Section 2 Appendix C

Action to be Taken in the Event of Accidental Exposure to Blood and Body Fluids, Including “Sharps” Injuries

Issue No 4, April 2010 - Section 2 Appendix C
On behalf of Infection Control Policy Review Group
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TITLE: ACTION TO BE TAKEN IN THE EVENT OF ACCIDENTAL EXPOSURE TO BLOOD AND BODY FLUIDS, INCLUDING “SHARPS” INJURIES

Policy Reference: Issue No 4, April 2010 - Section 2 Appendix C

Scope: Organisation Wide

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Policy Application: Throughout NHS Ayrshire and Arran

RESPONSIBILITIES FOR IMPLEMENTATION

Organisation: Senior Management Team and Chief Executive

Directorate: Directors

Corporate: Senior Managers

Departmental: Heads of Wards or Departments

Local: All relevant staff

Policy Statement: It is the responsibility of all staff to ensure that all significant exposure incidents are managed in accordance with this guidance.

Review Date: October 2012

Agreed by: Infection Control Policy Review Group

Approved by: Dr R G Masterton

Signature / Designation: (Chair Prevention and Control of Infection Committee)
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SECTION 2 APPENDIX C
ACTION TO BE TAKEN IN THE EVENT OF
ACCIDENTAL EXPOSURE TO BLOOD AND BODY FLUIDS,
INCLUDING “SHARPS” INJURIES

1.0 INTRODUCTION
It is essential that a significant exposure to blood or other body fluids is promptly assessed and that the exposed individual receives the appropriate follow up and, if necessary, treatment to reduce the risk of contracting an infection as a result of the incident.

Management of significant exposures can be complex depending on the setting where the injury occurred, the time of day of the injury and the accessibility of expert advice.

This policy outlines the procedures that should be taken by key individuals including the injured individual and managers to ensure that prompt action is taken. It must be recognised that due to the diversity of settings in which health care is now carried out, that this policy cannot prescribe what should happen in each and every setting. There will be situations where staff from different clinical and non-clinical disciplines, with perhaps different employers, will work together and the lines of responsibility may not be clear. It is incumbent on all health care workers (HCWs) and managers to take common sense actions to facilitate the implementation of this policy to ensure that those who have a percutaneous or mucocutaneous exposure to body fluids receive prompt assessment and, if required, treatment.

2.0 SIGNIFICANT EXPOSURE
A significant exposure to blood and body fluids is defined as either:

i) Percutaneous - needlestick or other contaminated sharp object injury, a bite that breaks the skin or other visible skin puncture

   or

ii) Mucocutaneous - contamination of non-intact skin, the eye or other mucous membrane

There is a potential risk of transmission of infection with all of these exposures.

3.0 FIRST AID
In the event of significant exposure the affected individual must, as appropriate, encourage bleeding of the injured area and/or wash/wash out the contaminated skin or mucosal surface with tap water, normal saline or eyewash solution. If required, medical advice should be sought on the physical injury incurred.
4.0 INITIAL RISK ASSESSMENT OF INCIDENT

4.1 Responsibilities
The exposed person must immediately inform the HCW in charge of the clinical area where the injury occurred. If this is not the injured individual’s line manager, then steps should be taken to also inform the appropriate line manager.

Identifying the appropriate HCW in charge of a clinical area will be easy in some areas e.g. a ward or a theatre, whilst in others it may be more problematic e.g. a health centre or clinic. There may also be situations where staff with different employers operate in the same premises e.g. directly employed staff and Independent Contractors. Exposures may also occur to non-clinical staff e.g. porters, domestic staff.

All senior HCWs in these areas must accept responsibility for ensuring that appropriate action is taken promptly in line with this policy, regardless of their employer or whether the injured person is within their own line management structure.

Managers must ensure that local arrangements are in place for the reporting and management of significant exposure incidents and that responsibilities are identified. A list of key personnel locally to whom significant exposures must be reported must be clearly displayed in all clinical areas.

4.2 Assessment of Exposure
The HCW in charge of the clinical area or an appropriate deputy must immediately carry out an initial risk assessment of the incident.

It must be first established whether the exposure resulted in a significant exposure to blood or other body fluids, i.e. was it a percutaneous or mucocutaneous exposure?

If there was a significant exposure to a body fluid what body fluid was involved?

