MANAGEMENT OF NEEDLESTICK, SHARPS, HUMAN BITES & CONTAMINATION ACCIDENTS (INOCULATION INJURIES) POLICY

Amendments

<table>
<thead>
<tr>
<th>Date</th>
<th>Page(s)</th>
<th>Comments</th>
<th>Approved by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nov 2013</td>
<td></td>
<td>Minor changes. Section 4.3 and 5.2– Change to incident reporting mechanism</td>
<td>Chair’s action</td>
</tr>
</tbody>
</table>

Originally compiled by: Dr Nicola Kirk, Consultant Microbiologist

Reviewed by: Tina Kendall Specialist Occupational Health Advisor
Dr. Angela Shaw, Consultant Microbiologist, Chairman Control of Infection Committee.


Ratified by: Clinical Governance Committee, 13th October 2000; June 2007, February 2009, HR Director, October 2009, October 2011,


Next review due: December 2015

Contact name for comments: Tina Kendall Specialist Occupational Health Advisor
1. INTRODUCTION

This document sets out the procedures in place within Ashford and St. Peters Hospitals NHS Foundation Trust for the management of needlestick, sharps, human bites and contamination accidents (inoculation injuries).

2. PURPOSE

This policy will ensure there is a clear process in place for the management of inoculation injuries which includes needlestick, sharps, human bites and contamination accidents within both Ashford and St. Peters hospital sites. The policy contains all the appropriate documentation, including risk assessments, flow charts and information sheets required to manage an incident. The policy ensures that the Trust meets the Department of Health requirements in managing such incidents.

3. DEFINITION OF AN INOCULATION INJURY

An inoculation injury involves a member of staff having a percutaneous exposure or a mucocutaneous exposure to blood or bodily fluids from a patient.

• A percutaneous exposure is where a needle/sharp object that has already been used on a patient, a human scratch or bite has broken the skin.

• A mucocutaneous exposure is where the mucous membranes i.e. mouth, nose or eyes or non-intact skin have been contaminated by blood or bodily fluids from a patient (HPA 2005a).

4. DUTIES FOR ALL ASPH TRUST STAFF

PREVENTION OF NEEDLESTICK/SHARPS INJURIES

Extreme care must be taken to ensure that needles and other sharp instruments are handled safely to prevent inoculation accidents. It is the responsibility of all staff to ensure that used needles and other sharps are immediately placed in sharps containers. Never carry sharps in your hand, always use a suitable receiver or take a sharps box to the bedside. Never leave sharps for others to clear away.

Following injection of drugs, the syringe with attached needle should immediately be placed into a sharps container. Remove needles from syringes only when essential using the appropriate device on the sharps container. Do not resheath needles manually.
Vacutainers are recommended for taking blood samples. The vacutainer needle, together with the guard should be immediately discarded into a sharps container. The guards should not be reused.

Never place sharps or needles (including IV giving sets which may tear the bag) into plastic waste bags as this action may cause injury to others. Do not overfill sharps containers. When two thirds full, securely close the container completing the appropriate section on the front of the container, tag and place at a waste collection point.

**PREVENTION OF CONTAMINATION ACCIDENTS**

For their own protection staff should cover any cuts, open lesions etc. on exposed areas of the body with a waterproof dressing. If contact with blood or other body fluids is anticipated, gloves should be worn. Visors or goggles are recommended if splashing is likely.

**4.3 ACTION TO BE TAKEN IF AN INOCULATION INJURY OCCURS**

- Encourage bleeding.
- Wash the site immediately with soap and water, but do not scrub the skin or put the broken area of skin into the mouth.
- If splashed, wash the area immediately (if the eye has been splashed, remove contact lenses first).
- Keep a note of the name and location of the patient concerned, if known.
- For **St. Peters Hospital** staff report to the Occupational Health (OH) Department immediately. If Occupational Health is closed, report immediately to Accident & Emergency (A&E) Department.
- For **Ashford Hospital** staff contact the OH department via ext 2404 immediately. If the OH department is closed contact the On-Call RMO/Staff Grade Doctor in Ashford Hospital immediately via bleep 5945.
- Report the accident to your manager and complete online Datix incident report form.

**ACTION TO BE TAKEN IF A CYTOTOXIC DRUGS NEEDLESTICK INJURY OCCURS.**

- Encourage bleeding.
- Wash the site immediately with soap and water, but do not scrub the skin or put the broken area of skin into the mouth.
- Attend the A&E department at St. Peters immediately for further assessment.

