



National Accreditation for Excellence in Occupational Health



NHS Greater Glasgow and Clyde

Management of Needlestick & Similar Injuries Policy

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1. Introduction

1.1 Background

NHS Greater Glasgow and Clyde (NHS GG&C) is committed to ensuring, so far as is reasonably practicable, the Health, Safety and Welfare of its staff, patients, visitors and other persons who may be affected by its activities.

Needlestick (NSI) or similar injury has the potential to cause serious harm and NHS GG&C is committed to ensuring that the risk of injury from Sharps is reduced to the lowest possible level. This will be achieved by promoting safe sharp practice and the use of safe sharp devices Further guidance on this can be found within the NHSGG&C Safe Use of Sharps In Healthcare Policy (2016) on the Health and Safety section of HRConnect and training is available via Learnpro.

The Health and Safety at Work etc Act 1974 places a legal duty on employers to provide for the health and safety of their employees and the Management of Health and Safety at Work Regulations 1999, requires employers to assess risks to the health and safety of their employees and arrange for implementation of a comprehensive system of safety management.

The Control of Substances Hazardous to Health (COSHH) Regulations 2002 (as amended) specifically includes micro-organisms in the definition of substances that are hazardous to health. The law requires employers to make a suitable and sufficient assessment of the risks to the health of workers exposed to such substances, with a view to preventing or adequately controlling the risks. This includes the proper use of protective equipment and regular monitoring of exposure.

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR), requires exposures to hepatitis B or C, or HIV, to be reportable to the Health and Safety Executive (HSE) as a dangerous occurrence

1.2 Aims

This policy aims to provide NHS GG&C staff with clear guidance on the steps to be taken in the event of a needlestick or similar injury. It is also important to emphasise that prevention of these injuries through the safe handling and disposal of sharps is extremely important

1.3 Scope

NHS GG&C has a duty of care to ensure that all employees are adequately and effectively managed in the event of an occupational exposure to blood or other high risk body fluids. This includes independent contractors, GP's, Dental Practices, agency or locum staff, students attached to educational establishments, volunteers and employees of other organisations working in NHS GG&C premises

1.4 Roles and Responsibilities Summary

- **All NHS GG&C** employees are responsible for the prevention of needlestick or similar injuries and are responsible for compliance with this policy.
- **Clinical Leads/Heads of Departments** have a responsibility to ensure that preventative measures are in place and that employees who sustain a needlestick or similar injury are managed appropriately.
- **Line Managers** are responsible for ensuring that employees are appropriately trained in the safe use and disposal of sharps and in the management of needlestick or similar injuries in line with current policy.
- **Occupational Health Service (OHS)** are responsible for ensuring needlestick and similar injuries are managed appropriately and provide advice on the risk assessment, clinical management and follow-up care of employees following an exposure.
- **Accident and Emergency (A&E)** is responsible for the initial management of needlestick and similar injuries when the Occupational Health Service is closed.

- **Health and Safety (H&S)** are responsible for investigating injuries reported through DATIX and for notifying the Health and Safety Executive (HSE) of high risk injuries which require to be reported through RIDDOR

1.5 Definitions

- **Needlestick** – Any sharp object or material which punctures the skin and may be contaminated with blood or body fluid. This can include hollow bore hypodermic needles, solid instruments like a scalpel or suture needle, razors, sharp pointed surgical or dental instruments and sharp tissue such as bone or teeth.
- **Similar injuries** – Blood or other high risk body fluid exposure via mucous membrane (i.e. splash to the eyes and mouth), exposure onto broken skin or human bites that break the skin
- **Blood-borne viruses (BBVs)** - are viruses that some people carry in their blood and can be spread from one person to another through blood to blood contact
- **HBV** – Hepatitis B Virus
- **HIV** – Human Immunodeficiency Virus
- **HCV** - Hepatitis C Virus

2 The risk of infection following Needlestick or Similar Injury

2.1 Risk of infection from known positive source:

Risk of infection after exposure HBV: Health care workers who have received hepatitis B vaccine and have developed immunity to the virus are at extremely low risk of infection. For the unvaccinated person, the risk from a single needlestick or a cut exposure to HBV-infected blood ranges from 6-30%, i.e. **1 in 3** and depends on the viral load and hepatitis B e antigen (HBeAg) status of the source individual.

Risk of infection after exposure HCV: Based on limited studies, the average risk of infection after a needlestick or cut exposure to HCV-infected blood (i.e. HCV PCR +ve blood) is approximately 1.8%, i.e. **1 in 50**. The risk following a blood splash is unknown, but is believed to be very small.

Risk of infection after exposure HIV: The average risk of HIV infection after a needlestick or cut exposure to HIV-infected blood is 0.3%, i.e. **1 in 300**. The risk after exposure of the eye, nose or mouth to HIV-infected blood is estimated to be, on average 0.1% or 1 in 1000. The risk after exposure of non-intact skin to HIV-infected blood is estimated to be less than 0.1%.

2.2 Factors associated with an increased risk of BBV transmission

- Deep injury.
- Hollow needle.
- Visible blood on the device that caused the injury.
- Injury with a needle that has been placed in a source patient's artery or vein.
- The risk of hepatitis B transmission is increased if the source patient is HBeAg positive.
- A high plasma viral load in the source is associated with an increased risk of HIV and hepatitis C transmission.

2.3 Source patient risk factors for BBV infection (See section 3.1 for detailed guidance in establishing the risk of the source patient).

- Current or past injecting drug use.
- Blood transfusion in a country without blood screening, or in the UK before blood screening was introduced. Having invasive procedures in countries where infection control /decontamination standards cannot be guaranteed.
- Coming from a country which is higher risk for BBVs.
- Men who have sex with men.
- Having sex with an individual from a high risk group or area.