High-risk body fluids are detailed in Appendix A of this document.

4.3 INITIAL ASSESSMENT OF EXPOSED HCW
It is the individual responsibility to ensure that they seek appropriate medical advice as detailed below.

Following the initial assessment of the injury the injured HCW must attend the nearest Occupational Health Department, within office hours, or Accident & Emergency Department, outwith office hours (Contact details for the Occupational Health (OH) and Accident & Emergency (A&E) Departments are contained in paras 7.0 and 8.0). HCWs should do this immediately regardless of the source patient. Furthermore, if HCWs in charge of the source patients care “strongly suspect” that the patient may be infected with HIV, the injured HCW should be sent to A&E immediately for assessment and consideration of HIV post-exposure prophylaxis (PEP). Strongly suspected means that the patient has clinical symptoms of HIV infection but there is no laboratory confirmation of infection available. In the event of exposure to HIV, PEP will have maximum effect if given within 1 hour of the exposure.

Following all significant exposures the Occupational Health Service (OHS) or
A&E Department will assess the exposed healthcare worker in line with the guidance contained in Section 2, Appendix B, ‘Action to be taken in the event of Accidental Exposure to Blood and Body Fluids, including “sharps” injuries. Advice for Accident and Emergency and Occupational Health Departments.’

Patients should be managed by their consultant while visitors/contractors should attend the A&E Department.

4.4 Continuing Follow Up of Exposed HCW
It is essential that all exposed HCWs receive continuing follow up from the OHS. Exposed HCWs have a responsibility to ensure that they attend OH for continuing follow up.

Where the exposed HCW is initially assessed in the A&E Department they will be advised to attend OH for continuing follow up. Written information on the action taken will be forwarded to the relevant OHS by the A&E Department.

4.5 Continuing Follow Up of Exposed Patient/Visitor/Contractor
This will be undertaken by the individual’s General Practitioner (GP) for discharged patients / visitors / contractors. If the individual remains an inpatient then follow up should be undertaken by attending medical staff.

4.6 Exposure to Low Risk Body Fluids (e.g. faeces, vomit, urine)
Staff with a significant exposure to low risk body fluids e.g. urine and faeces that are not visibly contaminated with blood should perform first aid to remove contamination. If necessary medical advice should be sought on the physical injury incurred. An incident form should be completed. No further follow up is required unless signs and symptoms of infection develop when medical advice should be sought.

4.7 Reporting Incidents
All significant exposure incidents to high and low risk body fluids must be reported through the employer’s incident reporting procedures.

5.0 ASSESSMENT OF SOURCE PATIENT
The source patient is the individual whose blood or body fluid to which the individual was exposed.

The overall responsibility for co-ordinating the assessment of the source patient lies with the OHS within office hours and the A&E Department out with office hours.

If there has been a significant exposure to a high risk body fluid then, an assessment must be made of the source patient, where known. This assessment involves asking the patient the following question:

“Have you ever been infected with HIV, Hepatitis B or Hepatitis C?”

Where the source patient is a child then the parent or guardian should be asked for information on the child’s bloodborne virus status.
Further information may be required by the OH or A&E Department. The member of clinical staff collating information on the assessment of source patient will liaise with staff in OH or A&E Department as appropriate.

This assessment should be done by a qualified health care professional. It should be carried out confidentially and the reasons for asking the question should be explained to the source patient. Patients must be advised that the results will be disclosed only on a strictly need to know basis to those responsible for the follow up of the injured HCW. It must be emphasised to the source patient that the disclosure of this information is purely voluntary and no pressure should be placed on them to disclose the information.

In normal circumstances the questioning of the source patient should not be carried out by the injured individual, however, it is recognised that in some circumstances e.g. in a patient’s home or a clinic situation, then there may be no other appropriate person available to perform the risk assessment. In these circumstances the injured HCW may be the most appropriate person to perform the risk assessment. There may also be situations where a suitable individual carries out the assessment of the source patient over the phone, though this should be the exception rather than the rule.

Where the patient is unable to give consent, due to unconsciousness or mental incapacity, then the patient’s medical and nursing notes should be consulted.

**It is essential that the initial risk assessment is carried out as soon as possible after the injury.**

National guidance states that after a significant exposure to high risk blood and body fluids all source patients should be asked to consent to having their blood tested for HIV, Hepatitis B and Hepatitis C. This testing should be requested regardless of whether the source patient indicates that they have been infected or not.