**FOR YOUR OWN PROTECTION DO NOT DELAY, ACT IMMEDIATELY.**

**5. DUTIES / RESPONSIBILITIES FOR SPECIALIST DEPARTMENTS**

**IMMEDIATE ACTION TO BE TAKEN BY A&E AT ST. PETERS HOSPITAL OR THE REGISTERED MEDICAL OFFICE (RMO)/STAFF GRADE AT ASHFORD HOSPITAL**

- Complete Trust Risk Assessment/Action form following potential blood borne virus (BBV) exposure incident in health care worker or other injured person. (See Appendix 1, also available in Useful Documents via Trustnet)
- Obtain details of the incident including the details of the source patient if known, and establish if the exposure is high risk or not (i.e. if proceeding to Section E on Appendix 1),
and if the person exposed has ever had a response to the Hepatitis B Virus (HBV) vaccine (if so what is their HBV antibody level) or is a known Non-responder to the HBV vaccine.

- Give him/her Hepatitis B vaccine according to the schedule outlined in the Trust Risk Assessment/Action Form (see Appendix 1 page 10). (Hepatitis B immunoglobulin is available from the Consultant Microbiologist). Give the individual a booster dose of the hepatitis B vaccination if they have not received one within the past 12 months.

- Take a base-line serum sample (5-10 mls clotted blood in 1 gold top bottle) and send to microbiology. This will be stored as a base line, and also tested for hepatitis B surface antibodies if necessary. Include on the form details of the exposed person’s HBV immunisation status and what prophylaxis he/she has been given. Please state on the form that the blood is from the exposed person and also state the name of the patient involved if known. This information will ensure both samples can be linked.

- Contact the on-call Blanche Heriot (GUM) Consultant via switchboard if the exposure is significant for HIV (i.e. the source patient has risk factors as listed in Section I of Appendix 1) or if there is any advice required regarding hepatitis B or C exposure. He/she will contact the clinical team caring for the source patient and ascertain whether further action is required.

- Complete the appropriate section of the Incident Report Form and advise the person who sustained the injury to attend the Occupational Health Department the next working day.

5.2 DUTIES/RESPONSIBILITIES OF THE OCCUPATIONAL HEALTH DEPARTMENT

- Establish if the exposure is high risk or not, and the HBV antibody status of the person exposed.
- Give him/her hepatitis B vaccine/immunoglobulin according to the schedule outlined in the Trust Risk Assessment/Action Form (see Appendix 1 page 11). Give the individual a booster dose of the hepatitis B vaccination if they have not received one within the past 12 months.
- Take a serum sample and send to Microbiology for appropriate testing if this has not already been done.
- Liaise with the Consultant Microbiologist in cases where there is a possible need for Hepatitis B Post Exposure Prophylaxis (PEP) treatment requiring Hepatitis B immunoglobulin.
- Liaise with the Blanche Heriot (GUM) Consultant in cases where there is a possible need for such as HIV PEP treatment.
- Contact the source patient medical team and arrange for a risk assessment to be undertaken.
- Request source patient medical team to approach the source patient for consent to obtain a blood test to screen for BBV and provide source patient with a colour copy of Appendix 4, ‘Points to consider if you are being approached for a blood test to screen for blood borne viruses’ leaflet.
- Counsel the exposed person and if required commence on HIV PEP treatment.
- If deemed High Risk exposure and PEP has been prescribed, in the absence of Dr. G.V. Britton the Consultant Occupational Health Physician the Occupational Health Advisor will bring the member of staff to Blanche Heriot Unit when open and if closed bring the member of staff A&E at St. Peters Hospital to obtain an immediate supply of HIV PEP.
• When HIV PEP has been commenced OH will refer the member of staff to Blanche Heriot Unit for follow up monitoring of PEP treatment and appropriate blood tests, completing the appropriate referral form in Appendix 5.
• Offer follow up screening for BBVs as appropriate.
• Report any High Risk exposures incidents to the Health Protection Agency and liaise with the Trust Health, Safety & Security Advisor to ensure the incident is reported under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).
• Liaise with the Infection Control Team if following assessment of an inoculation injury it has resulted from poor practice or was an avoidable accident so that appropriate investigation, training and action can be taken to prevent future similar incidents.
• Provide regular reports to the Health & Safety Committee to help monitor the effects of the management procedures in place.
• Ensure all staff are given training on the actions to take if they sustain an inoculation injury within the Trust - Corporate Induction to Trust and as per Mandatory training schedule.
• Ensure A&E staff in St. Peters hospital and the RMO/Staff Grade in Ashford hospital are given training on the out of hours management of inoculation injuries within the Trust.
• Follow up any Datix incident forms received by Occupational Health where the details of the incident are not already known.

5.3 DUTIES/RESPONSIBILITIES OF THE INFECTION CONTROL NURSES

• Once informed by Occupational Health follow up any inoculations injuries which have resulted from poor practice or were avoidable accidents.
• Provide sharps awareness training where appropriate.
• Coordinate the sharps bin audit which is carried out annually by the sharps bin supplier and provide the results of the audit and subsequent any action plan (if required) to the H&S committee.