3 Actions required (role specific) following a needlestick or similar injury.

3.1 The injured HCW should:

- Apply first aid
 1. Encourage bleeding of puncture wounds – **DO NOT SUCK THE AREA.**
 2. Wash the affected area with soap and warm water
 3. If mucous membrane exposure, rinse the affected area with warm water or saline i.e. eye bath – Water used for rinsing the mouth **must not** be swallowed.
- Report the injury to their supervisor/Head of department e.g. ward manager, consultant or lead nurse
- Contact the Occupational Health Department needlestick advice line immediately on 0141 201 0595 - Opening times are Monday to Friday 8am to 6pm excluding Public Holidays. Out of these hours staff must attend A&E. Notification of the incident to Occupational Health/A&E should not be delayed until the end of the working day. Time is of the essence and if HIV post exposure prophylaxis (PEP) is indicated it should, ideally, be started within one hour of exposure.

- If attending A&E out of hours, staff must contact the Occupational Health department on the next working day to ensure appropriate follow up is arranged.
- All HCWs who have sustained a significant injury (irrespective of whether the source patient is high risk or not) should contact Occupational Health on the next working day to arrange follow up. This is to assess the need for hepatitis B vaccination, and BBV testing as appropriate.
- The need for further follow up will be advised by Occupational Health. Follow up BBV testing comprises of HIV testing at 6 and 12 weeks, and HBV and HCV at 6, 12 and 24 weeks. All staff including those who undertake EPP can remain working during the follow up period unless advised otherwise by Occupational Health. EPP workers **MUST** notify Occupational Health if they have had a significant injury and are required to attend for follow up if required.

3.2 The Supervisor/Head of department responsible for the injured HCW should:

- Ensure the injured staff member has carried out first aid and has contacted Occupational Health or A&E out of hours.
- Identify the responsible person for carrying out the source patient risk assessment – this could be the nurse in charge of the source patient or can be delegated to a doctor or other clinician as appropriate.
- Ensure that the BBV risk associated with source patient has been assessed – liaise with the nurse in charge of the area where the source patient is located.
- Ensure that the incident is reported through the Datix reporting system.
- Investigate the cause of the injury.
- Adopt any appropriate measure that will reduce the likelihood of further injuries (liaise with infection control and health and safety as necessary).

3.3 The nurse in charge of the source patient should:

- Carry out the initial assessment and management of the source patient but can delegate these actions to a doctor or other clinician as appropriate.

3.4 The clinician undertaking the source patient risk assessment should:

- Conduct the source patient risk assessment using the source patient Blood Borne Virus (BBV) risk assessment letter (Appendix1).
- Check the source patient case notes and discuss the risk with the medical team caring for the source patient (see section 3.1)
- Complete the source patient BBV risk assessment form (Appendix 2) and give this to the Occupational Health/A&E clinician looking after the injured HCW.
- Telephone the Occupational Health department on 0141 201 0595 or telephone the A&E clinician looking after the injured HCW to discuss the results of the source patient BBV risk assessment.
- Consent the source patient for BBV testing even if the risk assessment has not identified them as a high risk source.
- Take blood from the source patient.
- Manage the source patient results and notify the BBV test results to the Occupational Health/A&E clinician looking after the injured HCW.
- Give the results to the source patient, and if appropriate, arrange follow up (see section 3.2).

The clinician taking the bloods from the patient is responsible for notifying Occupational Health of the results. If they are not going to be on duty when the result becomes available they must arrange for a named individual to take responsibility for the task.

3.5 The Occupational Health Service should:

- Assess the HCW immediately (within 1 hour if possible) & determine if a significant injury has occurred.
- Review the completed source patient BBV risk assessment form and if required discuss the results with the clinician looking after the source patient.
- Undertake a risk assessment of the incident including an assessment of the injury and an assessment of the risk from the source patient and decide on appropriate action.
- Arrange for bloods to be taken from the injured HCW for storage (if commencing PEP also baseline bloods for FBC, U&E's, LFT's, Lipids and Glucose).
- Assess the need for HIV PEP, HBV vaccination and hepatitis B immunoglobulin.
- Consult with the Infectious Disease physician on call if prescribing PEP or are unsure if PEP is indicated.
- Administer PEP/ HBV vaccination/hep b immunoglobulin as required based on risk assessment.
- Arrange follow up for BBV testing as required based on the risk assessment. (Follow up testing comprises of HIV at 6 and 12 weeks, HBV and HCV and 6,12 and 24 weeks).
- Receive the anonymised result of the source patient BBV testing and report the results to the injured HCW.
- Review the need for PEP/ HBV immunisation and follow up for BBV testing based on the source patient BBV test results if and when available.
- If necessary, offer referral for specialist advice and support and arrange follow up with the Infectious Disease Physician if HIV PEP is started.
- Notify Health and Safety if an employee is injured by a sharp known to be contaminated with a blood borne virus and where an employee who sustains a high risk needlestick injury subsequently develops a BBV.

Occupational Health staff should refer to the NHSGG&C Control of Infection Committee Guideline 'Management of Occupational and Non Occupational Exposures to Blood borne Viruses Including Needlestick Injuries and Sexual Exposures', for detailed guidance regarding assessment and treatment of needlestick and similar injuries (access via NHS Connect)

3.6 A&E (outside of Occupational Health opening times) should:

- Assess the HCW immediately (within 1 hour if possible).
- Review the completed source patient BBV risk assessment form and if required discuss the results with the clinician looking after the source patient.
- Undertake a risk assessment of the incident including an assessment of the injury and an assessment of the risk from the source patient and decide on appropriate action.
- Arrange for bloods to be taken from the injured HCW for storage (if commencing PEP also baseline bloods for FBC, U&E's, LFT's, Lipids and Glucose).
- Assess the need for HIV PEP, HBV vaccination and hepatitis B immunoglobulin.
- Consult with the Infectious Disease physician on call if prescribing PEP or are unsure if PEP is indicated.
- Administer PEP/ HBV vaccination/hep b immunoglobulin as required based on risk assessment.
- Advise staff to contact Occupational Health on the next working day to arrange for follow up.
- Notify Occupational Health if HIV PEP has been commenced to ensure follow up with the Infectious Disease Physician is arranged.

