D.O.B:	Work area:
Area where incident occurred:	Date:

Section A: Type of Injury	**TICK MOST APPROPRIATE**
Needle stick injury from a needle used on an artery or vein	
Needle stick injury from a hollow bore needle (not used for above)	
Injury from a sharp instrument contaminated with blood or body fluid	
A human bite where blood is drawn	
Contamination of an abrasion or skin lesion with blood or body fluids (through direct or indirect contact)	
Blood or body fluid coming into contact with mucosal surface	

If the answer is <u>no</u> to all of the questions in Section A no further action is necessary.

Section B: Type of Body Fluid	**TICK MOST APPROPRIATE**
Blood	
Visibly blood stained body fluid	
Saliva	
Urine	
Other – Please Name	

Section C: Recipient Hepatitis B Vaccination History		**Tick those where the answer is YES**	
Known responder to vaccine		Fully vaccinated – level unknown	
Poor (low level) responder (>100)		Non – responder (>10)	
Unvaccinated		Naturally Immune	
Partially vaccinated		Completed vaccination – not due blood test yet	

Section D: Management of Exposure	Yes	No	Refused	Comments
Blood taken for Serum Save in OH or alternative A&E, GM, GP, walk in centre				
Booster Hepatitis B Vaccination administered				
Commenced/completed Vaccination				
Hepatitis B Immunoglobulin advised and given				
HIV Post exposure Prophylaxis required				

Section E: Source of exposure	Yes	No	Comments
Can the source of injury be identified			
Treat as unknown source			

Details of Source of Exposure (donor)	
Name: DOB:	Ward/Department Site: Trust:
Does the donor have a known BBV	Yes No (circle appropriate)
Does the donor have high risk factors for a BBV ie: known IV user, sexual practice, country of origin	Yes No (circle as appropriate)
Donor Previously Tested for (please tick)	**Date and Result**
Hep B Yes No Hep C Yes No HIV Yes No	
Is the donor currently an in-patient	Yes No
Has the donors consultant/GP been approached to obtain patient's BBV status	Yes No
Name of doctor:	
Date:	
Has the donor given consent for testing	Yes No
Consent Obtained for Testing from donor	**Date** **Result**
Hep B Yes No Hep C Yes No HIV Yes No	

Section F: Follow up Blood test	Type of Blood test	Date recalled	Date Attended	Result	Inform PAM	Completed
6 weeks	Hepatitis C PCR					
12 weeks	Hepatitis C PCR and Hepatitis C antibody Hepatitis B surface antigen if relevant HIV antibody					

6 months	Hepatitis C antibody Hepatitis B surface antigen if relevant					

Action to be undertaken if recipient tests positive for BBV			
Inform recipient of positive result and obtain consent to screen serum save	Date	Consent obtained Yes No	Signature
Has lab been contacted and asked to screen the serum save	Yes No	Date	Signature
Blood result received in OH			
Has the recipient tested positive from serum save	Yes Obtain GP details and inform in writing and complete HPA reporting form on line	No No further action	
PH England (previously HPA) informed	Date	By Whom	Signature

Recording of follow up testing
Signature of OH Professional completing Initial Risk Assessment: Date: Print Name:
Signature of OH Professional completing 6 week blood test Date: Print Name:
Signature of OH Professional completing 3 month blood test Date: Print Name:
Signature of OH Professional completing 6 month blood test Date: Print Name:
Signature of OH Professional stating recipient is aware that period of screening is now completed and no further recall required: Date: Print Name:

Copy of this form currently to be kept in Inoculation Injury folder within the OH department as Cohort system not currently live and therefore no automatic recall for follow up
Copy of form to be scanned into Windip when testing completed or no further follow up required
Statistical information recorded to be collated by Occupational Health quarterly – this will be sent to Mersey Care Trust Infection Control Department for Trust Annual Infection Control report. (state LCH when known where)

Pre and Post Test Counselling

Pre and post blood test counselling is an important part in the management of staff who have suffered an inoculation/needlestick injury that may have exposed them to a BBV. Testing for a BBV is offered in compliance with the national recommendations.

