Why we have a procedure?

The Health and Social Care Act 2008: Code of Practice for the NHS for the Prevention and Control of Healthcare Associated Infections (revised January 2015) stipulates that NHS bodies must, in relation to preventing and controlling the risk of Health Care Associated Infections (HCAI), have in place appropriate core policies/procedures, including the safe handling and disposal of sharps and the management of accidental exposure to blood borne viruses. Implementation of this procedure will contribute to the achievement and compliance with the Act.

The purpose of this procedure is to ensure a system is in place to ensure staff know what action to take immediately following a sharps e.g. needlestick, or blood/body fluid splash contamination injury.

What overarching policy the procedure links to?

- This procedure is supported by the Infection Prevention and Control Assurance Policy

Which services of the trust does this apply to? Where is it in operation?

<table>
<thead>
<tr>
<th>Group</th>
<th>Inpatients</th>
<th>Community</th>
<th>Locations</th>
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<tr>
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<td>✓</td>
<td>all</td>
</tr>
<tr>
<td>Learning Disabilities Services</td>
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<td></td>
<td>all</td>
</tr>
<tr>
<td>Children and Young People</td>
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<td>✓</td>
<td>all</td>
</tr>
<tr>
<td>Services</td>
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</table>

Who does the procedure apply to?

All staff involved in the care of patients should adhere to these standard procedures following a needlestick or blood/body fluid contamination injury.

When should the procedure be applied?

- By all staff when dealing with blood & body fluids contamination and/or a needlestick/ sharps injury.

How to carry out this procedure

Additional Information/ Associated Documents

- Infection Prevention and Control Assurance Policy
• Hand Hygiene policy
• Infection Prevention and Control Assurance - Standard Operating Procedure 1 (IPC SOP 1) - Standard Infection Control Precautions.
• Infection Prevention and Control Assurance - Standard Operating Procedure 7 (IPC SOP 7) Decontamination – advises on environmental decontamination of blood/body fluid spillages.

Aims
This procedure details the immediate actions to be followed within the Black Country Partnership NHS Foundation Trust in the event of a needlestick / sharps injury or an exposure to blood/body fluids to employees of the Trust and members of the public.

Definitions

<table>
<thead>
<tr>
<th>BBV</th>
<th>Blood borne virus e.g. HIV, Hep B, Hep C</th>
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<tbody>
<tr>
<td>HCW</td>
<td>Health Care Worker means employees or contracted staff including locum, volunteers, students and trainees whose activities involve contact with patients or with blood/body fluids from patients in a healthcare setting, whether as an employee of the trust or as a student/trainee on placement</td>
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<tr>
<td>Hepatitis B</td>
<td>Hepatitis B is a type of virus that can infect the liver can be spread through contact with infected blood and body fluids such as semen and vaginal fluids</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>Hepatitis C is a virus that can infect the liver and is spread by contact with the blood of an infected person. If left untreated, it can sometimes cause serious and potentially life-threatening damage to the liver over many years</td>
</tr>
<tr>
<td>HIV</td>
<td>HIV is a virus that attacks the immune system, and weakens your ability to fight infections and disease. HIV is found in the body fluids of an infected person, which includes semen, vaginal and anal fluids, blood, and breast milk</td>
</tr>
<tr>
<td>Immunisation and follow up</td>
<td>Hepatitis B immunisation consisting of 10mcg or 20mcg vaccine given intramuscularly into the deltoid region at 0, 1, 6 months or 0, 1, 2, 12 months</td>
</tr>
<tr>
<td>Positive source</td>
<td>A patient who has had a positive blood test result and is either HIV antibody positive, Hepatitis B surface antigen positive or Hepatitis C antibody/RNA positive</td>
</tr>
<tr>
<td>PEP - Post Exposure Prophylaxis</td>
<td>Prophylactic treatment started immediately after exposure to a pathogen e.g. HIV (such as a disease-causing virus), in order to prevent infection by the pathogen and the development of disease</td>
</tr>
<tr>
<td>Recipient</td>
<td>The person who has sustained the injury</td>
</tr>
<tr>
<td>Source patient</td>
<td>The patient whose body fluid is involved in the incident</td>
</tr>
<tr>
<td>Sharps injury</td>
<td>Puncture of the skin with an instrument (e.g. needles, scalpels, broken glass etc. that may puncture the skin) or bone fragments contaminated with the patients’ blood or body fluid, a bite which draws blood/penetrates the skin or contamination of broken skin with patients’ blood/body fluids</td>
</tr>
<tr>
<td>Splash injury</td>
<td>Splash to eye or mouth with patient’s blood or body fluid</td>
</tr>
</tbody>
</table>
Blood-borne viruses (BBV) - Hepatitis B, Hepatitis C and HIV can be acquired following occupational exposure to infected body fluids or blood.

