<table>
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<tr>
<th><strong>Policy title</strong></th>
<th>Managing Sharps’ Injuries and Blood or Body Fluids Exposure Incidents</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Policy reference</strong></td>
<td>COR 62</td>
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<tr>
<td><strong>Policy category</strong></td>
<td>Occupational Health</td>
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<tr>
<td><strong>Relevant to</strong></td>
<td>All Staff</td>
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<tr>
<td><strong>Date published</strong></td>
<td>January 2016</td>
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<td><strong>Implementation date</strong></td>
<td>January 2016</td>
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<td>May 2019</td>
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<tr>
<td><strong>Next review date</strong></td>
<td>May 2022</td>
</tr>
<tr>
<td><strong>Policy lead</strong></td>
<td>Head of Occupational Health</td>
</tr>
<tr>
<td><strong>Contact details</strong></td>
<td>Email: Janet.O'<a href="mailto:Neill@people-am.com">Neill@people-am.com</a></td>
</tr>
<tr>
<td><strong>Accountable director</strong></td>
<td>Director of Nursing</td>
</tr>
<tr>
<td><strong>Approved by (Group):</strong></td>
<td>Infection Control Committee</td>
</tr>
<tr>
<td><strong>Approved by (Committee):</strong></td>
<td>Quality Committee</td>
</tr>
</tbody>
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<thead>
<tr>
<th><strong>Document history</strong></th>
<th><strong>Date</strong></th>
<th><strong>Version</strong></th>
<th><strong>Summary of amendments</strong></th>
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<td></td>
<td>May 2011</td>
<td>3</td>
<td>Revised within the Infection Control Manual</td>
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<td></td>
<td>Dec 2015</td>
<td>4</td>
<td>Stand-alone policy and updating procedures</td>
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<td></td>
<td>May 2019</td>
<td>5</td>
<td>Reviewed by Occupational Health</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th><strong>Membership of the policy development/review team</strong></th>
<th>Clinical Director, Occupational Health, Infection Control Doctor and Infection and Control Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Consultation</strong></td>
<td>Occupational Health Staff and HR</td>
</tr>
</tbody>
</table>

**DO NOT AMEND THIS DOCUMENT**

Further copies of this document can be found on the Foundation Trust intranet.
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Procedure for the management of “Sharps” injuries and blood or body fluids exposure Incidents

1 Purpose:
The purpose of this procedure is to inform all Trust staff and relevant others (for example agency staff, volunteers, service users on employment schemes, students) of all the necessary actions to be undertaken in the event of “sharps” injury or blood or body fluids (BBF) exposure incident.

- To minimise the risks to staff and relevant others from blood-borne viruses so far as is possible following “sharps” injury and BBF exposure incidents.
- To reduce the number of “sharps” injuries and the number of exposure to BBF incidents by the promotion of good practice, and monitoring and review of occurrences in the workplace.

2 Scope:
This policy applies to all Trust staff.

In practice, staff working in clinical areas are most at risk and particular attention must be paid to them in terms of information and training.

3 Key Points:
“Sharps” injuries and BBF exposure pose a risk of transmission of blood-borne viruses.

Health Care Workers are recognised as being at particular risk. This procedure will have particular relevance to staff working in the Occupational Health Service, Infection Control Team, Senior Managers in clinical areas and all frontline staff working in clinical areas or at risk of exposure to blood or body-fluids.

If a sharps injury occurs it must be reported immediately to your manager and to the Needlestick Injury Helpline (0330 660 0365 24 hrs) Occupational Health Service and “out of hours” support should be obtained from the nearest A&E in accordance with “out of hours” arrangements.

Post-exposure prophylaxis (PEP) is available for known exposure to HIV and Immunoglobulin for Hepatitis B where the recipient is not immune. There is no immediate treatment for exposure to Hepatitis C at present.

Treatment of these viral infections is not always successful and emphasis must remain on prevention of such injuries by safe working practices and a continued high level awareness of all staff.

