TRUST-WIDE POLICY DOCUMENT

IC02 INOCULATION INJURIES POLICY

Policy Number:	IC02
Scope of this Document:	All Employees employed by or engaged in work on behalf of Mersey Care NHS Foundation Trust (including students/contractors and visitors on Trust business) that may have sustained an inoculation injury or potentially been exposed to a Blood Borne Virus during the course of their work.
Recommending Committee:	Infection Prevention & Control Committee.
Appproving Committee:	Executive Committee
Date Ratified:	September 2018
Next Review Date (by):	July 2021
Version Number:	Version 6
Lead Executive Director:	Executive Director of Nursing and Operations
Lead Author(s):	Occupational Health Deputy Manager

2018 – Version 6

Striving for Perfect Care for the People we Serve

TRUST-WIDE CLINICAL DOCUMENT

IC02 - 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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To be read in conjunction with	IC01: Infection Prevention and Control Policy SA07:Health, Safety and Welfare Policy HR05:The HR Policy and Procedure for Learning and Development for Staff within Mersey Care SD34: Venepuncture Policy HR29: Occupational Health Policy SA03: Reporting Management and Review of Adverse Incidents Policy HR28: Induction and Mandatory Training Policy
This document can be made available in a range of alternative formats including various languages, large print and braille etc	

Version History:		
Draft Policy Version 5	Authors: Occupational Health Manager Presented to the Executive Committee for Approval	Date: June 2016
Version 6	Author: Deputy Occupational Health Manager Presented to the Policy Group for comments Presented to the Executive Committee for Ratification	Date: Aug 2018 Date: Sept 2018

SUPPORTING STATEMENTS

This document should be read in conjunction with the following statements:

SAFEGUARDING IS EVERYBODY'S BUSINESS

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

- being alert to the possibility of child/adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child/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/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 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 Foundation 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
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EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Foundation 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 Foundation 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 Foundation 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 Trust recognises the importance of dealing with inoculation incidents and bodily fluids exposure of its employees in a timely and robust manner to achieve the best outcome possible. The Trust has an obligation under the Health and Safety legislation and RIDDOR regulations as well as an ethical and moral duty to manage and report inoculation incidents in a timely and responsive manner.

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

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

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

Rationale

1.5 Healthcare workers (HCW) in the course of their work are potentially at risk from 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).

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

1.7 The risk of transmission of a blood borne virus is greater from an infected patient to HCW than from HCW to patient.

1.8 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.

1.9 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

The aims and objectives are as follows.

2.1 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.

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

2.3 Outline who is responsible for managing the exposed 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:

Table 1: Definitions

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

- A penetrating injury from a sharp object or instrument that is contaminated with blood or body fluids
- Exposure of mucous membrane (eyes/mouth) to blood or body fluid – this includes splashes.
- Exposure of non-intact (broken area of skin due to cut, scratch, abrasions, dermatitis etc.) skin to blood or body fluids
- 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

Abbreviations

Term	Definition
EPP	Exposure Prone Procedures
BBV	Blood Borne Viruses
A & E	Accident and Emergency
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HIV	Human Immune Deficiency Virus
HCW	Health Care Worker
OHD	Occupational Health Department
HSE	Health & Safety Executive
RIDDOR	Reporting of Injuries Diseases/ Dangerous Occurrences Regulations
PHE	Public Health England
PEP	Post Exposure Prophylaxis
COSHH	Control of Substances Hazardous to Health

Term	Definition
Donor	The source patient from whom the body fluid came
Recipient	HCW receiving the injury
HBIG	Hepatitis B Immunoglobulin

5 DUTIES –

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

5.2 The Executive Director of Nursing and Operations – 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 and Operations is responsible for ensuring the implementation and compliance with this policy.

5.4 The 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 (OH) Manager is responsible for the clinical competence of Occupational Health staff.

5.6 Occupational Health Management is responsible for a robust and effective Inoculation Injuries Policy.

5.7 Occupational Health clinical staff are responsible for the management and follow up of individuals employed within the Trust or acting on behalf of the Trust that have sustained an inoculation injury or have been exposed to a blood borne virus.