5.4 DUTIES/RESPONSIBILITIES OF THE CONSULTANT MICROBIOLOGIST

• In liaison with Occupational Health and/or A&E and/or RMO/Staff Grade (Ashford), advise on any additional treatment that may be required for the person exposed, such as Hepatitis B immunoglobulin.
• Liaise with Occupational Health about follow up screening for BBVs for the exposed person.

5.5 DUTIES/RESPONSIBILITIES OF THE BLANCHE HERIOT UNIT

• Provide advice during working hours to Occupational Health and out of hours to A&E (SPH), RMO/Staff Grade (Ashford), on any treatment that may be required for the exposed member of staff, such as HIV PEP.
• Arrange for a risk assessment to be undertaken on the source patient out of hours if the source is known.
• Arrange for counselling and collection of a serum sample from the source patient with his/her informed consent. (See Appendix 4 Source patient information).
• Provide members of staff with the appropriate supply of HIV PEP (up to 4 weeks supply if required).
• Monitor the effects of HIV PEP on the member of staff through regular blood test.
• Carry out BBV screening on the member of staff at 6 and 12 weeks post incident.
• Refer the member of staff back to Occupational Health for their 24 week blood screen post the incident completing the appropriate referral form in Appendix 6.

5.6 DUTIES/RESPONSIBILITIES OF THE PHARMACY DEPARTMENT

• Maintain stocks of HIV PEP in the appropriate departments throughout the Trust.
• Provide appropriate information regarding medication used in HIV PEP treatment – See Appendix 4, Patient Information Leaflet for Post Exposure Prophylaxis (PEP) Kits.

5.7 DUTIES/RESPONSIBILITIES OF THE HEALTH, SAFETY & SECURITY ADVISOR

• Once informed by Occupational Health ensure High risk incidents are reported under RIDDOR.

6. DUTIES/RESPONSIBILITIES OF THE TRUST

• Ensure the health, safety and welfare at work of employees and of all those connected with the Trust’s activities in line with the Health and Safety at Work Act and where available review the use of appropriate safer needle devices.
• Ensure Compliance where practicable with the EU Directive ‘On the prevention of Sharp injuries in the UK Hospital and Healthcare sector’ 2010/32EU

7. MONITORING

• Occupational Health will monitor and review all incidents of inoculation injuries within the Trust and address any issues raised regarding inoculation injury management whilst also monitoring and reviewing trends and providing regular reports to the Trust’s Health and Safety Committee.

8. TRAINING

• All Trust staff will be provided with the training on the management of inoculation injuries within the Trust as follows;

<table>
<thead>
<tr>
<th>Course</th>
<th>Trainer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust Inductions</td>
<td>H&amp;S Advisor</td>
</tr>
<tr>
<td>Mandatory Training A</td>
<td>Head of Patient Safety</td>
</tr>
<tr>
<td>Mandatory Training B</td>
<td>H&amp;S Advisor</td>
</tr>
<tr>
<td>Non-Clinical Mandatory training</td>
<td>Occupational Health.</td>
</tr>
<tr>
<td>Department Specific Training *</td>
<td>Occupational Health.</td>
</tr>
</tbody>
</table>

*Both medical and nursing staff working in A&E at St. Peters hospital and the RMO/Staff Grade at Ashford hospital will be offered regular refreshers in the out of hours management of inoculation injuries within the Trust by Occupational Health.
9. ARCHIVING

This is a Trust-wide document and archiving arrangements are managed by Quality Dept. who can be contacted to request master/archived copies.

10. DISSEMINATION AND IMPLEMENTATION

The policy will be circulated to Chair of the Control of Infection committee for approval and forwarded to HR Director or Clinical Governance committee for ratification. Once ratified the policy will be disseminated through the Aspire global email.

11. EQUALITY IMPACT ASSESSMENT SUMMARY

Background
- Description of the aims of the policy
- Context in which the policy operates
- Who was involved in the Equality Impact Assessment

This Policy aims to reduce ensure any inoculation injuries sustained by staff working in Ashford & St Peter's Hospitals NHS Foundation Trust premises are managed efficiently and effectively reducing the risk of transmission of Hepatitis B, Hepatitis C and or HIV virus to affected individual.

This policies affects all Healthcare workers whose work for the Trust and or within the Trust premises.

Dwayne Gillane & Angela Shaw were involved in this risk assessment.

Methodology
- A brief account of how the likely effects of the policy was assessed (to include race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age)
- The data sources and any other information used
- The consultation that was carried out (who, why and how?)

All Trust Staff and those working on Trust premises regardless of their race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age are subject to the guidance set out in this policy.