The request for donor bloods to be taken and tested by the relevant responsible clinical team (in “in-patient” areas this will be the clinical team caring for the patient, in community settings this may be the patients GP), should be undertaken by the OHS or local manager / supervisor, whoever is best placed according to the circumstances of the case. The recipient should not approach the donor.
4 Definitions Used:
A ‘sharps incident’ is defined as an injury involving an instrument such as a needle or scalpel blade, which has been contaminated by blood or other body fluid.

Blood or body fluids exposures are where such fluids are in contact with mucosal membranes e.g. eyes or mouth, or onto the skin surface which has an open cut or abrasion.

The ‘Recipient’ is defined as the member of staff who has suffered the injury.

The ‘Donor’ is defined as the source patient or person whose blood/body fluid has contaminated the injury.

A ‘Serum save’ is a sample of blood taken from the recipient and stored post incident.

5 Responsibilities:

<table>
<thead>
<tr>
<th>Individual / group</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff</td>
<td>To follow all elements of this procedure in the event of experiencing a sharps injury of BBF exposure.</td>
</tr>
<tr>
<td>Managers</td>
<td>To ensure that all staff are aware of the Sharps procedure and to provide support in the event of injury/ exposure.</td>
</tr>
<tr>
<td>Occupational Health</td>
<td>To ensure that all staff are aware of the Sharps procedure at New Entrant Screening.</td>
</tr>
<tr>
<td></td>
<td>To offer immediate advice and support and where necessary PEP or other immediate recommended treatment as required.</td>
</tr>
<tr>
<td></td>
<td>To ensure all necessary follow up of the staff member post injury / exposure.</td>
</tr>
<tr>
<td></td>
<td>Monitor incident rates reported to the OHS and compliance with all elements of the procedure through the provision of reports to the Trust Infection Control committee</td>
</tr>
<tr>
<td></td>
<td>To promote compliance by all staff through the design and use of communication materials e.g. sharps cards, posters and Trust intranet.</td>
</tr>
<tr>
<td></td>
<td>For examples of the poster and card - see Appendix 1</td>
</tr>
<tr>
<td>GUM services</td>
<td>To support, assess and monitor recipients if:</td>
</tr>
<tr>
<td></td>
<td>Donor is known to be HIV positive or high risk and HIV PEP has been given.</td>
</tr>
<tr>
<td></td>
<td>Any donor requiring reassurance counselling re BBV post incident</td>
</tr>
<tr>
<td>Trust Infection Control Prevention</td>
<td>To receive monitoring information and provide advice and guidance to reduce the incidence of “Sharps” injury and BBF exposures.</td>
</tr>
</tbody>
</table>
6 Procedure for the reporting and follow up post incidents:

For an overview of the sharps procedure, please see Appendix 2

<table>
<thead>
<tr>
<th>Individual/group</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Staff</strong></td>
<td>If a sharps injury or exposure to BBF occurs:</td>
</tr>
<tr>
<td></td>
<td>1. <strong>First Aid measures</strong></td>
</tr>
<tr>
<td></td>
<td>Encourage bleeding and/or wash under running water</td>
</tr>
<tr>
<td></td>
<td>2. Report the incident to the nearest Senior Manager/ Supervisor</td>
</tr>
<tr>
<td></td>
<td>3. Obtain details of the patient whose blood or body fluid is involved.</td>
</tr>
<tr>
<td></td>
<td>4. Contact immediately the Occupational Health Service on 0330 660 0365 (24 hrs) for advice and help.</td>
</tr>
<tr>
<td></td>
<td>For contact details of local A&amp;Es – see Appendix 3.</td>
</tr>
<tr>
<td></td>
<td>5. Complete the Datix accident/incident reporting processes within 24 hours of the event</td>
</tr>
<tr>
<td><strong>Manager</strong></td>
<td>If a staff member reports an injury / incident, offer reassurance and provide support through the following actions:</td>
</tr>
<tr>
<td></td>
<td>1. Arrange for the donor’s (patient’s) notes to be checked to establish if there are any recent results of testing for blood-borne viruses, including Hepatitis B, Hepatitis C, HIV and Treponemes (Syphilis serology). This information is needed for Occupational Health’s risk assessment of the injury</td>
</tr>
<tr>
<td></td>
<td>6. Instruct the recipient (staff member) to telephone Occupational Health (0330 660 0365) to receive immediate care and follow up.</td>
</tr>
<tr>
<td></td>
<td>2. Support in arranging for donor blood to be taken and tested by the relevant responsible clinical team. In “in-patient” areas this will be the clinical team caring for the patient. In community settings this may be the patient’s GP.</td>
</tr>
<tr>
<td></td>
<td>For further guidance for staff asked to take a sample of blood following a sharps incident - see Appendix 4</td>
</tr>
<tr>
<td></td>
<td>3. If “out of hours” ensure recipient contacts the local A&amp;E</td>
</tr>
<tr>
<td></td>
<td>For contact details of local A&amp;Es – see Appendix 3.</td>
</tr>
<tr>
<td></td>
<td>4. Ensure that the Datix accident/incident reporting processes are completed</td>
</tr>
</tbody>
</table>
In the event of a sharps or exposure incident being reported:

1. Obtain all relevant details from the recipient using the OHS Sharps record form to assess for risk- see appendix 5 and record onto DATIX.

2. Arrange for the recipient to attend the nearest OHS location for serum save and any necessary immediate treatment e.g. PEP, immunisation update – for further guidance see appendix 6

3. Support in the requesting of donor blood to be taken and tested by the relevant responsible clinical team. In “in-patient” areas this will be the clinical team caring for the patient. In community settings this may be the patients GP. OHS staff will only make one phone call to request this information.

4. Contact the relevant Virology department to establish that blood from the donor has been received and to follow up the result.

5. If “out of hours” check whether blood has been taken and serum saved for the recipient and, if not, arrange for this to be done.

In the event of the donor being positive to Hepatitis B, Hepatitis C or HIV

6. Ensure all PEP or other recommended treatment is provided. For further detail on specific follow up where donor blood is positive to a blood-borne virus - see appendix 7

7. Arrange follow-up recipient blood testing where appropriate.

8. Inform the Infection Control Team of any incidents resulting from unsafe working practices.

To receive and review reports detailing the number of “sharps” injuries BBF exposures and compliance with this procedure.

To provide advice and guidance to reduce, as far as reasonably practicable, “sharps” injuries, including training and BBF exposures.
7 Monitoring

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>Lead</th>
<th>Tool</th>
<th>Frequency</th>
<th>Reporting arrangements</th>
<th>Acting on recommendations and Lead(s)</th>
<th>Change in practice and lessons to be shared</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compliance with all aspects of the procedure e.g. numbers of sharps and blood splash injuries, levels of staff immunity; BBV occurrence in donor, immunity of recipient, PEP prescriptions, how injury occurred, record on OH data base COHORT</td>
<td>Occupational Health Service</td>
<td>Sharps injuries and BBF exposure report including data fields which match those used for national Public Health Surveillance.</td>
<td>Report quarterly</td>
<td>Report to: Trust Infection Prevention and Control</td>
<td>Any significant data is included in the Director of Infection Prevention and Control reports. Report on sharps injuries and blood splash incidents is included in The Infection Prevention and Control Annual Report. This is presented at the Trust board and made publically available.</td>
<td>Through the Infection Prevention and Control Sub Committees within the Trust.</td>
</tr>
<tr>
<td>Annual overview of IC related activity by OHS</td>
<td>Occupational Health Service</td>
<td>OHS Annual IC Report</td>
<td>Annually</td>
<td>As above</td>
<td>As above</td>
<td>As above</td>
</tr>
</tbody>
</table>

For Equality and Human Rights Impact Assessment Form see Appendix 8
8 References

a) HIV post-exposure prophylaxis: Guidance from the UK Chief Medical Officer Expert Advisory Group on AIDS, Feb. 2004


APPENDIX 1: Sharps poster

Sharps Injury?
What To Do Following A Sharps / Bite / Spit / Splash / Scratch Injury

It is the responsibility of all staff to report any blood/body fluid contamination injuries **immediately** to PAM Occupational Health through the Needlestick Helpline on **0330 660 0365**.