5.8 OH are responsible for immediate risk assessment of the incident and if considered a high risk incident of liaising with the medical microbiologist/virologist at UHA/RLUH laboratories to see if PEP or HBIG is required and make the relevant arrangements for administration of PEP/HBIG if deemed appropriate.

5.9 OH are responsible for informing the affected/exposed HCW about the risk of exposure following risk assessment and indications of any relevant treatment and future recall appointments for further screening where appropriate.

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

5.11 The Infection Prevention and Control Team are responsible for auditing sharps and clinical waste practice.

5.12 Service Managers are responsible for providing training in relation to safety sharp device usage. Safety sharps device selection and following up exposure incidents to reduce risk of recurrence.

5.13 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.

5.14 All staff have a responsibility to take reasonable care at work to ensure their own safety and that of others – this includes reducing the risk of exposure to body fluids and sharps injury to not only themselves but to colleagues/patients and visitors

5.15 All staff have a responsibility to perform immediate first aid to the injured area and report a BBV exposure to the OHD as soon as is practically possible after the incident (within normal office working hours).

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

5.17 All staff are responsible for complying and becoming familiar with the 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.

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

5.19 All staff are responsible for informing 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.

5.20 All staff are responsible for reporting an exposure via The Trust reporting system Datix / Ulysses (dependent on site)

6 PROCESS / PROCEDURE

6.1 Risk of BBV Infection

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

- The infectious status of the source individual
- The type of exposure e.g. Sharps, needle-stick injury, mucosal exposure or bite/scratch
- The type and volume of body fluid e.g. blood, urine etc.
- The type of BBV and viral load at time of the exposure.

6.2 Staff may potentially be at risk in undertaking certain tasks/duties

- When taking blood
- Exposure Prone Procedures (EPP)
- Giving injections
- Carrying out minor surgery

- Dental and podiatry procedures
- When decontaminating reusable medical devices

- Undertaking other tasks or duties where they could come into contact with bodily fluids.

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

Hepatitis B

6.3 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. Immunoglobulin is most effective if administered within 48 hours of the incident but can be given up to 7 days post incident.

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

Hepatitis C

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

HIV

6.6 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

6.7 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.

6.8 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

6.9 These are measures which will help to minimise the risk of exposure to BBV's - Appendix C.

Measures Associated with Use and Disposal of Sharps and Equipment Contaminated with Blood and Body Fluids

6.10 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 D.

Immunisation (Hepatitis B)

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

6.12 There is currently no vaccine to prevent against either Hepatitis C (HCV) or HIV.

Management of Exposure Incident

Immediate Action

6.13 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, and report it).

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

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

6.16 The manager/supervisor should make an initial risk assessment of the exposure using the flowchart shown in Appendix A.

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

6.18 If there is no known status on the patient then consent should be sought as soon as possible by the senior nurse or doctor on duty to obtain as sample of the patients blood for BBV screening

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

6.20 The incident should be reported using the Trust's reporting systems

6.21 Within Mersey Care NHS Foundation Trust mental health ward settings an exposure that occurs out of hours due to a failed resuscitation the nurse in charge must inform the Silver on Call, so that the Coroner can be contacted.

Assessment of Risk

6.22 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.

6.23 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 E.

6.24 Details regarding the source patient (Appendix E) should be provided to the OHD or other relevant department to assist the assessment/treatment process.

6.25 This risk assessment should also include the volume of blood/body fluid, mode of transmission, duration and extent of the exposure.

6.26 If it is outside these hours the affected HCW should attend the nearest Accident and Emergency (A&E) Department or GUM clinic (Genito-Urinary Medicine) for assessment and management of the injury.

Testing the Source Patient

6.27 The Donor must not be approached by the recipient

6.28 The patient's Medical Officer or treating physician/GP 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, (i.e.: 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).

6.29 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.

6.30 The patient has the right to refuse and if that is the decision then the exposure is 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.

Specific BBV Post Exposure Management

HIV - POST EXPOSURE PROPHYLAXIS

6.32 If following assessment of risk (Appendix B) it is concluded that Post Exposure Prophylaxis (PEP) treatment should be commenced the exposed staff will be advised by OH where to attend to obtain the treatment.

6.33 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

6.34 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

6.35 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.

6.36 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:

6.37 Given a dose of immunoglobulin (HBIG) (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/Virologist at UHA/RLUH who will risk assess the incident and advise whether HBIG is required.