- **Hepatitis B Virus** - The risk of infection with Hepatitis B (HBV) in unimmunised individuals following a sharps or splash injury from a HBV positive source patient is in the region of 1 in 50, rising to 1 in 2.5 to 1 in 3 if the source patient is also e antigen positive.

- **Hepatitis C Virus** - The risk of infection to an individual following a needlestick injury from a Hepatitis C (HCV) positive patient is in the order of 1 in 30 (3%).

- **HIV** - The risk of seroconversion following significant percutaneous exposure has been estimated as one infection in every 300 exposures (0.33%). HIV infection associated with contamination of the mouth or eyes is very rare – mucous membrane exposure risk is approximately one in a thousand (0.1%).

- **Other** - Other diseases that might also be transmitted through percutaneous injury include syphilis and malaria.

Body fluids that may transmit blood borne viruses:
- Blood
- Vaginal fluid
- Semen
- Cerebro-spinal fluid
- Amniotic fluid
- Pericardial fluid
- Human breast milk
- Peritoneal fluid
- Pleural fluid
- Synovial fluid
- Unfixed human tissues and organs
- Exudate or tissue fluid from burns/wounds
- Any other body fluid if visibly blood stained
- **Body fluids such as urine, vomit, faeces, sputum and saliva are not normally considered a risk unless visibly stained with blood**

There is good evidence that taking appropriate prophylaxis after an accidental exposure to infected blood reduces the risk of being infected.

**Principles of Good Practice for the Prevention of Inoculation/splash Injuries**

**Use of “Safer Needle Devices**

- Wherever possible the use of standard needles will be replaced with Safer Needle Devices in all clinical areas.
- The safety mechanism must be activated immediately after use as per the manufacturer’s instructions
- Safety features are an integral part of the devices, not an accessory.

* The Trust has identified a list of standard equipment which can be routinely ordered through the E-Series requisitions.
Waste Receptacles

- Sharps trays and sharps bins **MUST** be used when undertaking procedures involving sharps e.g. needles, lancets, blades, razors etc.
- Sharps bins and trays **must** conform to current British/EU standards.
- Sharps bins aperture **must** be closed when not in use.
- Bins/trays **must** be stored in the clean utility/treatment room when not in use.
- Sharps bins **must** be locked when ¾ full and placed ready for collection in a secure area.
- Sharps bins **must not** be left unattended.
- Sharps bins should always be carried by the handle.

Safe Handling of Sharps

- Only staff trained to deliver care using the device containing the sharp must handle/use the device.
- Recapping/re-sheathing used needles is strictly prohibited.
- Sharps must not be passed directly from hand to hand / person-to-person. Instead they must be passed via a safe zone e.g. sharps tray and handling should be kept to a minimum.
- Needles must not be bent or broken prior to/after use.
- All sharps must be disposed of carefully at the point of use by the user of the sharps, into an approved colour coded sharps container. Therefore sharps bins should be small/portable enough to take to the place of the procedure.
- Action to be taken when a used sharp if found outside the normal disposal area see Appendix 1.
- Syringes/needles should be disposed of **intact as a single unit** – only if absolutely necessary should the needle be removed using the needle removal device in the aperture of the sharps bin (see Appendix 2).