**BLEED IT**
Bleeding must be encouraged for puncture wounds. Do not suck the site

**WASH IT**
Wash the site liberally with soap and water (without scrubbing). Irrigate any eyes, nose or mouth contact with large quantities of cold water

**COVER IT**
Cover puncture wounds with a waterproof plaster

**REPORT IT**
Report the incident immediately to your manager and on Dafix. Contact Occupational Health with all available details for urgent advice during office hours, outside of hours, contact the Needlestick helpline

*It is important that an assessment is carried out as soon as possible following an injury, because of the risk of transmission of Blood-borne Viruses (BBV’s) which include HIV, Hepatitis B and Hepatitis C.*

If you know that the source of the injury has a BBV you must provide this information at assessment.

Call today for further assistance
**0330 660 0365**
24 Hours
APPENDIX 2: What to do in the event of a sharps/blood splash injury

First Aid
- Encourage bleeding and wash under running water
- Obtain donor details: Name, date of birth, address, telephone number, hospital number, and information on infections

Occupational Health
- Telephone Occupational Health 0330 660 0365 (24 hrs)
- Obtain all relevant details from the recipient using the OHS sharps record form and record on COHORT
- Arrange for the recipient to attend the nearest CNWL OHS location for serum save and necessary treatment
- Support the requesting of donor blood to be taken and tested by the relevant responsible clinical team, OHS will only make one call requesting such
- In the event the donor is Hepatitis B, C or HIV positive – ensure PEP or recommended treatment is provided, arrange follow-up recipient blood testing where appropriate and inform the infection control team of any incidents resulting from unsafe working practices

Manager
- Manager offers reassurance and provides support to the staff member
- Manager arranges for the donor’s (patient’s) notes to be checked for recent results of testing for blood borne viruses
- Instruct the staff member (recipient) to phone Occupational Health for assessment on 03306600365. If unable to contact occ health advise attending local A & E
- Support in arranging for donor blood to be taken and tested by the relevant responsible clinical team
- Ensure the DATIX form is completed

Recipient
- Report incident to Senior manager/Supervisor
- Complete an Incident form (DATIX)
- Instruct the staff member (recipient) to phone Occupational Health for assessment on 03306600365.
- If unable contact occ health advise attending local A & E
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Manager
- Recipient
- Occupational Health

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- If unable contact occ health advise attending local A & E
- Complete an Incident form (DATIX)

Obtain donor details
- Name, date of birth, address, telephone number, hospital number, and information on infections
APPENDIX 3: Contact details for A&E's and GUM Services and other contacts

**The following table details local A&E departments**

<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>Address</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Whittington</strong></td>
<td>Magdala Avenue, Magdala Avenue, London, N19 5NF</td>
<td>020 7272 3070</td>
</tr>
<tr>
<td><strong>University College</strong></td>
<td>University College Hospital, 235 Euston Road, London, NW1 2BU</td>
<td>020 3456 7890</td>
</tr>
</tbody>
</table>

**GU medicine services**

<table>
<thead>
<tr>
<th>Location</th>
<th>Address</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mortimer Market Centre</strong></td>
<td>Mortimer Market Centre, Capper Street, Off Tottenham Court Road, London WC1E 6JB</td>
<td>020 3317 5100</td>
</tr>
<tr>
<td><strong>Occupational Health Service</strong></td>
<td>Occupational Health, Ground Floor, St Pancras Hospital London NW1 0PE</td>
<td>0330 660 0365 (24 hrs)</td>
</tr>
<tr>
<td><strong>Virology laboratory / Virologists UCLH</strong></td>
<td>The Doctor’s Laboratory</td>
<td>020 3447 8994 Monday – Friday 9 am – 5 pm</td>
</tr>
<tr>
<td><strong>Virologist On Call UCLH Specialist Registrar</strong></td>
<td>Virologist SPR 07946 202 872</td>
<td>020 7307 7373</td>
</tr>
<tr>
<td><strong>Consultant Microbiologists - UCLH Dr Peter Wilson</strong></td>
<td></td>
<td>020 3447 9912</td>
</tr>
<tr>
<td><strong>Health Advisers (following HIV exposure) Mortimer Market Centre/GUM</strong></td>
<td></td>
<td>020 3317 5252</td>
</tr>
</tbody>
</table>
APPENDIX 4: Guidance for staff asked to take a sample of Donor blood following a sharps injury

a. Check that a suitable sample is not already available in the laboratory (recent serum sample of 5ml in the Microbiology laboratory, to be used subject to the usual consenting process) or that the patient's records do not have the information you need, namely a recent result of Hepatitis B surface antigen, and antibody test results for Hepatitis C and HIV.