6.39 If HBIG is required arrangements will be made as to where the staff member receives this.

6.40 The shelf life of HBIG is too short to be kept refrigerated on a Trust site.

6.41 The Hepatitis B booster injection will be administered by the OH professional.

HCV

6.42 There is no immediate post exposure treatment for Hepatitis C. Management is follow-up blood testing at set intervals specified by the Department of Health i.e.:

- 6 weeks (only if the patient is known to be HCV positive and there is evidence of this)
- 3 months (12 weeks)
- 6 monthly periods.(24 weeks)

6.43 If the recipient (staff member) is found to be positive for HCV from a blood test at either 6, 12 or24 weeks after the incident the serum save (baseline blood sample) taken immediately post exposure will be tested to establish the staff member status at the time of the exposure.

6.44 If the recipient (staff member) is found to be positive for a BBV they will be referred to the appropriate specialist for further management.

Management of an Unknown Source

6.45 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.

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

- HCV antibody blood test at 3 and 6 months
- HIV - antibody blood test at 3 and 6 months

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

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

Trust Reporting Arrangements

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

6.50 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.

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

6.52 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.

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

Notification

6.54 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 by Health & Safety.

6.55 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 and reviewed by the Deputy Manager in Occupational Health / Specialist Nurse and distributed to members of the Policy Group for consultation: Infection Prevention and Control

8 TRAINING AND SUPPPORT

8.1 The training requirements related to this policy:

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

b) All staff new to OH will be trained on Risk Assessment and Management of Inoculation Injuries / Exposure to Blood Borne virus and the relevant processes.
c) Infection Prevention and Control Team provide additional training to all link nurses/vaccinators. Please see the Corporate Training Needs Analysis in the Mandatory Training Policy (HR05).

9. MONITORING

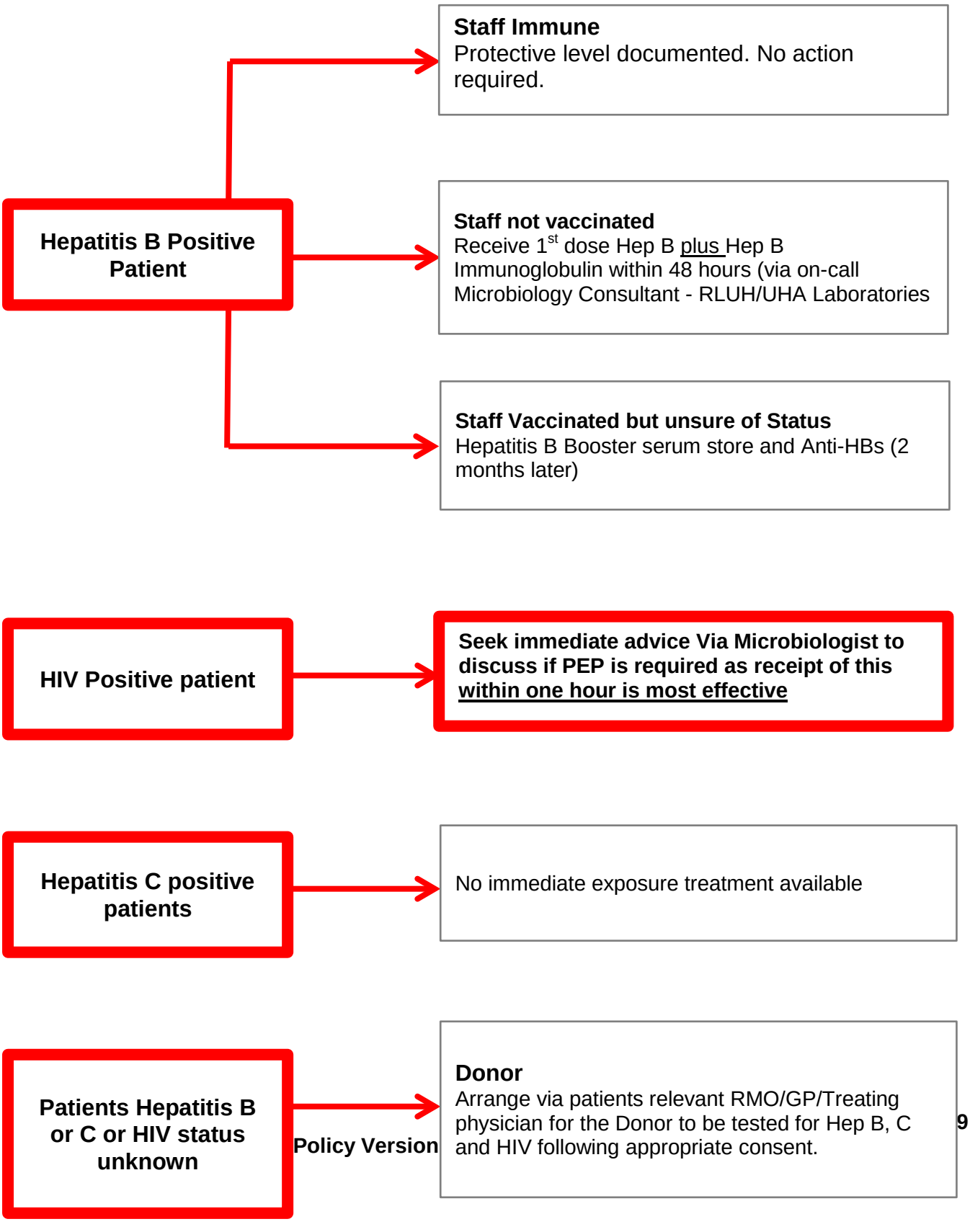
9.1 Reporting will be on a bi-monthly basis to the Infection Prevention and Control Committee of Mersey Care NHS Foundation Trust. Presented by the Occupational Health Manager or identified deputy.

