STAFF MEMBER

Appendix 2

WHAT TO DO IN THE CASE OF A SHARPS/SCRATCH/BITE OR BODY FLUID SPLASH INJURY

- If the skin has been broken encourage bleeding preferably under running water but NOT by sucking.
- Then wash with soap and warm water.
- In the case of a splash into the eyes, nose or mouth rinse the area with copious amounts of water (eyewash for eyes if available).
- Inform the person in charge
- Inform Occupational Health IMMEDIATELY on [phone number] for North and West Essex locality bases or [phone number] for South Essex locality bases.

- PLEASE MAKE SURE YOU HAVE DETAILS OF THE SOURCE AVAILABLE. This is very important as the risk of the injury will be assessed and appropriate treatment and follow-up will be advised.

PEP should be given to HCWs if they have had a significant occupational exposure to HIV. Ideally PEP should be given as soon as possible following the incident, preferably within one hour, but it is worth considering starting PEP up to two weeks following the exposure. PEP may be started after a significant exposure and stopped when further information has become available. Advice on starting PEP should be obtained from the Consultant Microbiologist or Accident and Emergency Doctor.

Regular medical follow up by the Sexual Health Department [previously known as GUM department] (to be organised by the Occupational Health Service) is necessary during the four week administration of PEP. The regime may need to be altered if there is a problem of tolerance or toxicity. If during the intervening period following the injury, the recipient develops a blood borne virus illness, the Occupational Health & Wellbeing Service should be notified for further follow up.

- If the injury occurs out of hours leave a message on the Occupational Health answer phone and go to your nearest Accident and Emergency department.
- North and West Essex MH staff - taking the sharps injury pack with you.

As well as contacting Occupational Health & Wellbeing Service please follow the below instructions:

Using a bottle from the sharps pack I if available) – Source

- Competent person to collect a blood sample for HIV, Hep B and Hep C from service user using consent form (Appendix 1). Determine whether the source is competent to consent for testing for BBV (i.e. HIV, Hep B and Hep C). Testing for infection requires fully informed consent and must be fully discussed with the service user and documented.
If the service user lacks capacity or there are doubts about capacity, use the MCA (2005) and complete a MCA2 assessment.

Where a service user lacks capacity (i.e. to consent to the taking of blood sample for testing) staff are reminded that it is only possible to make a decision ‘in the best interests’ of the service user whose capacity is being assessed. It may be difficult to argue that taking a sample of blood to test for infection is in the best interests of an injured staff or another service user is truly in the best interests of the service user who was the source.

Where a service user has capacity and refuses to consent, this refusal cannot be overridden.

Your duties under professional codes apply to consent for testing following a blood or body fluid exposure. The Department of Health in HSC1998/063 recommend that the source, (for significant exposures) is fully informed before consent for infection testing obtained.

All clinicians are urged to familiarise themselves with the Department of Health document Guidelines for pre-test discussion on HIV testing” and the GMC guidance “Serious Communicable Diseases” (DOH 1996)

In the event of a deceased service user being the source of a needlestick injury and whose HIV status is unknown, the taking and testing of samples requires consent in accordance with the Human Tissue Act 2004. Assuming the deceased did not give consent (or refuse it) while alive, this can be obtained from a “nominated representative” (If appointed) or by a person in a qualifying relationship” to the deceased.

The blood form should be completed with their details and request HBsAg, anti HCV and HIV.

In the clinical details area it should be marked ‘Sharps injury – urgent’ and cross referenced to the recipient of the injury with their name and date of birth.

Request a copy to be sent to:

**North and West Essex:** Occupational Health, 1 Hospital Road, Colchester CO3 3HJ in the ‘copy’ section for north locality bases

**South Essex and Bedfordshire:** Occupational Health & Wellbeing Service Tern House, Gloucester Centre, Morpeth Close, Orton Longueville, Peterborough, Cambs PE2 7JU.

Send to the laboratory.

**Using the second bottle from the pack (if available) – Recipient**

- Collect a blood specimen from the Recipient (member of staff) or request this be taken at A+E.
- Complete the blood form with staff details and request Please Save.
- In the Clinical details area write ‘sharps injury urgent’ and cross reference to the source with their name and date of birth.
- Request a copy to be sent to the relevant Occupational Health at the above address
- Send to the laboratory. Note the blood specimen will be stored by the laboratory and will not be tested.
- Complete Datix form
- Contents of pack should be replaced after each incident from own supplies.
IF THE SOURCE IS KNOWN TO BE OR SUSPECTED TO BE AT HIGH RISK OF HIV IT IS ESSENTIAL THAT ADVICE IS SOUGHT IMMEDIATELY FROM OCCUPATIONAL HEALTH OR YOUR LOCAL A & E DEPARTMENT.