b. If the donor is a child or a particularly frail elderly patient, please read the last paragraph(f.) on this page relating to children or refusal of the donor to give a sample of blood before you proceed. If in doubt you should contact Occupational Health for advice. If a decision is made to obtain a sample of blood from the donor.

c. Approach the patient with tact and sensitivity and explain as follows:-

- Unfortunately one of the members of staff has had an accidental injury where their blood has been 'involved'.
- I have been asked to ask if you would let me take a blood sample for testing for the viral infections which can be transmitted to staff in this way.
- We need your agreement to do this and would appreciate your help in this.
- The purpose of this is to reassure staff where the results are negative - this can be very worrying if the answer is not known. We can also arrange for treatment for staff in some cases if any infection is found.
- The chance of a test for infection proving positive is small. If there is a positive test result we will arrange specialist advice and treatment, where appropriate, for you.
- You can refuse to give consent for this. The tests are for Hepatitis B, Hepatitis C and HIV.
- The results of the tests will be given to you unless you ask not to have them.
- Points you may wish to consider before agreeing to the test include who to tell and your own clinical care needs if the test result is positive.

d. If the patient agrees, take 5ml of serum / clotted blood and send the sample with a completed Virology request form URGENTLY to the Virology laboratory, Windeyer Building.

Complete the form with the following clinical details :-

DONOR in Sharps Injury (date of injury)
Recipient = Name of staff, place of work, contact tel. no. of staff
URGENT
Request Hepatitis B surface Ag and viral screen (HCV and HIV antibodies)
Results to Occupational Health Service

e. Telephone the Virology Department or on call Virologist and inform them that you are sending an urgent sample to be tested for Hepatitis B surface Ag, HIV antibodies and HCV antibodies. Injuries during the night can wait for morning testing. When injuries occur at weekends, samples should be done the next day for Hep B s Ag. HIV testing of the donor should be done as soon as possible where there is any doubt about the need to take post-exposure prophylaxis.

f. Donor refusing to give a sample
Although this is surprisingly less common than one might expect, it is more likely to occur in a domestic setting, where arrangements are more complicated. There may also be more
difficulties when injuries involving children or very elderly patients as donors occur. We are not able to force the issue at all and must rely on the co-operation of patients. The wishes of patients, and children especially, need to be respected. Serum should be taken from the Recipient and saved in the usual way as a reference. In the case of very small children, it is advisable to consider other options. Some reassurance may be gained if the mother agrees for access to her ante-natal records. Occasionally a recent serum sample may be available in a local laboratory and would obviate the need for unnecessary venepuncture.
## APPENDIX 5: OHS sharps form

**Sharps / Blood or body fluid exposure : Incident Report form**

| INCIDENT | Date: ................................................ | Time: ................................................ |
| Location of incident: .............................................................................................................................................. |

**Reporting to Occupational Health**

Reported by: ........................................ Date & Time reported to OH: ........................................

**First Aid**

Bleeding encouraged? Yes □ No □ Unknown □ Not applicable □

Was the site washed or irrigated? Yes □ No □ Unknown □ Not applicable □

**RECIPIENT’S details (member of staff who sustained the injury)**

Name: ........................................................................ D.O.B.: .........................

Job Title: ........................................................................ Dept: .........................

Home Address: ..........................................................................................................................................................

Home/Mobile Telephone No: ......................... Manager informed? Yes / No: .........................

Name of Manager: ........................................................ Tel No: .................................

**Hepatitis B immunity status of recipient**

Date of Hep. B Course/Booster: ......................... Hepatitis B antibody level:

Have you tested positive in the past for any BBV? Yes □ No □ If yes which BBV? .................

**DONOR (source patient) details**

Name: .......................................................... D.O.B: ................. Hospital/Unit ID no.