Immunisation of HCWs

- All HCWs are expected to obtain and maintain their Hep B immune status using the Trusts Occupational Health Services as necessary. HCWs employed via an agency are expected to do the same however; they will use services available from their agency or their own GP.
- Other employees who may be at risk of sharps/splash injuries e.g. Estates and Facilities staff are strongly advised towards obtaining and maintaining Hep B immune status.
Personal Protective Equipment (Gloves)

- Although a needle or sharp instrument can easily penetrate a glove, the risk of transmission of infection is significantly reduced. The glove will remove up to 86% of the blood on the outside of the needle therefore gloves should be worn when handling sharps that are expected to become contaminated with bodily fluid.

- Double gloving is recommended when the patient is known to have a BBV; the inner glove will remove most of the blood not removed by the outer glove. Double gloving therefore substantially reduces the risk of BBV transmission from a sharps injury and is therefore appropriate.

Personal Protective Equipment (Goggles)

- Eye protection is important whenever blood or other body fluids could foreseeably splash into the eye. Ordinary spectacles offer some but inadequate protection as they are not designed for this purpose.

- For use of other types of PPE refer to Infection Prevention and Control Assurance - Standard Operating Procedure 1 (IPC SOP 1) - Standard Infection Control Precautions.
Inoculation Injury e.g. sharp/bite

Recipient to administer First Aid:
1. Make the wound bleed.
2. Wash thoroughly with soap and water, and dry the wound.
3. Cover wound with a waterproof dressing.
4. Report injury to the senior person on duty and ensure line manager is notified as soon as possible.

Splash Incident/Injury

Recipient to administer First Aid:
1. Wash contaminated area thoroughly with soap and water, and dry the area.
2. If eyes contaminated (remove contact lenses if worn – discuss decontamination of lenses with Occupational Health before re-inserting) rinse thoroughly with copious amounts of warm water.

Recipient to:
- Assess the risks – identify the source and amount/type of body fluid involved.
- Is the source patient/sample high risk e.g. Hep B, Hep C or HIV positive?
- Complete DATIX incident report – include as much information as possible how and where the incident occurred and level of risk etc.

Line Manager/Person-in-Charge to:
- Place a copy of the DATIX incident report in the recipients staff file recording date/time and all actions taken.
- Ensure recipient has contacted/informed Occupational Health and followed the advice given – record actions in staff file.
- Liaise with Medical Team to ensure source patient is approached and consents for HIV, Hep BsAg and Hep C testing (written consent required).
- Address any poor practice issues.

Recipient to:
- Inform Occupational Health if closed leave a message on answering machine and attend the nearest A and E Dept.
- Follow advice/treatment provided by the Occupational Health Team.
  
  *Information leaflets available from Occupational Health*

Occupational Health/A and E to:
- Assess risk of infection transmission.
- Provide counselling/information to the Recipient.
- Obtain a baseline sample of blood from the Recipient for storage (for testing should there be specific concerns in the future).
- Provide further treatment e.g. PEP, based upon the risk assessment to provide protection against Hep B and HIV. There is currently no prophylactic treatment for Hep C.
- Arrange any further follow up blood tests as required and refer to GUM specialist if required.
- Advise on preventative measures for future practice.
INFECTION CONTROL ADVICE

SHARPS INJURIES OR EXPOSURE TO BLOOD AND BODILY FLUIDS

1. NEEDLESTICKS, CUTS, BITES OR SCRATCHES

- Encourage bleeding by squeezing
- Wash thoroughly with soap and water
- Cover with a waterproof dressing

NB. Perforated dressings are NOT waterproof

SPLASHES TO MOUTH OR EYES

- Rinse thoroughly with plenty of running water

2. INFORM YOUR MANAGER IMMEDIATELY

3. ALL INJURIES TO BE REPORTED USING THE TRUST INCIDENT REPORTING SYSTEM & THE STAFF ACCIDENT REPORTING BOOKS
   If known, include the name of the source patient from whom the sharps injury/body fluid came.

