

ICPG1 Infection Prevention and Control Procedural Guidelines Section 9: Prevention and Management of Sharps Injuries/Contamination Incidents

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AUTHOR:	Head of Infection Prevention and Control
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POLICY SUMMARY
The purpose of this document is to ensure that all staff members, involved in direct patient care, are aware of their responsibility with regards to the Prevention and Management of Sharps Injuries/Contamination Incidents
The Trust monitors the implementation of and compliance with this policy in the following ways:
The responsibility for monitoring and reviewing this Guideline lies with the Director responsible for Infection Prevention and Control. Compliance with this policy will be against the Trust's agreed minimum requirements/standards as detailed within the Auditable Standards and Monitoring Arrangements.

Services	Applicable	Comments
Trustwide	✓	
Essex MH&LD		
CHS		

**The Director responsible for monitoring and reviewing this policy is
The Executive Director of Mental Health**

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

Section 9: Prevention and Management of Sharps Injuries/Contamination Incidents

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1.0 INTRODUCTION

- 1.1 Essex Partnership University NHS Foundation Trust (the Trust) acknowledges that the health and well-being of its employees should not be adversely affected by their work or working environment, and is committed to protecting the health, safety and well-being of all employees by reducing needlestick, sharps or other incidents involving exposure to blood and body fluids from service users.
- 1.2 Service users and their relatives/friends may also receive an accidental sharps injury. Therefore, it is vital that all members of staff minimise the risks to either themselves; their colleagues or their service users/relatives from receiving an accidental sharps injury in the workplace.
- 1.3 It is well documented that needlestick, sharps or other incidents involving exposure to blood and body fluids from service users pose a hazard to the health of healthcare workers (HCWs). Although the risk of acquiring blood borne viruses (BBV's) through occupational exposure is low, the consequences can be serious (Department of Health 1998). It is essential therefore that all potential exposures are rapidly risk assessed and effectively managed.
- 1.4 The European Union directive [2010/32/EU] on the prevention of injuries and infections to healthcare workers from Sharps and Needlestick aims to make the working environment safer for health professionals and patients. Employers' duties under the regulations apply where the primary work activity is healthcare.

The key principle of the directive 2010/31/EU is the prevention of exposure to hazards. Sharps injuries are a hazard in the healthcare environment and the directive requires employers to establish processes to identify and manage and where possible, eliminate all workplace sharps injuries. Using the hierarchy of control and the principles of prevention framework, as it applies to healthcare is as follows:

- **Elimination or substitution** – eliminating the unnecessary use of sharps by implementing changes in practice
- **Engineering control** – providing medical devices incorporating safety- engineered protection mechanisms
- **Administrative controls or safe systems of work** – specifying and implementing safe procedures for using and disposing of sharps medical instruments and contaminated waste
- **Work practices** – universal precautions and the practice of recapping needles shall be banned with immediate effect
- **Personal protective equipment [PPE]** – the use of personal protective equipment, such as gloves, masks, gowns etc.

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- 1.5 Many exposures to BBV's result from the type of care being provided and the unpredictable nature of the client group and failure to follow recommended procedures. This includes the safe handling and disposal of needles, syringes and other sharps, or not wearing protective equipment such as face protection, where indicated. However there will always be occasions where exposure occurs, despite careful attention to the correct procedures.
- 1.6 The main concern is the transmission of:
- Hepatitis B
 - Hepatitis C
 - Human immunodeficiency virus (HIV)

2.0 PURPOSE

- 2.1 The purpose of this guideline is to set a Trust-wide standard for the management of sharps injuries and other significant human blood or body fluid exposures to service users, HCWs and contractors working on Trust premises.
- 2.2 This guideline implements the Department of Health guidance on the management of occupational exposures to human blood and body fluids and the provision of post-exposure prophylaxis (PEP) for exposure to Human Immunodeficiency Virus (HIV) (DOH 2008).and follows European Union directive [2010/32/EU].
- 2.3 This guideline includes all incidents of: sharps/scratches/bites/needlestick injuries/inoculation incidents and exposure to body fluids