10. EQUALITY AND HUMAN RIGHTS ANALYSIS AND ACTION PLAN

10.1 This can be found under Appendix H of the document.

APPENDIX A

FLOW CHART for immediate guidance following exposure if patients Blood Borne Virus (BBV) status is known



APPENDIX B

OCCUPATIONAL HEALTH

RISK ASSESSMENT OF INJURY AND MANAGEMENT OF BBV INCIDENT

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

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 no 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, GUM, GP, walk in centre				
Booster Hepatitis B Vaccination administered				

Commenced/completed Vaccination				
Hepatitis B Immunoglobulin advised and given				
HIV Post exposure Prophylaxis required				
Inform H&S if RIDDOR (BBV+) donor				

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:		
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: Surgery:			
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**	**RIDDOR?**	**Completed**
6 weeks –	Hepatitis C PCR **only to be undertaken if donor known to be HCV positive**					
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 by telephone/letter 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	Yes No	Date	Signature
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	Signature
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 form to be scanned into the individual's electronic record when testing is completed or no further follow up require.
Statistical information recorded to be collated by Occupational Health bimonthly – this will be sent to Mersey Care NHS Foundation Trust Infection Control Department for Infection Control reporting.

Appendix C

Standard Universal Precautions for Employees dealing with Blood/body fluids

- Wash hands between the care of each patient

- Use gloves when dealing with blood or body fluids or performing procedures where exposure to blood or body fluids 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 – for Exposure prone Procedure (EPP) workers this is mandatory

- Spillages of body fluids should be dealt with as per the Trust's Infection Prevention and Control Policy (IC01 on Trust Intranet)

- 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 D

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

- As per Trust policy use safety devices: needles and syringes
- 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 the lid to the sharps box is closed at the end of clinics
- Ensure sharps containers are securely closed and disposed of as clinical waste
- Do not leave sharps box at a low level where people have an opportunity to place hands inside/make contact with contents
- Dispose of sharps at the point of care
- Do not attempt to retrieve any item from a sharps container
- Sharps containers which are transported in the course of an individuals duties must comply with the Carriage of Dangerous Goods (Classification, Packaging and Labelling) and Use of Transportable Pressure Receptacles Regulations 1996
- Never re-sheath a needle

Appendix E

Source Patient Information

To be completed by Doctor or Nurse in Charge of the Patient at the time of exposure: to be kept in Patient notes and take a copy to OH/A&E/GUM

Name of Employee: Date and Time of Incident:

Job: Place of work:

Name of Source individual: (DONOR) Date of Birth:

Ward/Location: GP/Consultant/RMO:

Is the source patient:

(Please circle)

1. HIV Positive? Yes No Not Known

2. Hepatitis B antigen positive Yes No Not Known

3. Hepatitis C positive? Yes No Not Known

4. Considered to be in a high risk group? Yes No Not Known
(IV Drug Abuser, Sex Worker, sub-Saharan Nationality, etc)

5. Any other infection risk? Yes No Not Known

(If answered YES to questions: 1,2 or 3 there **must be** confirming evidence of a previous blood test)

Specify::
(Date tested)

Signed: Date:

Printed Name: Bleep/Ext No:

Designation:

Appendix F: **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 / needle-stick 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 their 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 to the staff member and check their understanding

• Identify immediate concerns, provide support and offer referral to an appropriate specialist if positive result

• Reassure the staff in relation to reactions or on-going anxieties

• Identify difficulties that the staff member 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

• Encourage questions and allow adequate time for these

Topics which should have been covered:

• Client's risk perception

• Information either verbal or written about BBV's/ and follow up testing

• Confidentiality

• Consent

• Support and reassure

• Employment issues

• Reduction of transmission to others: Sexual Health Advice

APPENDIX G

Immediate Action to take following Exposure to Blood or Body fluids

STAFF INFORMATION – ACTION TO TAKE: POLICY ICO2

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 and Report It).**

OCCUPATIONAL HEALTH: 0151 471 2451 (SWITCH HOUSE) & DATIX

For mucous membranes exposure the area should be flushed with water. Eyes should be irrigated with clean water or saline.

The incident should be reported immediately to that working area to the duty manager and a DATIX completed.

Details regarding the source patient (Appendix E) should be completed and the individual affected should bring this form to the OH / A&E / GUM Department to assist the assessment/treatment process.

OH should be contacted promptly for further advice. If the event 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 or GUM clinic (Genito-Urinary Medicine) for assessment and management of the injury.

All incidents should be reported to the OH (even if the initial assessment was carried out in the A&E Department/GUM) for advice, counselling, follow-up and further tests (if required).

APPENDIX H

Equality and Human Rights Analysis

Title: 1C02 – INOCULATION INJURIES POLICY
Area covered: TRUST WIDE

What are the intended outcomes of this work?
The policy will assist with the appropriate risk assessment and management of an inoculation injury. 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. The policy will provide guidelines on the assessment of the risk associated with exposure to blood and body fluids. The policy will provide advice around the specific management and follow up of staff exposed to a known blood borne virus To outline who is responsible for managing the exposed staff member and the procedure to be followed for their management including approaching the source patient (donor) for follow up screening.
Who will be affected?
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.

Evidence
What evidence have you considered?
The procedure Safer SHARPS
Disability (including learning disability)
No issues identified within discussions
Sex
No issues identified within discussions
Race

No issues identified within discussions
Age No issues identified within discussions
Gender reassignment (including transgender) No issues identified within discussions
Sexual orientation No issues identified within discussions
Religion or belief No issues identified within discussions
Pregnancy and maternity No issues identified within discussions
Carers No issues identified within discussions
Other identified groups No issues identified within discussions
Cross Cutting No issues identified within discussions

Human Rights	**Is there an impact?** **How this right could be protected?**
Right to life (Article 2)	Human Rights Based Approach Supported
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)	No issues identified within discussions

Right of freedom of religion or belief (Article 9)	No issues identified within discussions
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 *detail any engagement and involvement that was completed inputting this together.*
N/A

Summary of Analysis *This highlights specific areas which indicate whether the whole of the document supports the trust to meet general duties of the Equality Act 2010*
Eliminate discrimination, harassment and victimisation **N/A**
Advance equality of opportunity **N/A**
Promote good relations between groups **N/A**

What is the overall impact?
Intended to promote the safety of staff when using sharps or exposed to bodily fluids.

Addressing the impact on equalities
N/A

Action planning for improvement
N/A

For the record **Name of persons who carried out this assessment:** **SARAH BIMENDI** **CHERYL BARBER** **KATE JONES (tbc)**
Date assessment completed: 10.09.2018
Name of responsible Director: **Executive Director of Nursing and Operations**
Date assessment was signed:

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 area of responsibility
Monitoring			
Engagement			
Increasing accessibility			