Accident and Emergency staff should refer to the NHSGG&C Control of Infection Committee Guideline titled Management of Occupational and Non Occupational Exposures to Blood borne Viruses Including Needlestick Injuries and Sexual Exposures for detailed guidance regarding assessment and treatment (access via NHS Connect)

4 Establishing the BBV risk associated with the source patient.

4.1 Establishing the risk in a hospital setting.

When a needlestick injury occurs, the identity of the source patient may be known or unknown.

Establishing the BBV risk associated with an unknown source patient in the hospital setting:

- In hospital, if it is not possible to identify which patient relates to a particular needle, undertake a risk assessment to determine the likelihood that the needle was used on a patient with a BBV infection.

Establishing the BBV risk associated with a known source patient in the hospital setting:

- Where the source patient can be identified, assess the BBV risk associated with the source patient to establish if they:
 - Are known to be positive for HIV, hepatitis B surface antigen (HBsAg) or hepatitis C (PCR positive), or
 - Are 'high-risk' for BBVs.

Assessing if the source patient is high-risk for BBVs

The clinician assessing the BBV risk associated with the source patient should:

- Review the case notes of the source patient to establish if the source patient is known to have a BBV infection or if there are any known risk factors for BBVs.
- Ask the source patient to complete the source patient BBV risk assessment letter (Appendix 1). The information from this should be entered into the source patient BBV risk assessment form (Appendix 2) and the source patient BBV risk assessment letter destroyed.
- If possible, consult with the medical team / GP caring for the source patient to establish if there is any additional information regarding the possibility of BBV infection/risk in the source patient.

- Immediately telephone the Occupational Health/A&E clinician responsible for managing the injured HCW to inform them of any BBV risk associated with the source patient or the needle if the source patient is unknown.
- Complete the source patient BBV risk assessment form (Appendix 2) and send to the Occupational Health or A&E clinician managing the injured HCW. Alternatively put the form IN A SEALED ENVELOPE and give to the injured HCW, to take with them to Occupational Health or A&E. **Ensure your name and contact details are recorded on the form.**
- Record that the source patient BBV risk assessment has been done in the source patient's case notes. DO NOT record the outcome of the assessment or any details of risk factors in the source patient's notes.
- Ensure your name and contact details are recorded in the source patient's notes.

4.2 Consenting the source patient for BBV testing

Use the source patient BBV risk assessment letter (Appendix 1) as part of the discussion about why information and blood testing for BBVs are required.

- Consent the patient for testing as you would do for any procedure. **(See section 4.6 if source patient is unable to consent)**

Clearly explain to the patient:

- The decision to be tested lies entirely with them and that refusing to be tested will have no effect on their on-going care.
- If they refuse, their decision and the discussion will not be recorded in their notes.
- The benefits of testing, including access to treatment.
- Details of how the result will be given.
- A negative HIV test will not affect insurance or mortgage applications, policies or premiums.

- Similar to other significant medical conditions, positive tests may make it more difficult, but not impossible, to get life policies.
- If appropriate, the window period should be explained, and retesting of the source advised.
- Inform the source patient that the results of their tests will be passed to the occupational health/A&E clinician managing the injured HCW, but that, as far as possible, their identity will not be disclosed.
- The source patient can be referred to the Sexual Health Advisors at the Sandyford (**section 7 for contact details**) for further advice and support if required.
- Negative test results will be available within 24 hours; however, if a result is not negative then the laboratory will need to undertake confirmatory testing. The results of confirmatory tests will not be available until the next working day. Only positive results which are laboratory confirmed should be given to the source patient.
- The option for the patient to be tested, but not to receive the results, is not available. If the source patient does not wish to receive the results, do not perform the test. The BBV risk should still be assessed and communicated to the appropriate staff.

NB: Occasionally the source patient may agree to be tested, but does not want the results to be entered into their case notes or shared with the clinicians (hospital or GP) looking after them. In this situation, patients should be encouraged to be tested following normal procedures; however, if they are adamant, a Sandyford number (NASH number) can be used.

Contact the Sandyford Sexual Health Advisors (**section 7 for contact details**) to request anonymous BBV testing in relation to HIV PEP. The sexual health advisor will make arrangements to see the source patient, register them on NASH, discuss, consent and test the patient. Arrangements for the patient to receive the results will also be made. Permission will be sought at this stage to give the result to Occupational Health for the management of the injured HCW. As this process is time consuming it is important that, as usual,

HIV PEP should be given on the basis of the result of the BBV risk assessment of the source patient rather than waiting for the blood results.

4.3 Taking blood from the source patient for BBV testing

- Once the source patient has consented, take blood for HIV, HCV and HBV and send it to the lab for testing. **(See section 6 for details on appropriate samples and arrangements for testing in NHS GGC).**
- If the clinician who took blood from the source patient is not going to be on duty when the test results become available, they must arrange for a named individual to take responsibility for receiving the results from the lab and passing them on to the occupational health/A&E clinician managing the injured HCW.
- The clinician who took blood from the source patient must inform the laboratory of the arrangements for reporting the test results and ensure that the lab has contact details for both the testing clinician and the named deputy who will receive and action the results.
- You **MUST** phone the laboratory to discuss with them that a specimen is being sent urgently **(see section 7 for contact details)**. Mark the sample as URGENT.
- Arrange urgent transport for the bloods to go directly to the West of Scotland Specialist Virologist Centre. Out of hours, contact the on-call virologist via Glasgow Royal Infirmary Switchboard. Tel: 0141 211 4000
- The source patient can be referred to the Sexual Health Advisors at the Sandyford **(section 7 for contact details)** for further advice and support if required.
- Obtain contact details of the source patient. Remember the source patient may be discharged by the time the results are available.