3.0 DEFINITIONS

- 3.1 A sharps injury is defined as an injury where a needle or other sharp object, including bones or teeth, contaminated with blood or any other body fluid penetrates the skin.
- 3.2 A body fluid can include:
- Amniotic fluid
 - Blood
 - Exudates from burns or skin lesions
 - Cerebrospinal fluid
 - Peritoneal fluid
 - Pericardial fluid
 - Any other body fluid containing visible blood, including saliva in association with dentistry
 - Synovial fluid
 - Semen
 - Unfixed human tissues and organs
 - Breast milk
 - Vaginal secretions
 - Pleural fluid
 - Bleeding gums in association with bites

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- 3.3 In addition to the injury defined in 3.1, an exposure to body fluid can also be through:
- Inoculation of blood by a needle or other 'sharp'.
 - Contamination of broken skin e.g. abrasions, fresh cuts, eczema, psoriasis with blood.
 - Blood splashes to mucous membranes e.g. lining of eyes, nose or mouth.
 - Swallowing a person's blood e.g. after mouth to mouth resuscitation.
 - Contamination where clothes have been soaked by blood.
- 3.4 Significant exposure includes:
- A puncture wound, cut, scratch or by a splash to the eye, mouth or to broken skin which is contaminated with blood or body fluid of the source.
 - The material involved is blood, serum, genital secretions or other body fluids (this includes urine and gut secretions but only if visibly blood-stained).
- 3.5 The risk of disease transmission is increased if:
- The injury is deep.
 - Caused by a hollow bore needle, especially if just used for venous or arterial venepuncture.
 - Or there is visible blood on the device.
- 3.6 A splash of blood onto visibly intact skin is NOT considered a significant risk nor is a scratch with clean finger nail, **however any** scratch or splash incident should be reported through Occupational Health and Well-being so an individual risk assessment can take place.
- 3.7 **Mucotaneous:** exposure to the eye(s), the inside of the nose or mouth, or an area of non-intact skin of the recipient is contaminated by blood or other body fluid.
- 3.8 **Source:** person that the sharps or body fluid contamination has originated from.
- 3.9 **Recipient:** person that receives the sharps or contaminated body fluid.
- 3.10 **Post exposure prophylaxis (PEP):** is a combination of anti viral drugs prescribed to reduce the risk of sero-conversion to HIV following a significant exposure.

4.0 LEGAL OBLIGATION

- 4.1 This procedure has been developed to ensure that the Trust recognises its duty under –
- The EU Directive [2010/32/EU]
 - The Health and Safety at Work Act (1974).
 - UK National Guidelines for HIV Testing 2008.
 - The Control of Substances Hazardous to Health Regulations (2002).
 - The Management of Health and Safety at Work Regulations (1999) to provide a safe environment for both its employees and service users to protect them from hazards, which may arise in the course of health care activities.
 - The Mental Capacity Act (2005).
 - The Human Tissue Act (2004).
 - RIDDOR

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- 4.2 Where a sharps injury or blood or body fluid exposure has been sustained by either a service user or a staff member and consent from the source cannot be obtained for whatever reason (either refusal or lack of capacity), the decision about testing the infection status of the source must take account of the current legal framework governing capacity issues and the use of human tissue. This area is covered under the Human Tissue Act 2004 and the Mental Capacity Act 2005. Out of hours advice can be sought from the on-call manager and on-call Consultant.
- 4.3 Current law does not permit testing the infection status of an incapacitated source solely for the benefit of a healthcare worker involved in the source's care. This means that blood samples cannot be taken from the source (including minors) that lacks the capacity to give consent. To do so would be illegal.
- 4.4 Concerns about how best to care for HCWs who may have had high risk exposure to a serious communicable disease, where the source's infection status is not known, should be raised with occupational health, and legal advice should be sought where necessary