There is well documented evidence where there is an increased risk of HIV being present in the following groups, IV drug users, prostitutes, men who have sex with men, haemophiliac’s. Those from high risk area’s including sub Saharan Africa and south east Asia. All source patients treated equally when being approached for blood test. PALS approved leaflet (See Appendix 4 of the Inoculation Injury policy) is given to those patient’s being approached for blood testing. If required the Trust has access to translators to ensure good communication. If this is not possible a risk assessment can be carried out on the basis of the medical notes but no bloods are taken without informed consent.

Those from these groups do not have any less access to treatment and would be dealt with the same as all other patient’s. However the person who sustains an inoculation injury from those in
this group would be treated for a ‘high risk’ injury.

If an individual developed an infection with Hepatitis B, Hepatitis C and or HIV virus following an inoculation injury then Disability could be considered as an issue as the individual’s ability to practice within an EPP role e.g. in A&E or Theatres may be compromised. If this occurs then the appropriate support would be provided by the organisation such as retraining, redeployment to help facilitate the employee in the work place where possible.

This policy is informed by:
Management of Healthcare Waste Policy
Control of Substance Hazardous to Health (COSHH) Policy
Spillage of Blood and Body Fluids Policy
Standard Precautions Policy
Health & Safety Policy

This is a review of an existing Trust policy with some minor amendments made, the Microbiology & GUM Consultants, GUM Sister, Infection Control Consultant Nurse, Anti-biotic Pharmacist, Health & Safety Advisor were asked for comments on the updated policy.

Key Findings
- Describe the results of the assessment
- Identify if there is adverse or a potentially adverse impacts for any equalities groups

There is a potential adverse impact for those workers undertaking Exposure Prone Procedure duties who develop an infection with Hepatitis B, Hepatitis C and or HIV virus following an inoculation injury. Where this occurs appropriate employment support will be offered to Health care workers who are diagnosed as Hepatitis B positive.
However patient safety is paramount and it is important to reduce the risk of transmission from staff to patients. This policy supports compliance with governmental guidance.

All Health care workers who sustain an inoculation injury and require subsequent follow up screening to ensure no sero-conversion has occurred will be informed of the potential consequences of possible sero-conversion to infection with the Hepatitis B, Hepatitis C or HIV virus.

Conclusion
- Provide a summary of the overall conclusions

See above.

Recommendations
- State recommended changes to the proposed policy as a result of the impact assessment
- Where it has not been possible to amend the policy, provide the detail of any actions that have been identified
- Describe the plans for reviewing the assessment

No further changes are required to the policy as a result of the impact assessment. The policy will be reviewed again in 2 years.

**Guidance on Equalities Groups**
| Race and Ethnic origin (includes gypsies and travellers) (consider communication, access to information on services and employment, and ease of access to services and employment) | Religion or belief (include dress, individual care needs, family relationships, dietary requirements and spiritual needs for consideration) |
| Disability (consider communication issues, access to employment and services, whether individual care needs are being met and whether the policy promotes the involvement of disabled people) | Sexual orientation including lesbian, gay and bisexual people (consider whether the policy/service promotes a culture of openness and takes account of individual needs) |
| Gender (consider care needs and employment issues, identify and remove or justify terms which are gender specific) | Age (consider any barriers to accessing services or employment, identify and remove or justify terms which could be ageist, for example, using titles of senior or junior) |
| Culture (consider dietary requirements, family relationships and individual care needs) | Social class (consider ability to access services and information, for example, is information provided in plain English?) |

REFERENCES

### Appendix 1.

**Ashford and St. Peter’s Hospitals**

This document (or a copy) must be filed with the A&E card. If the injured person is a Trust employee, they must take the original with them to Occupational Health at the earliest possible opportunity. All employees must complete Datix incident report.

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**RISK ASSESSMENT FORM FOLLOWING POTENTIAL BLOOD BORNE VIRUS (BBV) EXPOSURE INCIDENT IN HEALTH CARE WORKER OR OTHER INJURED PERSON**

### SECTION A – details of risk assessment

(to be completed by A&E doctor or Occupational Health staff)

<table>
<thead>
<tr>
<th>Assessor's Name</th>
<th>Signature</th>
<th>Job Title</th>
<th>Contact details</th>
<th>Date of assessment</th>
<th>Time of assessment</th>
</tr>
</thead>
</table>

### SECTION B – details of risk exposure

<table>
<thead>
<tr>
<th>Name of injured person</th>
<th>Date of birth</th>
<th>Occupation</th>
<th>Dept/place of work</th>
<th>Contact details</th>
<th>Date of exposure</th>
<th>Time of exposure</th>
</tr>
</thead>
</table>

How did the accident happen (please include where it happened, part of the body injured, activity being carried out and if possible a short description of why it happened e.g. “overfilled sharps box”, “resheathing needle”, etc)?