4.4 Managing results of source patient BBV testing

- The laboratory will contact the clinician who took blood from the source patient (or the nominated deputy), with the BBV test results as soon as possible.
- The clinician taking blood from the source patient must ensure that the Occupational Health/A&E clinician managing the injured HCW is informed of the result (anonymised).
- The clinician taking blood from the source patient (or deputy) must also ensure that the source patient is informed of their test result. Only confirmed results should be given to the source patient. This should be done within 24 hours of the confirmed test result becoming available. Again, if they are not going to be on duty when the result becomes available they must arrange for a named individual to take responsibility for this task.
- In the event of the source patient BBV test result being positive, specialist advice can be sought from the Sandyford Sexual Health Advisors (**see section 7 for contact details**). A positive result should not be given to the source patient over the phone.
- If a NASH number has been used (see section 3.2), confidential arrangements to give the patient the result will be made by the Sandyford Sexual Health Advisor.

4.5 Establishing the BBV risk associated with the source patient and BBV testing of the source patient in the community healthcare or dental healthcare setting.

The Occupational Health Department should be informed immediately following any significant injury that takes place in the community or dental healthcare setting. The Occupational Health Team will then be able to offer guidance on conducting the source patient BBV risk assessment and managing the injured HCW.

The source patient BBV risk assessment should be undertaken by a GP, senior nurse (community healthcare), or a senior member of the dental team

at the time that the incident occurs. If possible, test the source patient for BBVs before they leave the surgery. If this is not possible, ensure that practice staff have a record of the source patient's contact telephone number and their GP details. The source patient should be informed that the incident has occurred and that they may need to be contacted later for further information. The Occupational Health Department can then advise on how to proceed with the BBV risk assessment and testing of the source patient.

4.6 Consenting and testing the source patient for BBV testing in a dental practice setting.

In some areas e.g. Dental practice, it will not be possible to test the source patient on site. In this scenario, if the source patient consents to testing, they can be asked to attend their GP practice to have the bloods taken.

It is important that the Dental clinician carrying out the risk assessment contacts the source patient's GP practice to notify them of the need for the testing and to establish how the results will be communicated and fed back to Occupational Health.

4.7 Testing when the source patient is unable to give consent for BBV testing

When the source patient has died, is unconscious or unable to give informed consent for any other reason, seek further advice from the on-call Infectious Diseases physician before undertaking any BBV testing of the source patient. The source patient's next of kin should not be asked to provide consent in this situation.

4.8 Risk assessment and testing when the source is a child.

For children and their parents/guardians all the above considerations including privacy must be maintained.

To establish the risk status of the child, the questions in the source patient assessment letter (Appendix 1) should be asked, not only regarding the child, but also the mother where appropriate. If the child is deemed to have sufficient understanding, whatever his/her age, an appropriate explanation should be given, and consent sought from the child. If the child refuses, blood should not be taken or tested. If the child consents, consent should also be sought from the child's parent / guardian. As the route of transmission to children is usually vertical (from mother to child), testing the child may be a surrogate for testing the mother, and so she should be made aware of this prior to testing. The reason for refusal of consent may be the distress of venepuncture. If this is the case, in young children with no history of foreign travel, blood transfusion or needlestick injury, the mother's blood may be tested instead of the child's. Do not take blood from children under 18 months without prior discussion with the virology lab as to appropriate specimens.

5 Management of patients who have been exposed to blood from a HCW

Circumstances that could allow the transmission of BBVs from a HCW to a patient include:

- Visible laceration of a HCW's hand where the patient's open tissues or mucous membranes could be contaminated with the HCW's blood.
- Visible bleeding from a HCW from any other site, e.g. nosebleed, leading to significant bleed-back into a patient's open tissues or mucous membranes.
- An instrument or needle contaminated with the blood of the HCW is inadvertently introduced into the patient's tissues.

Full advice on how to manage such exposures can be found in guidance issued by the Department of Health.

This can be accessed online at:

[http://www.advisorybodies.doh.gov.uk/eaga/publications.htm. 7.](http://www.advisorybodies.doh.gov.uk/eaga/publications.htm.7)

In summary, the following steps should be taken following any of the incidents detailed above.

The injured worker should:

- Stop the procedure as soon as reasonably practicable, wash and dress the wound and stem the bleeding.
- Clean and disinfect any contaminated areas.
- Report the incident to the supervisor.
- Inform the Occupational Health department without delay.
- Complete a DATIX form.

If the incident is considered to be a significant exposure involving bleed-back into the patient the injured HCW should routinely be asked to consent to testing for HIV, HBV and HCV. HIV testing of the HCW should be conducted as soon as possible to maximise the benefit of HIV PEP if indicated. If the HCW tests positive for any BBVs, the patient should be notified of an intra-operative exposure without revealing which member of the clinical team is infected. PEP for HIV should only be offered and recommended following a positive test in the HCW. Only in exceptional circumstances (e.g. high likelihood of HIV infection in the HCW and / or refusal of the HCW to consent to an HIV test) would it be warranted to initiate HIV PEP in the absence of a positive HIV test for the HCW.

A written record of the incident and test results should be entered in the HCW's Occupational Health notes.