4. REPORT ALL ACCIDENTS TO THE OCCUPATIONAL HEALTH DEPARTMENT
   At Sandwell & West Birmingham Hospitals (Mon- Fri 08.15 – 17.00hrs) Tel. Ext: 0121 507 3306

5. IF OCCUPATIONAL HEALTH DEPARTMENT IS CLOSED attend the Accident & Emergency Department at your local acute hospital for further advice. Ensure you leave a message on the Occupational Health Department Sharps Hotline for follow-up & entry onto your personal health record.

IT IS THE RESPONSIBILITY OF THE MEMBER OF STAFF INVOLVED AND THEIR MANAGER TO ENSURE THIS PROCEDURE IS CARRIED OUT
Testing of the Source Patient
It is recommended that the source be tested for Hepatitis B, Hepatitis C and HIV following appropriate consent, which must be documented in the patients’ records by the requesting Doctor. The recipient HCW who has sustained the injury should not be involved in the pre-test discussion or taking of blood samples. Consent is required as the blood test is a non-therapeutic test and is therefore, not clinically indicated as part of the patients treatment regime.

When testing the source patient the following actions should be followed:

- Explain to the patient that this blood test is required in response to a HCW injury and not part of the patient’s treatment regime.
- Assess the patient for high risk of blood borne viruses and immediately inform Occupational Health/A and E of any high risks identified.
- Answer any questions the source patient may have. If the doctor is unable to answer any questions then the patient should be referred to an appropriate Health Advisor for further advice.
- Gain informed written consent for bloods to be taken through completion of a consent form. File in patient notes only if consent is given. Inform Occupational Health Service that the sample has or has not been taken. Take blood for testing by:
  - Using 2 clear clotted blood bottles.
  - Ensuring Microbiology Request Form is signed and tests required are clearly specified.
  - Specify on the form that the sample is from a source patient involved in a HCW’s sharps/splash injury.
  - Inform the patient of the results when received.

When the source patient is unable to give informed consent:

- Blood should not be taken from the patient and the refusal must not be recorded in their medical records. Testing may only be performed in exceptional circumstances and advice should be sought from Occupational Health Services.
- If the source patient is unconscious or does not have Mental Capacity and therefore is unable to consent to the blood test, blood should not be taken from the patient and testing may only be performed in exceptional circumstances. Further advice should be sought from Occupational Health Services.
- If the source patient is under the age of 16 and does not have sufficient maturity to understand the implications of testing, consent must be obtained from a parent.
- If the patient is deceased they must only be tested if there is good reason to believe the patient may be infected with HIV, Hepatitis B or Hepatitis C. In this situation there should be agreement of a relative and the results may be disclosed to the relative and any sexual contacts of the patient.
- The Occupational Health and Wellbeing Service must be informed immediately of any of the above circumstances.

HIV Prophylaxis

- Post Exposure Prophylaxis (PEP) should be considered for individuals who have received a significant occupational exposure to blood or any body fluid from a source either known to be HIV-infected or considered to be high risk for infection. These individuals will be identified via the risk assessment conducted by Occupational Health/A and E. Further information on the procedure is available from Occupational Health.
- For members of staff/students planning to travel to parts of the world where HIV is endemic, Occupational Health can provide hardcopy information and verbal advice from a competent individual before travel. It is recommended that a 7-day PEP pack be taken by such travellers in order to allow effective management of a sharps/splash incident.
where the risk of HIV transmission is high. This should be provided by their HCWs own GP

Where do I go for further advice or information?