The source patient should be asked to give consent to a blood test for HIV, Hepatitis B and Hepatitis C and that the results be disclosed on a strictly need to know basis to those responsible for the follow up of the injured individual. It must be emphasised to the source patient that consent is purely voluntary. The person responsible for obtaining the sample or deputy will inform the source patient of the results in confidence.

Responsibility for obtaining consent and the blood sample rests with the senior member of medical staff in charge of the patient’s care. In the hospital setting this will be the consultant or deputy, whilst in the community this will be the source patients GP. Where the source patient does not have a GP, advice should be sought from the Consultant in Public Health Medicine (CPHM). The actual task of obtaining consent and a blood sample may be delegated to an appropriate HCW e.g. practice nurse or district nurse. This must not be the injured HCW/individual.

Where the patient is unable to give consent, due to unconsciousness or mental incapacity, a blood sample may only be obtained and tested for HIV, Hepatitis B and Hepatitis C if it is in the best interests of the patient.
If the risk assessment has identified that the patient has previously been infected with a bloodborne virus, or in situations where OH or A&E have assessed that HIV PEP should be initiated, then with consent, blood should be obtained from the source patient urgently. Out of office hours in the community this will be done by Ayrshire Doctors On-Call (ADOC) or the source patient’s on-call GP.

In all other circumstances blood from the source patient must still be obtained, with consent, preferably within 24 hours. This may be performed by the patients own GP, on-call GP or ADOC.

Those responsible for obtaining the blood sample from the source patient should liaise closely with the microbiology laboratory so that the specimen can be processed promptly and the results passed on to those who need to know.

5.1 COMMUNICATION OF TEST RESULTS (SOURCE PATIENT & STAFF MEMBER)
Those responsible for the post-exposure follow up of the injured HCW will be made aware of the source patient’s HIV, Hepatitis B and Hepatitis C results. This could either be the OHS, A&E Department or GP. This will be on a strictly need to know basis.

If HIV or Hepatitis B is identified as part of the testing the Consultant Microbiologist will immediately inform the member of medical staff in charge of the source patient’s care and those in charge of the injured individual post-exposure follow-up. For HCWs, within office hours this will be the OHS, out of hours A&E will be notified. In the case of an inpatient this will be undertaken by the medical staff responsible for their care. If the patient has been discharged or it is a visitor/contractor this will be done by their GP.

On being notified that the HCW has been exposed to HIV or HBV OH or A&E must make immediate arrangements to contact the injured individual and make an assessment as to the need for PEP. If PEP is indicated, this should be instigated as soon as possible.

If Hepatitis C is identified as part of the testing, the Consultant Microbiologist will immediately inform the member of medical staff in charge of the source patient’s care. At the earliest opportunity notification should be made to those in charge of the injured individual’s post-exposure follow-up. For HCWs, this will be the OHS, in the case of an inpatient this will be undertaken by the medical staff responsible for their care. If the patient has been discharged or it is a visitor/contractor this will be done by their GP.

If no bloodborne virus is identified as part of the testing, the Consultant Microbiologist will inform at the earliest opportunity the member of medical staff in charge of the source patient’s care and those in charge of the injured individual post-exposure follow-up i.e. the OHS, attending medical staff or GP, who will be responsible for informing the injured individual.
5.2 **Source Patient Unknown**
If the source patient is unknown or cannot be identified e.g. an injury occurs that from a needle discarded in a bag, the individual must still attend OH or A&E as appropriate.

6.0 **POST EXPOSURE FOLLOW UP**
Detailed policy guidance on post exposure follow up is contained in [Section 2, Appendix B, Action to be taken in the event of Accidental Exposure to Blood and Body Fluids, including “sharps” injuries. Advice for Accident and Emergency and Occupational Health Departments.](#)

7.0 **OCCUPATIONAL HEALTH SERVICE**
During office hours staff must attend the **nearest** OHD. These are:

<table>
<thead>
<tr>
<th>OHD</th>
<th>Phone Number</th>
<th>Hours of Opening</th>
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<tbody>
<tr>
<td>Ailsa Campus</td>
<td>0800 085 0929</td>
<td>Mon-Fri 8.30am – 4.30pm</td>
</tr>
<tr>
<td>University Hospital Crosshouse</td>
<td>0800 085 0929</td>
<td>Mon-Fri 8.30am – 4.30pm</td>
</tr>
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8.0 **ACCIDENT & EMERGENCY DEPARTMENTS**
The following A&E Departments should be contacted in the event of a significant exposure occurring out of office hours:

<table>
<thead>
<tr>
<th>A&amp;E Department</th>
<th>Phone Number</th>
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<tbody>
<tr>
<td>Arran War Memorial Hospital</td>
<td>01770 600777</td>
</tr>
<tr>
<td>University Hospital Ayr</td>
<td>01292 610555</td>
</tr>
<tr>
<td>University Hospital Crosshouse</td>
<td>01563 521133</td>
</tr>
<tr>
<td>Lady Margaret Hospital</td>
<td>01475 530307</td>
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9.0 **SPECIALIST ADVICE**
Further specialist advice on the management of staff following a significant exposure can be obtained from the following sources:

- Consultant Microbiologists, Department of Microbiology, UHC, 01563 521133 (Out of Hours contact the on call Consultant Microbiologist via UHC Switchboard, 01563 521133)
- CPHM, Afton House, Ailsa Campus, 01292 885858 (Out of Hours contact the on call CPHM via UHC Switchboard, 01563 521133)
- Consultant Physician in Infectious Diseases, UHC, 01563 521133
- Consultant in Occupational Medicine, Ailsa Campus and UHC, 08000850929 Monday to Friday 8.30am – 4.30pm
10.0 PSYCHOLOGICAL SUPPORT

Exposure to blood and bodily fluids can result in distress and anxiety for the HCW. Support is available from the OHD (telephone number 0800 085 0929), and Staff Care Services contactable via switchboard.

For patient who have been discharged and visitors/contractors advice should be sought from their GP.

11.0 BIBLIOGRAPHY

1. UK Health Departments (1993) Protecting Health Care Workers and Patients from Hepatitis B
   Recommendations of the Advisory Group on Hepatitis

   Also available at: http://www.dh.gov.uk/assetRoot/04/01/44/74/04014474.pdf (last accessed 02/02/10)

   Also available at: http://www.show.scot.nhs.uk/sehd/mels/HDL2005_33.pdf (last accessed 02/02/10)

   Also available at: http://www.dh.gov.uk/assetRoot/04/08/36/40/04083640.pdf (last accessed 5/9/05).

5. UK Health Departments (2008) HIV Post-Exposure Prophylaxis: Guidance from the UK Chief Medical Officers’ Expert Advisory Group on Aids
   Also available at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_088185 (last accessed 02/02/10)

APPENDIX A

HIGH RISK BODY FLUIDS

- Blood
- Cerebrospinal fluid
- Pleural fluid
- Pericardial fluid
- Peritoneal fluid
- Synovial fluid
- Amniotic fluid
- Semen
- Vaginal secretions
- Human Breast milk
- Saliva in association with dentistry (likely to be contaminated with blood, even when not obviously so)
- Any other body fluid containing visible blood,
- Unfixed tissues and organs
- Exudate or other tissue fluid from burns or skin lesions

| Table 1 High Risk Body Fluids |
APPENDIX B

Accidental Exposure to Blood and Body Fluids
(including “Sharps Injury”)

Responsibilities of Injured Person

In the event of accidental exposure to blood and/or body fluids it is essential that the following actions are followed:-

- **Undertake First Aid**
- **Assess Injury** – Was this a significant exposure?
- **If Significant Exposure**
  attend as soon as possible to either
  - **Occupational Health** (8.30am to 4.30pm)
    OR
  - **Accidental & Emergency** (out with above hours)
- **Inform Person in Charge/Line Manager**
- **Initiate an Incident Report Form**
- **Continue Attendance at Occupational Health as Advised for Follow Up**
Accidental Exposure to Blood and Body Fluids
(including “Sharps Injury”)

Responsibilities of Line Manager/Clinical Staff

- Advise exposed person to attend Occupational Health or A&E
- Investigate Incident
- Undertake risk assessment of source patient for bloodborne virus infection
- Liaise with Occupational Health and/or Occupational Health
- Complete Incident Report Form
- Ensure appropriate remedial action is taken to prevent recurrence