The following documents from the Scottish Government give further guidance on the management of infected health care workers:

- AIDS/HIV infected health care workers: Guidance on the management of infected health care workers and patient notification.
<http://www.scotland.gov.uk/Publications/2002/09/15338/10619>
- Hepatitis C infected health care workers.
<http://www.scotland.gov.uk/Publications/2002/11/15811/13927>
- Addendum to guidance issued in August 1993: Protecting health care workers and patients from Hepatitis B
http://www.sehd.scot.nhs.uk/mels/1996_93b.pdf

6 Laboratory information

- Specimens taken for storage and for BBV testing should be sent to The West of Scotland Specialist Virology Centre at Glasgow Royal Infirmary (formerly the Regional Virus Laboratory).
- The preferred sample for both storage and source patient testing is a 9ml EDTA sample. Suitable tubes are available from stores, however, if this is not readily available; fill a 4 ml Full Blood Count bottle.

During working hours (i.e. Monday to Friday, between 08:45am- 5pm) the West of Scotland Specialist Virology Centre will test source patients for BBV to reassure staff and aid management of the exposure. Where possible, specimens should be sent during working hours. The clinician managing the source patient test should phone the laboratory to inform them that a specimen is being sent and to arrange when the result will be available, and to whom the result should be phoned. All positive HIV antibody tests will require confirmatory testing: this will be undertaken on the next working day.

Telephone: 0141 201 8722

Delivery Address for samples (08:45 - 17:00):

West of Scotland Specialist Virology Centre, Main Specimen Reception (Level 4), New Lister Building, Glasgow Royal Infirmary 10-16 Alexandra Parade, Glasgow G31 2ER

Out with these times testing should be arranged with the on-call virologist.

Out of hours via switchboard (24 hours):**0141 211 4000**

Delivery address for urgent Out of Hours Samples (17:00 and 08:45)

- Urgent out of hours samples once agreed with the on-call virologist, should be dropped off at the Wishart Street Emergency Admissions entrance of the Princess Royal Maternity.
- A map can be viewed on the WSSVC website
- Satellite navigation use postcode G31 2HT
- Diagonally opposite the entrance is Crystal Canopies Ltd, Crystal House.
- Enter under the blue canopy. On the right hand wall, before the security office is a black box for urgent virology samples

7 Contact Numbers**OCCUPATIONAL HEALTH SERVICE NHS GG&C**

If you need to report a needlestick or exposure to body fluids incident, or require advice, telephone **0141 201 0595**.

The line is open Monday to Friday, 8am - 6pm.

Any incidents that occur out with these times should be reported to your local Accident & Emergency unit. Please ensure that you then report your injury to Occupational Health on the next working day.

BROWNLEE CENTRE, GARTNAVEL GENERAL HOSPITAL

To arrange follow-up:

Contact doctor on-call for Brownlee via Gartnavel General Switchboard (24 hours) 0141 211 3000.

For specialist advice:

Contact on-call Infectious Disease physician via Gartnavel General Switchboard (24 hours) 0141 211 3000 (page – 5295)

SANDYFORD SEXUAL HEALTH SERVICES, 2-6 SANDYFORD PLACE, GLASGOW G3 7NB

For professional and patient advice and support, including post exposure advice and support, and to arrange anonymous testing:

Sexual Health Advisors: Tel: 0141 211 8634.

This number can be also given to patients (contact details can be left on answering machine and health advisors will call back).

8 References

NHS Greater Glasgow & Clyde Management of Occupational and Non-Occupational Exposures to Bloodborne Viruses Including Needlestick injuries & Sexual Exposures (2016)

<http://www.staffnet.ggc.scot.nhs.uk/Info%20Centre/PoliciesProcedures/GGCClinicalGuidelines/GGC%20Clinical%20Guidelines%20Electronic%20Resource%20Direct/NHSGGC%20Management%20of%20Occupational%20and%20Non%20Occupational%20Exposures%20to%20BBV.pdf>

9 Appendices.

Appendix 1 – Source Patient Risk Assessment letter.

Appendix 2 – Source patient BBV Risk Assessment Form.

Appendix 3 – Quick Reference Guide.

Appendix 4: Hepatitis B post exposure Prophylaxis Guidance

Appendix 5: HIV Prophylaxis flowchart

Appendix 1- Source Patient Risk Assessment letter.

Dear Patient,

I would like to inform you that a member of staff has come into contact with your blood or bodily fluids. When this happens we assess if the member of staff has been put at risk of any infectious disease i.e. Hepatitis B, Hepatitis C or HIV. If this is the case, we can give the member of staff treatment to prevent infection from occurring. This treatment needs to be given very quickly if potential infection is to be avoided.

To make this assessment we need to ask two things of you:

1. That you answer some personal questions. These are important to help us understand if there is likely to be any risk to the staff member and if treatment is required.
2. Your permission to take a blood sample to test for Hepatitis B, Hepatitis C and HIV infections.

Please complete the questions below. Once you have completed them, the information provided will be entered onto another form which does not have your name on it and this letter will be destroyed. The form will be passed to the clinical team looking after the injured member of staff.

A Doctor or a Nurse will explain the blood tests to you, make the arrangements to give you the results, and organise any follow that you might require.

The results of your blood test will be sent to the clinical team looking after the injured member of staff to help ensure that they are getting the right treatment as quickly as possible if required.

We apologise for the inconvenience this has caused you and are very grateful for your help.

Once again, thank you very much for your assistance in this matter.

Yours Sincerely,

Occupational Health Service.

Appendix 1 (cont.) - Source Patient Risk Assessment.