- Occupational Health *(Service provided by Sandwell and West Birmingham Hospitals Occupational Health Dept.)*
- Infection Prevention and Control Team.
- Consultant Microbiologist
- Your Service Manager, Matron, General Manager, Head of Nursing, Group Director
- Your Group Governance Staff

Training
Staff may receive training in relation to this procedure, where it is identified in their appraisal as part of the specific development needs for their role and responsibilities. Please refer to the Trust’s Mandatory and Risk Management Training Needs Analysis for further details on training requirements, target audiences and update frequencies

Monitoring / Review of this Procedure
In the event of planned change in the process(es) described within this document or an incident involving the described process(es) within the review cycle, this SOP will be reviewed and revised as necessary to maintain its accuracy and effectiveness.

Equality Impact Assessment
Please refer to overarching policy

Data Protection Act and Freedom of Information Act
Please refer to overarching policy
Appendix 1

**Action to be Taken when Discovering Sharps Discarded Outside the Designated Waste Stream**

### Sharp Found on Floor/Work Surface
- Alert others to danger and, if possible, isolate the area/sharp from others who may be at risk.
- Arrange for healthcare worker to place sharp directly into suitable approved sharps container using forceps/equivalent. DO NOT attempt to handle sharps with hands or dustpan and brush.
- Complete DATIX incident report and initiate investigation.

### Overfilled Sharps Container
- Alert others to danger and, if possible, isolate the area/container from others who may be at risk.
- Arrange for healthcare worker to place entire container into larger approved sharps container. DO NOT attempt to decant sharps or close original container.
- Complete DATIX incident report and initiate investigation.

### Sharp Found in Waste Sack
- Alert others to danger and, if possible, isolate the area/sack from others who may be at risk.
- Arrange for Hotel Services to collect and safely place sack into an approved larger rigid sharps container for removal. DO NOT attempt to retrieve sharp from sack.
- Complete DATIX incident report and initiate investigation.
Appendix 2

Sharps Safety with Insulin Pens

For a patient that is self-injecting:
1. The nurse must supervise the patient ensuring right insulin, right dose, right way, right time, right disposal.
2. The nurse is responsible for ensuring that an approved sharps container is provided at the point of use to enable the patient to safely dispose of the pen needle after use.
3. The nurse must not re-sheath the needle and if the patient requires assistance to remove the pen needle follow guidance below.

For a patient unable to self-inject:
1. The nurse must ensure right patient, right insulin, right dose, right way, right time and right disposal.
2. The nurse is responsible for ensuring that an approved sharps container is provided at the point of use to enable the safe disposal of the pen needle after use.
3. Gloves should be worn when handling sharps that are expected to become contaminated with body fluid.
4. The nurse must not re-sheath the pen needle at any time.
5. To dispose of the pen needle once the insulin has been administered the nurse will place the pen needle still attached to the insulin pen device into the aperture located on top of the sharps bin and twist the pen until the needle has been safely removed.
## Standard Operating Procedure Details

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<th><strong>Unique Identifier</strong> for this SOP is</th>
<th>BCPFT-COI-POL-05-08</th>
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<td>State if SOP is <strong>New</strong> or <strong>Revised</strong></td>
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<td><strong>Executive Director</strong></td>
<td>Executive Director of Nursing, AHPs and Governance</td>
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<td>Infection Prevention and Control Team</td>
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<td>January 2019</td>
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<td>January 2022</td>
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### Review and Amendment History

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<th>Version</th>
<th>Date</th>
<th>Description of Change</th>
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<tbody>
<tr>
<td>1.1</td>
<td>Jan 2019</td>
<td>• Procedure reviewed, very minimal changes.</td>
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<tr>
<td></td>
<td></td>
<td>• Added in reference to IPC SOP 7: Decontamination</td>
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<tr>
<td>1.0</td>
<td>Jan 2016</td>
<td>New Procedure established to supplement Infection Control Assurance Policy</td>
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