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SECTION C – Details of Exposure Incident

- If any boxes in this section ticked (including not known), the body fluid is high risk. CONTINUE WITH ASSESSMENT.
- If no boxes in Section C ticked, advise injured person that exposure to BBV has not occurred. No further documentation required. STOP HERE.

SECTION D – Type of injury

- Percutaneous injury
  - Was skin injured with …
    - a solid needle
    - a hollow needle
    - a sharp instrument (please state)
  - Was the sharp needle/instrument visibly contaminated with source patients blood?  Not Known
  - Was there bleeding from the site of the injury?

- Exposure of broken skin
  - Were high risk body fluids in contact with HCW/injured person’s broken skin? (e.g. fresh cuts <24 hrs old; eczema etc)

- Mucous membrane exposure
  - Were high risk body fluids in contact with eyes?
  - Were high risk body fluids in contact with inside of mouth?
  - Other mucous membrane e.g. inside nose (specify)

- If answered YES in any boxes in both Sections C and D, proceed to Section E without delay.
- If answered NO to all boxes in Section D, advise injured person that exposure to BBV has not occurred. No further documentation required. STOP HERE.
SECTION E – Blood testing on injured person

Send a serum sample (yellow topped bottle) from injured person to the Microbiology department for appropriate serology and to be saved long term as a base-line sample. Please state on the blood form that the sample is from the exposed person and include the details of the source patient if known. This information will allow both samples to be linked.

Injured person advised to attend Occupational Health as soon as it is next open.

SECTION F – Risk assessment of source patient and consent to testing for BBVs

If you have ticked a YES box in Sections C & D, a risk assessment should be obtained for the source patient. If an inpatient, it should be obtained from the notes or by the team looking after the patient or the site coordinator, but NOT the injured person. (If not an inpatient, the risk assessment should be obtained by an appropriate person). The person obtaining the risk assessment should also ask the source patient for consent to take a blood sample for BBVs (see Section J).

SECTION G – Source details

Source unknown  Proceed to section M
Source patient known
Source name
Date of birth
Hospital Number
Ward
Source patient out patient
Contact details
GP
### SECTION H – Hepatitis risk assessment of source patient

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Not Known</th>
</tr>
</thead>
<tbody>
<tr>
<td>Source patient HBsAg positive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Source patient HCV Ab positive</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### SECTION I – HIV risk assessment of source patient

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Not Known</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the patient suspected/known HIV positive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lived for &gt;6 months in Sub-Saharan Africa or S.E. Asia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any known risk factors e.g. men who have sex with men, Iv drug user, prostitute, haemophiliac</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If any yes box ticked in this section, then treat the incident as high risk for HIV exposure. Post-exposure prophylaxis should be offered to the injured person, and preferably given within 1–2 hours. THIS IS A MEDICAL EMERGENCY. See section K.

(NB It is still worth giving PEP up to 2 weeks after the incident).

### SECTION J – Blood testing on source patient

The individual obtaining the risk assessment of the source patient should explain that a member of staff has been exposed to their blood/body fluids and that within this Trust it is the routine practice is to test their blood for blood borne viruses to enable appropriate treatment of the injured person. The source patient’s blood will be tested for HBV, HCV and HIV, but this will only be done if they give consent for it.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consent for Hepatitis B Surface Antigen (HBsAg) testing given</td>
<td></td>
</tr>
<tr>
<td>Consent for Hepatitis C Antibody (Hep C Ab) testing given</td>
<td></td>
</tr>
<tr>
<td>Consent for HIV testing given</td>
<td></td>
</tr>
</tbody>
</table>

If consent is given, please document this in the patient’s notes.
SECTION K: TO BE COMPLETED BY DOCTOR PRESCRIBING HIV PEP

Note: HIV PEP drugs are kept at SPH in:
- The Emergency Drug Cupboard, Level 3, Outside Juniper (Contact Site Coordinator)
- A&E drug cupboard
- Occupational Health
Ashford Hospital in:
- Emergency Drug Cupboard close to X ray Department (Contact Site Coordinator)

Step 1 – go through card (kept with the PEP), with the injured person.

Step 2 – For female injured person there: is there a risk of pregnancy?

If yes, is pregnancy test positive?

Is injured person’s current medication a contraindication for HIV PEP?

If yes, specify current medication

Step 3 – Injured person counselled re HIV PEP

Injured person decided to have PEP

Signature of doctor prescribing PEP

Print name

Designation

Name of consultant authorising prescription of PEP (Occupational Health, GUM, A&E, Microbiology/Medicine)

Print name

Designation

Step 4

HIV PEP administered Yes No

Date & time commenced: time (24 hour clock)
SECTION L – HCV prophylaxis

There is no post exposure prophylaxis available. If the source patient is high risk or the source is unknown, Occupational Health can arrange follow up testing for the injured person as appropriate. If treated within 3 months of Hepatitis C seroconversion 98% of people **clear** the virus.