Q1: Have you ever been diagnosed with HIV? Yes No

Q2: Have you ever been diagnosed with Hepatitis B? Yes No

Q3: Have you ever been diagnosed with Hepatitis C? Yes No

Q4: Have you ever injected drugs? Yes No

Q5: Have you ever had sex with anyone who has injected drugs? Yes No

Q6: If you are male, have you ever had sex with another man? Yes No

Q7: Have you ever had sex with someone from a country outside the UK, Western Europe, North America, Australia or New Zealand? Yes No

If yes, please state the country:

Q8: Have you ever had a blood transfusion in a country outside the UK, Western Europe, North America, Australia or New Zealand? Yes No

If yes, please state the country:

Q9: Have you ever had an operation or injection in a country outside the UK, Western Europe, North America, Australia or New Zealand? Yes No

If yes, please state the country:

Q10: Are you from a country outside the UK, Western Europe, North America, Australia or New Zealand? Yes No

If yes, please state the country:

For the clinician undertaking the BBV assessment:

When this form has been completed with the patient please:

- Record in source patients case notes that the assessment has been carried out. Do not record the outcome of the assessment in the patient's case notes.
- Record your name, grade and contact details in source patient's case notes.
- Once this has been undertaken please destroy the source patient assessment letter including the answers to the above questions.
- Follows all required actions in the NHSGG&C Needlestick & Similar Injury Policy (2017) e.g. communicate outcome of risk assessment to Occupational Health/A&E.
- Make arrangement for the source patient to receive the BBV test results and record these arrangements in the source patient's case notes.

Appendix 2 – Source Patient Risk Assessment Form

PART A: Anonymised source patient risk assessment form: for use following sharps or similar injury	
Name of injured HCW:	Location:
Clinician : (responsible for source patient)	Contact No: Date:
<p>Immediate action required:</p> <ol style="list-style-type: none"> 1. Risk assess the source patient <ul style="list-style-type: none"> • Undertake the source BBV risk assessment urgently. • Review case notes of source patient. • Speak to source patient's medical team. 2. Decide on the results <ul style="list-style-type: none"> • Establish if source patient is known to have a BBV or is high risk for a BBV. • If the source patient answers 'yes' to any of the questions 4-10, they are HIGH RISK for BBV. 3. Communicate the information <ul style="list-style-type: none"> • Telephone the Occupational Health/A&E clinician looking after the injured HCW with an initial report of the result and details of the source patient BBV risk assessment. • Provide details of when the source patient test results will be available. • Complete this form and forward it to Occupational Health/A&E as appropriate by fax or by giving it to the injured HCW in a sealed envelope to take with them. Do not delay referral of the injured HCW. (HIV PEP should be started within 1 hour) 4. BBV Testing <ul style="list-style-type: none"> • Consent and test the source patient for BBV's. • Arrange urgent BBV testing with the lab (Telephone RVL) 5. Record your actions <ul style="list-style-type: none"> • Record in source patients case notes that assessment has been carried out. DO NOT record the outcome of the assessment in the source patient's case notes. • Record your name, grade and contact details in the patients case notes • Destroy the source patient BBV risk assessment letter 6. Source patient follow up <ul style="list-style-type: none"> • Arrange follow up for the source patient to receive the BBV test results, and if any positive results make appropriate referral arrangements as per GGC guidance. • Inform the nurse in charge and consultant of the source patient of the results/need for follow up. 	

PART B: To be completed by the clinician undertaking the source patient BBV risk assessment		
If no approach has been made to the source patient, please state the reasons why this has not been done:		
Has the source patient been diagnosed with a BBV?	Y	N
Is the patient HIGH RISK for BBV?	Y	N
Has the OH/A&E clinician looking after the injured HCW been informed of the source risk status?	Y	N
Has consent been sought and granted for source blood to be tested for BBV	Y	N
Has follow up to give the source patient the results of BBV testing and advice been arranged?	Y	N