Location: ......................... Caring Clinician: ......................... Tel No:

Is the donor high risk? Yes □ No □

i.e.: HIV positive/IV Drug User/Homosexual/haemophiliac/Social partner of HIV person, Other: ____________________________________________

Is the donor known to be infected with:

**Hepatitis B:** Yes □ No □ Unknown □
If HB positive request HBSAg. If positive request HBe markers.

**Hepatitis C:**  
Yes ☐ No ☐ Unknown ☐  
If HCV positive request donor HCV PCR

**HIV:**  
Yes ☐ No ☐ Unknown ☐  
If HIV positive indicate:  
Acute ☐ Sero-conversion illness ☐

Asymptomatic ☐ Symptomatic ☐ AIDS ☐ Terminal Illness ☐

Date of last HIV test: ..........................  
CD4: ..........................  
Viral Load: ..........................

**INCIDENT DETAILS**

**Type of exposure:**
- Percutaneous ☐
- Mucocutaneous ☐
- Bite ☐
- Instrument scratch ☐
- Human scratch ☐

**Type of sharp:**
- Hollow bore needle ☐
- Solid needle ☐
- Other sharp (please specify)........................................

**Depth of injury**
- Superficial (surface scratch) ☐
- Moderate (skin penetrated) ☐
- Deep (deep penetrating wound with or without bleeding) ☐

**Material**
- Blood Fresh ☐
- Blood Dried ☐
- Blood-stained body fluid / tissue ☐
- Other (please specify)........................................

**Procedure involved in at the time of exposure** e.g. venepuncture

..........................................................

Describe the **mechanism of exposure** e.g. re-sheathing needle, putting in sharps bin etc

**Personal Protective Equipment worn:**  
Yes ☐ No ☐

Gloves ☐

Other ........................................
When did it occur?
During the procedure  ❑  During / after disposal  ❑
After the procedure but before disposal  ❑  Not known  ❑

Any other contributory factors?

Could the sharps or BBFE have been avoided?  Yes  ❑  No  ❑

What action could be taken to prevent it reoccurring?

RISK ASSESSMENT use tool below or risk assessment tool on COHORT

<table>
<thead>
<tr>
<th>Section A</th>
<th>Score</th>
<th>Recommended action to be followed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood contact with healthy skin</td>
<td>0 / NFA</td>
<td>After counselling on risk of HIV transmission of the inoculation injury</td>
</tr>
<tr>
<td>Prolonged contact/heavy contamination with non-intact skin</td>
<td>4</td>
<td>Score 6-10 Recommend PEP</td>
</tr>
<tr>
<td>Mucocutaneous exposure</td>
<td>1</td>
<td>Score 4-5 Give PEP if requested</td>
</tr>
<tr>
<td>Superficial injury with solid instrument – no visible blood</td>
<td>2</td>
<td>Score 1-3 Do not give PEP</td>
</tr>
<tr>
<td>Superficial injury with solid instrument – with visible blood</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Superficial injury with hollow-bore needle no visible blood</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Superficial injury with hollow-bore needle with visible blood</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Deep injury with hollow-bore needle – with visible blood</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Deep injury with any instrument – with visible blood</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Deep injury with solid instrument – with visible blood</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Bite from patient causing abrasion or penetrating injury</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

| Section B                                      |             |                                                                                                 |
| Patient with AIDS / seroconversion illness     | 5           |                                                                                                 |
| Patient HIV positive, undetectable viral load  | 0           |                                                                                                 |
| Patient HIV positive but asymptomatic          | 3           |                                                                                                 |
| High risk history                              | 2           |                                                                                                 |
| No high risk history                           | 0           |                                                                                                 |

Total score

**ACTIONS to be taken by assessing OH clinician**
**Actions Recipient:**

Hepatitis B Booster (Give if not received within previous two years): ☐ Yes ☐ No

Make of vaccine: .............................................  Dose: ..................  Route: .......................  
Expiry date: .......................  Batch no.: .............................................  
Signature of OHNA/OHP: .................................................................  

OH clinician stamp (Name and job title)

Specific Immunoglobulin arranged:  Yes ☐ No ☐  
Blood taken for: - Serum save -  Yes ☐ No ☐  
Where taken:.................................................................  