Pre Test

- Create a supporting and trusting relationship
- Enable the staff to express his/her concerns
- Discuss the scope and limits of confidentiality
- Discuss and clarify the staff's understanding of BBV infections
- Give clear information to the client to make an informed decision
- Explain the procedure for having blood taken, including when the results will be known and how the staff will be informed
- Explain if a repeat test is required
- Discuss the advantages and disadvantages of negative and positive results
- Discuss where the staff may obtain support whilst awaiting the result of the test including use of counselling services
- Explain the available services and treatment for BBV
- Allow the staff time to consider any questions they wish to ask
- The test is voluntary

Post Test

- Give the result, checking the staff's understanding
- Identify immediate concerns, provide support and offer referral to an appropriate specialist if positive result
- Reassure the staff in relation to reactions or ongoing anxieties
- Identify difficulties that the staff foresees and ways to deal with them
- Explore coping strategies until testing is completed
- Help the staff identify who else may provide support
- Provide information about other support organisations
- Supply appropriate information leaflets

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Equality and Human Rights Analysis

Title: IC02 Inoculation Injuries Policy
Area covered: Trust Wide Policy

What are the intended outcomes of this work?

This is a review of the previous assessment undertaken on 07.01.2011.
Mersey Care NHS Trust is committed to minimising the risk to staff of acquiring a blood borne virus from an inoculation injury. This policy provides information, guidance and advice on the actions required following an inoculation injury.

Details

- **Management of an inoculation incident**
- **Assessment of the risk associated with exposure to blood and body fluids**
- **Specific management and follow up of staff exposed to a blood borne virus**

Who will be affected?
This policy applies to all employees employed by or engaged in work on behalf of the Trust that may have sustained an inoculation injury or been exposed to a BBV during the course of their work.

Evidence
What evidence have you considered? **The policy.** **The previous equality assessment.**
Disability inc. learning disability

No issues identified.
Sex **No issues identified.**
Race **No issues identified.**
Age **No issues identified.**
Gender reassignment (including transgender) **No issues identified.**
Sexual orientation **No issues identified.**
Religion or belief **No issues identified.**
Pregnancy and maternity **No issues identified.**
Carers **No issues identified.**
Other identified groups **No issues identified.**
Cross cutting **Consent issues identified** **If patients do not wish to consent to testing they have the right to refuse.**

Human Rights	**Is there an impact?** **How this right could be protected?**
This section must not be left blank. If the Article is not engaged then this must be stated.	
The Trust have a duty to ensure staff practice in a safe manner following	

health and safety regulation and ensure that staff are made aware of practising in a safe way and what action to take if a needle stick injury occurs.	
Right to life (Article 2)	**No issues identified within discussions.**
Right of freedom from inhuman and degrading treatment (Article 3)	**No issues identified within discussions.**
Right to liberty (Article 5)	**No issues identified within discussions.**
Right to a fair trial (Article 6)	**No issues identified within discussions.**
Right to private and family life (Article 8)	**Testing the source patient.** **Article 8 is engaged when staff are subject to a needle stick injury. The right of the patient is maintained .The patient's Medical Officer or treating doctor will be asked about obtaining the patient's consent for testing for HBV, HCV, and HIV if there is no existing known status on the patient, (ie: in the event that the patients Medical Officer is the recipient (injured party) then another Medical Officer should be asked to obtain the patients consent).** **Please note** **If the patient refuses testing or is mentally incapacitated and unable to give consent the incident will be managed as an unknown source.**
Right of freedom of religion or belief	**No issues identified within discussions.**

(Article 9)	
Right to freedom of expression Note: this does not include insulting language such as racism (Article 10)	**No issues identified within discussions.**
Right freedom from discrimination (Article 14)	**No issues identified within discussions.**
Engagement and involvement	
This policy was submitted to the Trust Policy Group.	

Summary of Analysis
Eliminate discrimination, harassment and victimisation **This is a Trust wide policy that is about needle stick injuries that staff may experience.** **One main issue that has been identified is in relation to a patient providing consent to be tested for a blood Bourne virus.** **The policy makes it clear that patients have the right to refuse.** **Support measures are in place for staff when this occurs.**
Advance equality of opportunity **N/A**
Promote good relations between groups **N/A**

What is the overall impact? **Intended to have no negative impact on the protected group.**

Addressing the impact on equalities **This policy and its application should ensure minimal/little discrimination.**

Action planning for improvement **N/A**

Mersey Care NHS
NHS Foundation Trust

For the record **Name of persons who carried out this assessment (Min of 3):** **Sarah Bimendi** **George Sullivan**
Date assessment completed:21.07.2016
Name of responsible Director: Executive Director Of Nursing
Date assessment was signed: July 2016

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Action plan template

This part of the template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your policy.

Category	Actions	Target date	Person responsible and their Directorate
Clarification needed.	In relation to the section below clarify if staff have a choice to go for screening –if they have a needle stick injury – also what about confidentiality. Pre and post blood test counselling is an important part in the management of staff who have suffered an inoculation/needle stick injury that may have exposed them to a BBV. Testing for a BBV is offered in compliance with the national recommendations.		
Publication	This assessment should be placed at the bottom of the policy when placed on the Trust website.		