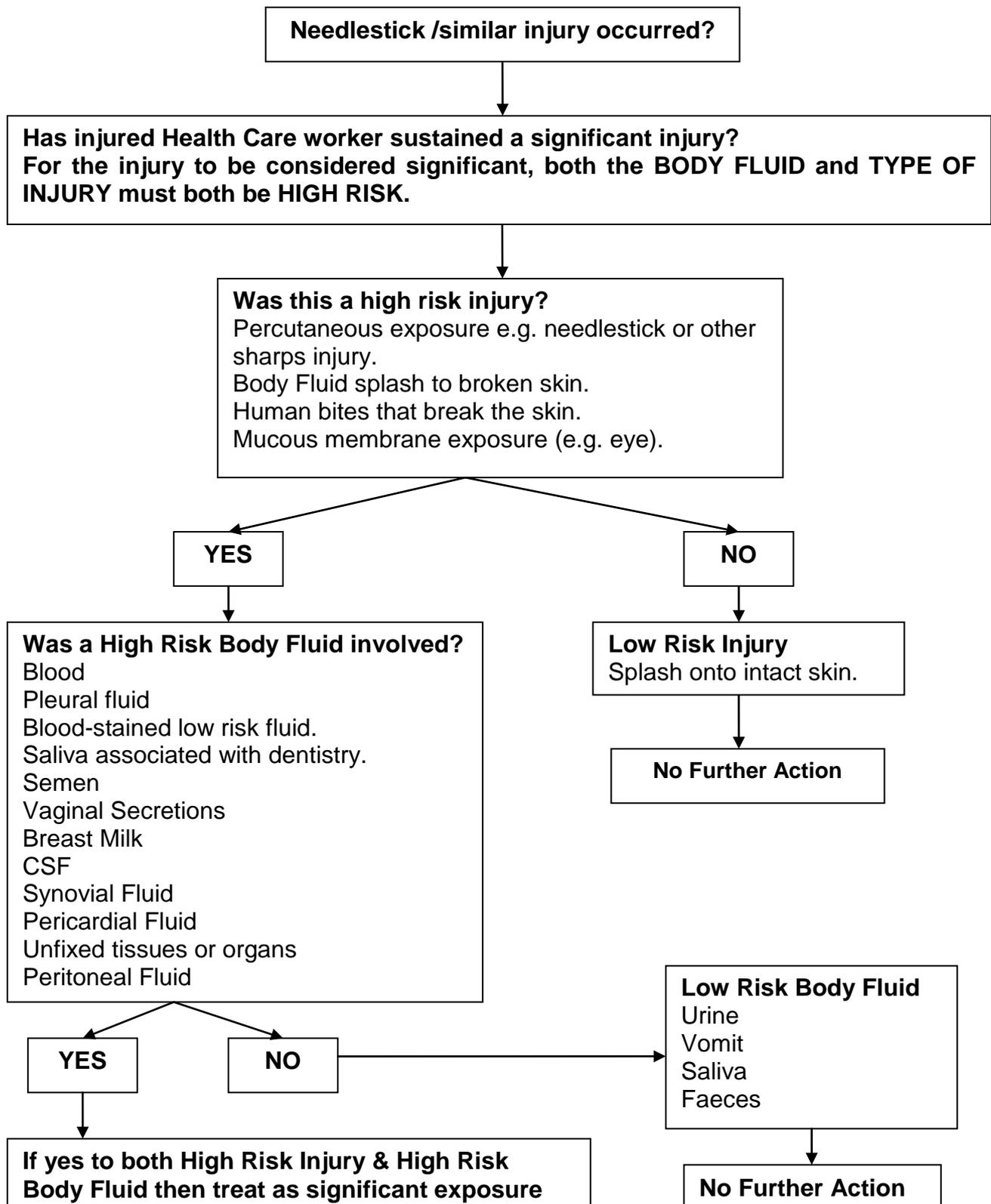
Appendix 3 – Quick Reference Guide

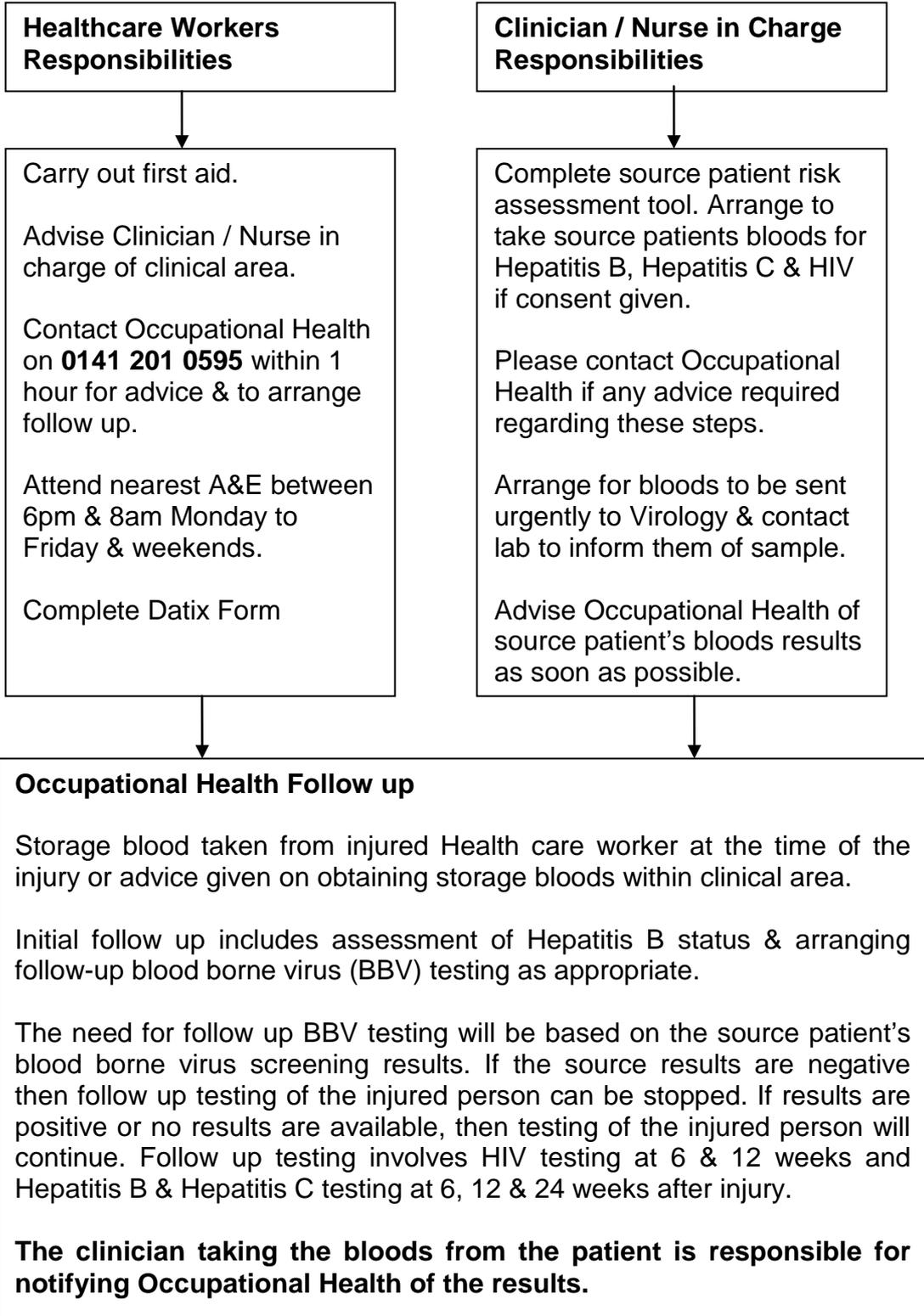


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NHS Greater Glasgow and Clyde: Occupational Health Service Quick Reference Guide for Needlestick & Similar Injuries.





Appendix 4 – Hepatitis B Post Exposure Prophylaxis.