SECTION M – Hepatitis B prophylaxis

If you have ticked a YES box in section C, D and the hepatitis B part of section H, treat the exposure as high risk for hepatitis. Follow the actions in the table below.

**HBV PROPHYLAXIS FOR REPORTED EXPOSURE INCIDENTS**

<table>
<thead>
<tr>
<th>HBV status of person exposed</th>
<th>Significant exposure</th>
<th>Significant exposure</th>
<th>Significant exposure</th>
</tr>
</thead>
<tbody>
<tr>
<td>HbsAg positive source</td>
<td>HbsAg negative source</td>
<td>HbsAg negative source</td>
<td></td>
</tr>
<tr>
<td>≤1 dose HB vaccine pre-exposure</td>
<td>Accelerated course of HB vaccine* HBIG x 1**</td>
<td>Accelerated course of HB vaccine*</td>
<td>Initiate course of HB vaccine</td>
</tr>
<tr>
<td>≥2 doses HB vaccine pre-exposure (anti–HBs not known)</td>
<td>One dose of HB vaccine followed by second dose one month later</td>
<td>One dose of HB vaccine</td>
<td>Finish course of HB vaccine</td>
</tr>
<tr>
<td>Known responder to HB vaccine (anti–HBs &gt; 10 miU/ml)</td>
<td>Consider booster dose of HB vaccine if anti–HBs 10-100miu/ml</td>
<td>Consider booster dose of HB vaccine</td>
<td>Consider booster dose of HB vaccine</td>
</tr>
<tr>
<td>Known non–responder to HB vaccine (anti–HBs &lt; 10 miU/ml 2–4 months post–immunisation)</td>
<td>HBIG x 1** Consider booster dose of HB vaccine</td>
<td>HBIG x 1** Consider booster dose of HB vaccine</td>
<td>No HBIG Consider booster dose of HB vaccine</td>
</tr>
</tbody>
</table>

SECTION N – Follow up

If the injured person is a Healthcare Worker employed by Ashford & St. Peters Hospital NHS Trust, instruct them to contact the Trust Occupational Health Department on 01932 722404 the next working day.

They should have already completed an incident report form and forwarded it to their manager.

For any other injured person / Healthcare worker they should be advised to make an appointment with their own G.P./Occupational Health Department.
Appendix 2

**Action for Staff Grade / Registered Medical Office (RMO) to take when dealing with an Inoculation Injury involving ASPH trust staff on Ashford Hospital Site when Occupational Health is closed.**

Priority Action Required: Treat as a **Medical Emergency** and Complete Trust **Risk Assessment Form** following potential exposure to **blood borne viruses**, (See Appendix 1 Management of Needlestick, Sharps, Human Bites and Contamination Accidents Policy).

& take blood from member of staff for serum save using **1 Gold top bottle**

**Review Sections H & I Risk Assessment of Source patient.**

- **If a Yes/Don’t Know Answer**
  - The incident is deemed **High Risk** involving possible exposure to **Blood Borne Viruses** (i.e. Hep B, C or HIV). Follow the guidance in Risk assessment/action form. If necessary contact the On-Call Blanche Heriot Consultant

- **If PEP is Required**
  - HIV PEP is available in the Emergency Drug Cupboard. Which can only be accessed via Site Coordinator
  - Complete **Section K** of the Trust Risk Assessment Form.
  - Hepatitis B Immunoglobulin can be accessed via On-Call Microbiologist.

- **If NO PEP Required**
  - Member of staff must be told to attend both the **Occupational Health Department & Blanche Heriot Unit** at St. Peters the **Next Working Day**.

- **Discuss with Source patient Consent** for obtaining blood screen for **Hepatitis B Surface Antigen, Hepatitis C Antibody and HIV 1&2** & give them Appendix 4 (Page 18) to read.
- **Document** this conversation in Medical Notes

If consent given for blood screening complete **Section J** of Trust Risk Assessment Form. Blood to be taken in **1 Gold Top Bottle** and sent to Pathology at St. Peters Hospital.

Please note FOR **HIGH RISK EXPOSURES**; you need to **call the Transport department** to arrange for the source patient blood sample to be sent **Urgently** for screening to the Pathology department in St Peters Hospital. With **high risk exposures at the weekend** advise the member of staff to contact Microbiology as soon as possible during 9am-5pm on ext 3033 regarding the source patient blood results.