Incident form completed in workplace by client  Yes ☐ No ☐  Advised to complete ☐  

If PEP is given complete:  
**Sharps report form Donor positive for BBV**

**Actions Donor:**

Guidance on Donor testing sent by fax / e-mail / hand to clinician or manager ☐

Donor Blood Sample taken:  Yes ☐ No ☐  
Tests Requested- ‘full viral screen’

Hepatitis B  Yes ☐ No ☐  
Hepatitis C  Yes ☐ No ☐  
HIV  Yes ☐ No ☐  

Other (Please specify) e.g. Syphilis serology.................................................................

---

**ENSURE YOU HAVE COMPLETED COHORT ENTRY**

OH clinician name (use stamp):

OH clinician post:

Signature: .................................................................  Date:
APPENDIX 6: Guidance for taking a Recipient blood sample

A 5ml serum sample should be taken (plain bottle) for SERUM SAVE only. In rare cases, where a recipient is uncertain of their own immune status for Hepatitis B, and where vaccination has taken place within the last year, then a request for anti-HBs Ab should be made. Completion of the request form for recipient blood

Clinical details must include:-
“Recipient - Sharps Incident”
Date of Incident
Name of DONOR = (Name of Patient)
If DONOR is not known, make this clear by “Donor unknown”

Request: SERUM SAVE

Results to: Occupational Health Service, St Pancras Hospital

Clearly mark with full name (of recipient), date of birth, place of work and contact number

Arrangements for Storage of Recipient blood

The sample should be taken or delivered to Virology in the UCLH The Doctor’s Laboratory, 60 Whitfield Street, or the local Virology Department, as soon as possible and, where a delay is inevitable, should be stored in a clinical refrigerator. Recipient serum will be saved for at least 2 years.
APPENDIX 7: Actions to be taken if the Donor is Hepatitis B, Hepatitis C or HIV positive

1. Hepatitis B positive Donor

If a Recipient is not fully immune and the Donor is Hepatitis B positive:
- All staff should be seen by an Occupational Health Physician or Nurse Adviser to discuss the risk of the injury and follow-up.
- The recipient will be offered post-exposure prophylaxis with Hepatitis B Immunoglobulin (HB Ig)
- HB Ig is only given after consultation with and agreement by the Virologist/Microbiologist.
- HB Ig is available from the Virology Department only after full consultation with the on call Virologist.
- HB Ig, if indicated, should be given within 48 hours of the incident.
- A dose of Hepatitis B vaccine should be given at the same time.

If a Recipient has been shown to be fully immune to Hepatitis B within the last 12 months, and a satisfactory level of anti-Hepatitis B antibodies raised, no further vaccination should be needed at this stage.

Follow up after a Sharps Injury involving a Hepatitis B positive donor

Recipients of Sharps Injuries where the donor is Hepatitis B positive should be advised to have their blood taken for testing for Hepatitis B Surface Antigen (HBsAg) at 3.6 and 12 months after the incident. This should be arranged through the Occupational Health Service after counselling by the Occupational Health Physician or nurse adviser, and only with the full agreement and understanding of the member of staff.

2. Hepatitis C positive Donor

- All donors, subject to appropriate consent, should be tested for evidence of Hepatitis C infection.
- There is no treatment or post-exposure prophylaxis available for Hepatitis C at present. Staff who are recipients of injuries from a Hepatitis C positive donor should be counselled by the Occupational Health Physician or Nurse Adviser.

Follow up after a Sharps Injury involving a Hepatitis C positive Donor

Recipients of Sharps Injuries where the donor is Hepatitis C positive should be advised to have their blood taken as follows: for Hepatitis C virus RNA (a PCR test) at 6 and 12 weeks and for anti HCV antibodies at 12 and 24 weeks. This would only be done with the full agreement and understanding of the member of staff. Baseline serum sample should be saved for at least two years.