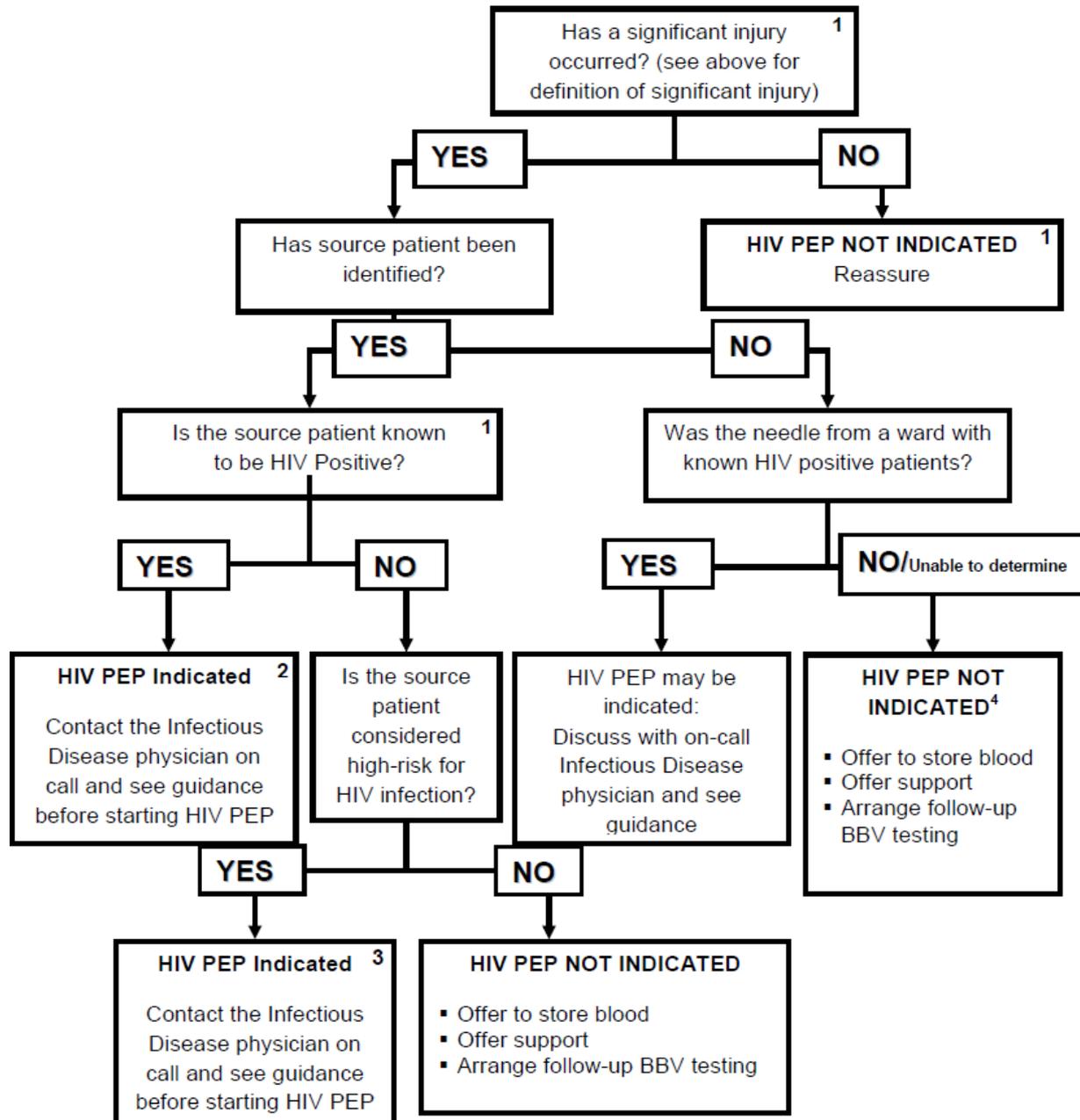
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Hepatitis B Vaccine Post Exposure Prophylaxis for Significant Injury.

HBV status of person exposed	Significant exposure			Non-significant exposure	
	HBsag positive source	Unknown source	HBsag negative source	Continued risk	No further risk
≤ 1 dose HB vaccine Accelerated	Accelerated course of HB vaccine* HBIG x 1	Accelerated course of HB vaccine*	Initiate course of HB vaccine	Initiate course of HB vaccine	No HBV prophylaxis. Reassure
≥ 2 doses HB vaccine pre-exposure(anti-HB not known)	One dose of HB vaccine followed by second dose one month later	One dose of HB vaccine	Finish course of HB vaccine	Finish course of HB vaccine	No HBV prophylaxis. Reassure
Known responder HB vaccine (anti-HBs > 10mIU/ml)	Consider booster dose of HB vaccine	Consider booster dose of HB vaccine	Consider booster dose of HB vaccine	Consider booster dose of HB vaccine	No HBV prophylaxis. Reassure
Known non-responder to HB vaccine(anti-HBs < 10mIU/m 2–4 months post-immunisation)	HBIG x 1 Consider booster dose of HB vaccine A second dose of HBIG should be given at one month	HBIG x 1 Consider booster dose of HB vaccine A second dose of HBIG should be given at one month	No HBIG Consider booster dose of HB vaccine	No HBIG Consider booster dose of HB vaccine	No HBV prophylaxis. Reassure

Figure 2 : Flowchart to determine the need for HIV PEP



1. If the injury involves contact with HIV positive blood (whether or not it is a significant injury) discuss with ID Physician on call.
Persons who have had an injury which involved exposure to HIV infected blood should have follow-up post-exposure testing, medical evaluation and be offered specialist advice and support, whether or not they have received HIV PEP.
2. When source patient is known to be HIV positive, determine (if possible) what anti-retroviral therapy they are currently receiving (or have taken in the past) and which consultant has responsibility for their care.
3. HIV PEP can be discontinued if the source patient HIV antibody test is negative (taking into account the risk of a source patient window period of infection).