5.0 RESPONSIBILITIES AND DUTIES

5.1 The Chief Executive:

The Chief Executive of the Trust is ultimately responsible for infection control to the Board. The co-ordination and management of infection control issues is delegated to the Deputy Director of Nursing/ Director of Infection and Control (DIPC)

5.2 Role of the Manager:

- Must assess the risk of transmission of BBVs in each clinical area and take all reasonably practicable measures to prevent transmission based on the principle of standard (universal) precautions.
- Must ensure that the correct risk assessment training is in place which includes preventative measures and correct equipment is available
- Must ensure that the COSHH Regulations are complied with in relation to BBVs.
- Must ensure that all HCWs receive the appropriate information, instruction and training on BBVs and accidental exposure. Ensuring that all staff working with or alongside patients and clients take up the offer of the Hepatitis B vaccines programme available through the Occupational Health & Wellbeing Service.
- Advise on and monitor safe practice in relation to sharps/splash ensuring local policy and procedures are given full compliance.
- Must ensure incidents are managed appropriately and that staff know who to report to in the absence of their line manager.
- Must ensure that Datix forms are completed promptly and investigated further if necessary.
- Must ensure that staff promptly contact Occupational Health and Well-being or A&E and follow the guidance given in the event of an incident.

5.3 Role of Employees:

- To co-operate with all measures taken by the Trust to protect them from BBV transmission including compliance with Hepatitis B immunisation programmes and, and to be aware of the principal of standard precautions applicable to their area of work; ensuring that that safe equipment provided is used.
- Take measures to prevent injury to patients, colleagues and themselves.

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- To report all exposures to their line manager and follow the Trust procedure regarding occupational exposure to blood or body fluids.
- To report all sharps/scratches/splash/bites and body fluid injuries to the Occupational Health Department.
- All HCWs who have direct service user contact have a duty to keep themselves informed and updated on the codes of professional conduct and guidelines on BBV's as laid down by the regulatory bodies.
- Any HCW who has reason to believe that they may be infected with any BBV must promptly seek Occupational Health/medical advice on the need for testing.

5.4 Role of the Occupational Health & Wellbeing Service [OH&WS] :

- Provide comprehensive Hepatitis B vaccination programmes to HCWs who work with or alongside clients in line with Immunisation against Infectious Diseases, The Green Book, (DOH 2006).
- To record details of staff immunity within the Occupational Health ESR database and ensure files are recalled when updates due
- To provide adequate resources, treatment and follow-up of employees who have a significant exposure to a BBV.
- To maintain all documentation relating to any injury and ensure the confidentiality of the information.
- A risk assessment of all blood exposure incidents is undertaken at the point of reporting. The risk assessment will include, where appropriate:
 - Hepatitis B status of the health care worker.
 - Blood borne virus (BBV) status of the source e.g. hepatitis B, Hepatitis C and HIV.
 - Identification of any high risk factors from the donor.
 - How the incident occurred and the severity of the incident.
 - The task being undertaken at the time.
 - The substance the healthcare worker has been exposed to.
 - Whether correct personal protective equipment worn i.e. gloves, eye protection (visors)
- Ensure that local arrangements are in place with A&E or local treatment centres for initial action and treatment in the event of a sharps injury or blood exposure occurring out of normal OH&WS working hours (08.30-16.30 Monday to Friday in the north locality bases and 09.00- 17.00 Monday to Friday 0345 643 4368 for south locality bases
- Co-ordinate the care and follow-up of the injured healthcare worker during normal working hours.
- Follow-up the care of a healthcare worker in the event of an injury out of hours.
- Liaise and seek advice from the microbiologist as necessary.
- Liaise and seek advice from the Occupational Health Physician as necessary.
- Initiate follow-up of the injured healthcare worker as required, referring to the Sexual Health clinic (GUM) if appropriate.
- Provide support, information and confidential counselling to the injured healthcare worker as required.
- Providing follow up blood tests/immunisations as necessary.
- Advise managers and employees on a suitable immunisation programme.
- Report non-compliance of employees with the immunisation programme to managers so a risk assessment can be undertaken

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- Work in partnership with the Infection Prevention and Control Team, advise and follow up sharps incidents
- Inform all relevant A&E departments of the changes to the trust policy and ensure that they are fully aware of their responsibilities within the policy
- RIDDOR reportable incident – reporting to be made by OH&WS

5.5 Role of the Infection Prevention & Control Team:

- Must advise the organisation on the latest legislation and guidance through Infection Prevention Control Groups and the Infection Prevention Control Handbook.
- Communicate and support the OH&WS with compliance of the policy.