3. HIV positive Donor

No testing of recipient blood will be done without the agreement of the individual. Where the status of the donor is unknown but some clinical details are available, follow-up may be considered as if the donor were infected with blood-borne viruses and follow-up should be arranged accordingly based on an individual assessment by a clinician.
(a) **HIV Post-exposure prophylaxis (PEP)**

- Recipients should report all such incidents immediately. The risk of the individual incident is assessed and, where appropriate, treatment with anti-viral therapy (PEP) is recommended for such recipients. If the recipient decides to start Anti-Viral Therapy, **This should be done as soon as possible.**

- Where the donor is not known to be HIV positive and yet is considered likely to be HIV positive, on a clinical basis, anti-viral therapy is recommended to be given to the recipient as outlined below, and taken until the results of donor blood testing are known.

- The contents of the anti-retroviral therapy, PEP pack will be determined by the Occupational Health Physician, the Infection Control Doctor, with advice from local GUM specialists and Pharmacists.

- **Starter Packs of Anti-Viral Therapy - are available at Occupational Health, Accident and Emergency Departments (see Appendix 3)**

- Note all sharps incidents must be reported to Occupational Health in the normal way.

- Starter packs of antiviral therapy are issued by OH Nurse Advisors approved under the Written Instruction for PEP.

- There is an **Information Sheet with each Starter Pack.** Once the recipient has read this, they can decide whether or not they wish to take the tablets for 2 - 3 days until they can arrange more detailed advice.

- **A prescription must be written, by the doctor attending, for any Starter Packs issued** and a replacement of the pack arranged. This will be done by the Pharmacy or Department issuing the Pack.

**Further advice** is recommended as soon as possible after the incident. This can be sought from any of the following - contact numbers are provided in **Appendix 3 Sexual Health services:**

- Occupational Health Service
- GUM Health Advisers, Sexual Health Clinics (pre-test counselling and general support)

While there is acknowledged to be a risk of transmission of HIV by Sharps Injuries, this is known to be a very low risk and staff should be assured that they will be given every opportunity to discuss their concerns with an experienced clinician.

If, after counselling the recipient wishes to continue treatment with Anti-viral Therapy, one of the physicians from the above departments will arrange with the pharmacy for a four week course to be supplied. During the four weeks, it is recommended that staff have a weekly full blood count.

(b) **Follow up after Sharps Injury from HIV Positive Donor**

- Recipients of a Sharps Injury from an HIV positive donor are offered testing of their own blood for HIV antibodies at three and six months after the injury or after completion of any antiviral therapy (PEP), if taken.
- Alternatively, they may prefer to have blood taken and serum saved for future reference, should they develop HIV infection later on. This will assist in establishing if the infection was acquired at work as a result of the injury.
## Equality Impact Assessment Tool

<table>
<thead>
<tr>
<th>Yes/No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Does the policy/guidance affect one group less or more favourably than another on the basis of:</strong></td>
<td></td>
</tr>
<tr>
<td>Race</td>
<td>No</td>
</tr>
<tr>
<td>Ethnic origins (including gypsies and travellers)</td>
<td>No</td>
</tr>
<tr>
<td>Nationality</td>
<td>No</td>
</tr>
<tr>
<td>Gender</td>
<td>No</td>
</tr>
<tr>
<td>Culture</td>
<td>No</td>
</tr>
<tr>
<td>Religion or belief</td>
<td>No</td>
</tr>
<tr>
<td>Sexual orientation including lesbian, gay and bisexual people</td>
<td>No</td>
</tr>
<tr>
<td>Age</td>
<td>No</td>
</tr>
<tr>
<td>Disability - learning disabilities, physical disability, sensory impairment and mental health problems</td>
<td>No</td>
</tr>
<tr>
<td><strong>2. Is there any evidence that some groups are affected differently?</strong></td>
<td>No</td>
</tr>
<tr>
<td><strong>3. If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?</strong></td>
<td>N/A</td>
</tr>
<tr>
<td><strong>4. Is the impact of the policy/guidance likely to be negative?</strong></td>
<td>No</td>
</tr>
<tr>
<td><strong>5. If so can the impact be avoided?</strong></td>
<td>N/A</td>
</tr>
<tr>
<td><strong>6. What alternatives are there to achieving the policy/guidance without the impact?</strong></td>
<td>N/A</td>
</tr>
<tr>
<td><strong>7. Can we reduce the impact by taking different action?</strong></td>
<td>N/A</td>
</tr>
</tbody>
</table>