5.6 Role of Sexual Health Department (Genito-Urinary Medicine).

- Accepting referrals from OH&WS service and clinical teams
- Providing on-going support and investigation for sero-conversion following incident.
- Offering counselling by sexual health counsellor.
- Providing PEP for the duration of treatment including management of anti virals and follow up.
- Organising follow up HIV testing at 3 months and 6 months if the source is positive.
- Advising that if subsequently a HCW tests positive for HIV it is the HCW's responsibility to inform OH&WS.

5.7 Role of Accident and Emergency:

- The role of the Accident and Emergency department is to provide a risk assessment of HCWs outside of working hours or when OH&WS is not available following exposure to BBVs and when Post Exposure Prophylaxis (PEP) may need to be commenced. Blood will be taken for serum save and Post exposure immunisation or prophylactic antibiotic treatment may also be considered.

5.8 Role of the General Practitioner:

- To follow up injuries such as bites, open wounds and ensuring that general immunisations such as tetanus are up to date. Human bites that break the skin may require a standard course of antibiotics (DOH 2003).

6.0 GENERAL MEASURES TO REDUCE THE RISK OF OCCUPATIONAL EXPOSURE TO BBVs

- ### 6.1
- Treat all blood or blood stained body fluids as infectious.
 - NEVER re-sheath needles and ensure that safe use of sharps disposal boxes.
 - Use safer sharps devices where provided
 - Cover existing wounds, skin lesions and all breaks in exposed skin with waterproof dressings.
 - Wear nitrile/vinyl gloves where contact with blood or body fluids can be anticipated.
 - Wear face protection if there is the risk of splashes of blood or body fluids.
 - Wash hands before and after contact with each service user and before putting on and after taking off gloves.

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- Wear closed footwear in situations where blood may be spilt or where sharp instruments or needles are handled in line with Trust uniform policy.
- Clear up spillage of blood or bodily fluids promptly in accordance with Spillage Management Infection Control Handbook.
- Pick up used needles or sharps with tongs or forceps – not bare hands.
- Preventative vaccinations for Hepatitis B should be obtained from OH&WS at commencement of employment. Assessment will be made at that time regarding Hepatitis B status and the HCW will be vaccinated accordingly, HSG 93(40).

7.0 STAFF - PROCEDURE FOR IMMEDIATE MANAGEMENT OF SHARPS OR BODY FLUID SPLASH INCIDENTS

7.1 STAFF INJURIES or EXPOSURE

Follow Appendix 2 'What to do in the case of a sharps/scratch/bite or body fluid splash injury'.

8.0 SERVICE USER/ PATIENT - PROCEDURE FOR IMMEDIATE MANAGEMENT OF SHARPS OR BODY FLUID SPLASH INCIDENTS

8.1 SERVICE USER/PATIENT INJURIES or EXPOSURE

Follow Appendix 3 'What to do in the case of a sharps/scratch/bite or body fluid splash injury'.

9.0 RISK ASSESSMENT FOLLOWING SHARPS OR BODY SPLASH INCIDENTS

9.1 When a body fluid exposure occurs and is reported, the first priority is to assess how likely it is that the incident will result in blood-borne virus transmission, and then take steps to reduce that risk as far as possible. It is important to establish whether exposure has occurred. Was the skin breached by sharps? A deep injury from a large hollow bore needle with visible, fresh blood will carry a higher risk than one from a superficial scratch from a blunt or subcutaneous needle through protective clothing.

9.2 Hepatitis B (HBV)

9.2.1 All HCWs who work with or alongside clients, or who may be exposed to sharps or will be handling blood or body fluid contaminated items should have been immunised against Hepatitis B, had their antibody response to the immunisation tested and informed of their immunity status.

9.2.2 Non -responders to Hepatitis B will have been made aware of their status following blood testing and given written information and instruction on the action to take following a sharps/splash injury.

9.2.3 The risk of hepatitis B transmission is increased if:

- The HCW has not completed the vaccination against hepatitis B, or did not respond to the immunisations.
- The source is/was highly infectious (e-antigen positive).

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- Exposure is caused by a puncture wound, cut, scratch where there is visible signs of blood or bodily fluids or splash to eye, mouth or to broken skin by blood or body fluid.

9.3 Hepatitis C (HCV)

9.3.1 The risk of hepatitis C transmission is increased if:

- The source is known to be hepatitis C positive. Risk of transmission after blood inoculation is 3%.
- The source is/was an IV drug user, sex worker, or originates from a country with a high sero-prevalence of Hepatitis C.
- Exposure is caused by a puncture wound, cut, scratch where there is visible signs of blood or bodily fluids or splash to eye, mouth or to broken skin by blood or body fluid.

9.4 HIV

9.4.1 A significant exposure is:

- The source is known or likely to be HIV positive.
- The material is blood, serum, cerebro-spinal fluid (CSF), genital secretions or other body fluids (this includes urine and gut secretions but only if visibly blood-stained).
- Exposure is caused by a puncture wound, cut, scratch where there is visible signs of blood or bodily fluids or splash to eye, mouth or to broken skin by blood or body fluid.

9.4.2 The risk of HIV transmission is increased if:

- The source is/was suffering from terminal HIV disease (AIDS).
- High viral load
- The source user is/was suffering from an initial HIV sero-conversion illness.
- The injury was deep, or caused by a hollow needle especially if just used for venepuncture, or there is visible blood on the device.

10.0 INVESTIGATION OF THE RECIPIENT

10.1 Advice is given in the Sharp's pack found on the ward/unit (where available) (Appendix 2) – 'What to do in the Case of a Sharps or Body Fluid Splash Injury'.

11.0 INVESTIGATION OF SOURCE

11.1 A competent person (a member of the medical/clinical team) should undertake a thorough assessment of the risk of hepatitis B, hepatitis C and HIV using the source's health and social care record, clinical presentation (if appropriate) and speaking to the source. (Appendix 4) 'Assessment Checklist for HIV Risk' can be used for reference if required.

11.2 For areas that report to Optima Occupational Health please report the incident to immediate person in charge. He/ she must contact the source patient's doctor or on-duty Dr to obtain the necessary information required to complete the "*Information to be obtained about the Source*" form (Appendix 7).

11.3 This completed form should be given to the injured employee, in a sealed envelope, to discuss with Occupational Health or A+E, when reporting the injury.

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- 11.4
- 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 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 (e.g. 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.
 - The duties of staff 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.
 - OH&WS has no remit to see and counsel the source.
 - When consent has been obtained and documented take a single tube of blood for a clotted sample for hepatitis B surface antigen, hepatitis C antibodies and HIV. Use a standard microbiology form within sharps pack. Microbiology process these samples on the understanding that consent has been obtained.
 - Inform OH&WS whether consent has been obtained and the sample sent for processing as this information can be given to the health care worker to reassure them and to advise when the result will be ready.
 - A rapid result may help the injured healthcare worker (service user) to stop taking HIV prophylaxis early, but also will help reduce any anxiety that the person may naturally be experiencing.
 - Provide any additional post-test counselling and refer for specialist advice in required.
 - If consent cannot be obtained or person refuses then the source will be treated as 'unknown'.

12.0 COUNSELLING AND SUPPORT

- 12.1 Following all sharps and body splash incidents, individuals are offered the opportunity to attend the OH&WS to discuss their concerns regarding the incident. They will be advised of the available information about the risks following the exposure. They will also be made aware of the Trust's Employee Assistance Programme and how to access this if required.
- 12.2 Service Users/ Patients will be supported through their clinical care team

13.0 REPORTING OF BLOOD EXPOSURE INCIDENTS

- 13.1 A decision as to whether a sharps/splash injury should be reported through Public Health England (formally Health Protection agency) national surveillance scheme will be made by OH&WS following the incident. This includes:
- All significant occupational exposure to the blood or body fluid from service users infected with hepatitis B, hepatitis C and HIV
 - Where PEP for HIV has been started, whatever the HIV status of the source
- 13.2 The scheme aims to:
- Assess the numbers of HCWs being exposed to blood borne viruses
 - The circumstances contributing to occupational exposures
 - The clinical management of those exposures, including in the case of HIV exposures, whether the health care worker had PEP
 - What the side effects were and the outcomes.
- 13.3 Further information about the material surveillance scheme can be found at: <https://www.gov.uk/guidance/bloodborne-viruses-in-healthcare-workers-report-exposures-and-reduce-risks>
- 13.4 Exposures to hepatitis B or C and HIV are reportable to the Health and Safety Executive, under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR). Managers must inform the Risk Management department.

14.0 MONITORING OF IMPLEMENTATION AND COMPLIANCE

- 14.1 Compliance with this guideline will be against the Trust's agreed minimum requirements/standards as detailed within the Auditable Standards and Monitoring Arrangements.
- 14.2 Lead Specialist & Head of OH&WS will present a report to the Director of Infection and Control (DIPC)/Director of Operations and Nursing and the Infection Control Group on a six monthly basis to include: a detailed analysis of incidents to area, trends identified, and a comparison against the previous report.
- Completion of Datix by all staff reporting all injuries/incidents to Risk Management.
 - Investigation for causes of incidents so that relevant training can be provided.

15.0 EQUALITY AND DIVERSITY

- 15.1 EPUT is committed to the provision of a service that is fair, accessible and meets the needs of all individuals

16.0 POLICY REFERENCES / ASSOCIATED DOCUMENTATION

Control of Substances Hazardous to Health 2002

www.hse.gov.uk/hthdir/noframes/coshh/index.htm

Department of Health (1998) Guidance for clinical health care workers – protection against infection with blood-borne viruses. Health Service Circular HSC 1998/063

Department of Health (2008) HIV Post- Exposure Prophylaxis: Guidance from the UK Chief Medical Officers' Expert Advisory Group on AIDS

Guidance for clinical healthcare workers: protection against infection with blood-borne viruses
<https://www.gov.uk/government/publications/blood-borne-viruses-protection-of-health-care-workers>

Health and Safety at Work etc. Act 1974 www.legislation.gov.uk

Public Health England (2012): Guidance Bloodborne viruses in healthcare workers: report exposures and reduce risks <https://www.gov.uk/guidance/bloodborne-viruses-in-healthcare-workers-report-exposures-and-reduce-risks>

Human Tissue Viability Act 2004

Immunisation against Infectious Diseases (The Green Book) 2006

www.gov.uk

Management of Health and Safety at Work (Amendment) Regulations (2006)

www.legislation.gov.uk

Mental Capacity Act 2005

Protecting health care workers and service users for hepatitis B Health Service Guidelines HSG 93(40)

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013(RIDDOR)

www.hse.gov.uk

17.0 REFERENCE TO OTHER TRUST POLICIES/PROCEDURES

CLP16: Consent to Examination or Treatment Policy

CP59: Data Protection and Confidentiality Policy

CP24: Equality, Inclusion & Human Rights Policy

MCP2: Mental Capacity Act 2005 Policy

MHAPG1: Procedural Guideline for the Administration of the Mental Health Act 1983

CG55: Physical Healthcare Clinical Guidelines

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RM01: Corporate Health and Safety Policy

CLP39: Safeguarding Adults Policy

CLP37: Safeguarding Children Policy

ICP1: Infection Prevention and Control Policy

CP3 and CPG3: Adverse Incident Policy and Procedure

RM13: Waste Management Policy

END

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