Make a note on the blood form ‘**source patient blood screen from Inoculation Injury**’ and copy results to Occupational Health.
Member of Staff must be told to contact Occupational Health the **NEXT WORKING DAY** and bring the completed copy of the Trust Risk Assessment Form to Occupational Health at St. Peters.  
*Please refer to the trust Management of Needlestick, Sharp, Human Bites and Contamination Accidents Policy for further advice.*

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**Appendix 3**

**Action for A&E Dr to take when dealing with an Inoculation Injury involving ASPH trust staff on St. Peters Hospital Site when Occupational Health is closed.**
The Member of Staff must be told to contact Occupational Health the NEXT WORKING DAY and bring the completed copy of the Trust Risk Assessment Form. Please refer to the trust Management of Needlestick, Sharp, Human Bites and Contamination Accidents Policy for further advice.

Priority Action Required Treat as a **Medical Emergency** and Complete Trust **Risk Assessment Form following potential exposure to blood borne viruses**, See Appendix 1 Management of Needlestick, Sharps, Human Bites and Contamination Accidents Policy.

Review Sections H& I Risk Assessment of Source patient.

If a Yes/Don’t Know Answer

The incident is deemed **High Risk** involving possible exposure to **Blood Borne Viruses** (i.e. Hep B, C or HIV). Follow the guidance in Risk assessment/action form. If necessary contact the On-Call Blanche Heriot Consultant

If PEP is Required

HIV PEP is available is the A&E Drug Cupboard Complete **Section K** of the Trust Risk Assessment Form. Hepatitis B Immunoglobulin via On-Call Microbiologist.

If consent given for blood screening complete **Section J** of Trust Risk Assessment Form. Blood to be taken in **1 Gold Top Bottle** and send to Pathology. Please note for **HIGH RISK EXPOSURES**, the blood sample needs to be sent as **Urgent** to the Pathology Department. With **high risk exposures at the weekend** you must advise the member of staff to contact Microbiology as soon as possible during 9am-5pm on ext 3033 regarding the source patient blood results.

Make a note on the blood form ‘**source patient blood screen from Inoculation Injury and copy results to Occupational Health**’. 

If NO PEP Required

Hepatitis B Surface Antigen, Hepatitis C Antibody and HIV 1&2 and give them Appendix 4 (Page 16) to read.

All No Answers

The incident is deemed **low risk** with no Blood Borne Virus involvement.

If NO PEP Required

Hepatitis B Surface Antigen, Hepatitis C Antibody and HIV 1&2 and give them Appendix 4 (Page 16) to read.
|--------------------------------|-------------------------|------------------|---------|--------------|

Appendix 4.
Patient Information

THIS LEAFLET IS INTENDED FOR USE IF:

A Health Care Worker has sustained a needlestick / sharps / splash / scratch / bite injury during the course of your treatment. The nature of the injury is that there is a risk that the health care worker could have become infected with a virus that you might be carrying without your knowledge.

HOW DOES THIS AFFECT YOU?

It is Department of Health guidance and Trust Policy that a blood test is carried out to screen you for the most common blood borne viruses – Hepatitis B, Hepatitis C and HIV. This helps ensure that the injury sustained by the health care worker can be managed appropriately; however this can only be done with your knowledge and consent.

- If you test negative for these viruses it will help reduce anxiety in you and the injured health care worker.
- If you test positive for these viruses it will enable appropriate treatment to be given to both you and the injured health care worker as soon as possible.

BEFORE HAVING THE BLOOD TAKEN THE PERSON TAKING THE BLOOD SAMPLE SHOULD COVER THE FOLLOWING POINTS:

Ways in which Hepatitis B, Hepatitis C and HIV viruses are transmitted, which could include sexual intercourse, intravenous drug use, receiving as blood transfusion prior to 1991.
Seek agreement to Hepatitis B, Hepatitis C and HIV and make clear that you have the right to decline the test.

Advantages for testing you:
- Identification of previously unknown disease so that treatment can be started as soon as possible
- Opportunity to be referred to an appropriate Specialist
- Sexual partners may be protected
- Plans for the future can be made

Disadvantages of testing for you:

- Anxiety
- Possible adverse impact on relationship with family
- Insurance difficulties, however a negative test should not affect insurance applications

Management of blood tests:

Management of blood tests and results, including who will give you the results and how you wish to receive the blood results.

If you wish you can choose not to be informed of the blood test results.

Medical Confidentiality will be maintained at all times.

Many thanks for your co-operation.

Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty. If they cannot resolve your concern, please contact our Patient Advice and Liaison Service (PALS) on 01932 723553 or email pals@asph.nhs.uk. If you still remain concerned please contact our Complaints Manager on 01932 722612 or email complaints@asph.nhs.uk

Author: Dr Gillian Britton  Department: Occupational Health
## OCCUPATIONAL HEALTH DEPARTMENT REFERRAL TO BLANCHE HERIOT UNIT (GUM CLINIC) ST. PETER’S HOSPITAL

<table>
<thead>
<tr>
<th>Date of Referral:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Member of staff being referred:</td>
<td></td>
</tr>
<tr>
<td>DOB:</td>
<td></td>
</tr>
<tr>
<td>Reason for Referral/ Details of Inoculation Injury (inc. date &amp; Time):</td>
<td></td>
</tr>
</tbody>
</table>

| Source Patient Risk Factors (where known): |  |

<table>
<thead>
<tr>
<th>Member of staff Hepatitis B Surface Antibody Level (If Known)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Action taken by Occupational Health</td>
<td>Yes</td>
</tr>
<tr>
<td>Serum save blood sample taken</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B vaccination given</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B Immunoglobulin given</td>
<td></td>
</tr>
<tr>
<td>HIV PEP given &amp; first dose taken</td>
<td></td>
</tr>
<tr>
<td>Appointment Made for Member of staff with Blanche Heriot Unit</td>
<td>Appointment Date:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupational Health Advisor Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupational Health Advisor Signature</td>
<td></td>
</tr>
</tbody>
</table>

I __________________________ agree to being referred to the Blanche Heriot Unit for further treatment and monitoring as part of the management of my inoculation injury. I give consent for Occupational Health to give the information detailed in this referral form to the Blanche Heriot Unit as part of my referral process. I also give consent for the Blanche Heriot Unit to send copies of all my investigations and blood screen results undertaken as part of my treatment and monitoring to Occupational Health.
## BLANCHE HERIOT UNIT (GUM CLINIC) REFERRAL TO OCCUPATIONAL HEALTH DEPARTMENT ST. PETER’S HOSPITAL

<table>
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<th>Date of Referral:</th>
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<table>
<thead>
<tr>
<th>Member of staff being referred:</th>
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<table>
<thead>
<tr>
<th>DOB:</th>
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Details of Treatment received including: HIV PEP, length of time taken and side effects.

<table>
<thead>
<tr>
<th>Additional Information:</th>
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<table>
<thead>
<tr>
<th>Blood Borne Virus Screens Undertaken &amp; Blanche Heriot Unit Code Used</th>
<th>Date taken</th>
<th>Result</th>
<th>Copy of Results Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
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Blanche Heriot Unit Nurse Advisor

<table>
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<tr>
<th>Name</th>
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Blanche Heriot Unit Nurse Advisor

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<tr>
<th>Signature</th>
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I _________________ give consent for the Blanche Heriot Unit to send copies of all my investigations and blood screen results undertaken as part of the treatment and monitoring for my inoculation injury sustained on ______________ to the Occupational Health department at St. Peters Hospital and understand my confidentiality will be maintained.
APPENDIX 7

PATIENT INFORMATION LEAFLET FOR
HIV POST EXPOSURE PROPHYLAXIS (PEP) KITS

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TRUVADA</strong></td>
<td>1 tablet once daily with food</td>
</tr>
<tr>
<td></td>
<td>[contains tenofovir disoproxil 245mg (equivalent to 300mg of tenofovir disoproxil fumarate and emtricitabine 200mg)]</td>
</tr>
<tr>
<td><strong>KALETRA</strong></td>
<td>2 tablets twice a day, twelve hours apart</td>
</tr>
<tr>
<td></td>
<td>(contains lopinavir 200mg and ritonavir 50mg in a single tablet)</td>
</tr>
<tr>
<td><strong>Domperidone</strong></td>
<td>10mg tablets</td>
</tr>
<tr>
<td><strong>Loperamide</strong></td>
<td>2mg tablets</td>
</tr>
</tbody>
</table>

This pack contains an initial 3 day supply of these medicines – further supply will be dispensed at a follow–up appointment at the Blanche Herriot Unit. The total length of the course is 4 weeks.

**Domperidone**
- This is an anti-sickness tablet. We normally recommend that you take this about 20 minutes before each dose of the other tablets in the pack, to prevent you feeling sick. For the **first dose** you should take all of the tablets together, as it is important to start on the anti-HIV medicines as soon as possible.

**Loperamide**
- This is an anti diarrhoea tablet. It is normally recommended that you take this if you experience any diarrhoea and again after each episode of diarrhoea.

**Truvada**
- Truvada tablets should be taken with food.
- Patients with swallowing difficulties may disperse tablet in half a glass of water, orange juice, or grape juice (but bitter taste).
- The most common side effects of Truvada are nausea, vomiting and diarrhoea.

**Kaletra**
- Kaletra tablets should be swallowed whole, not chewed. The dose should be ideally spread 12 hours apart (an hour either side is OK).
- The most common side-effect of Kaletra is diarrhoea, which can be controlled by anti-diarrhoeal medicines such as loperamide (Imodium). This side-effect is usually mild and should wear off in a few weeks.

**What do I do if I miss a dose?**
- Take the missed does as soon as you remember, then carry on with your normal routine.
- If you don’t remember until the next dose is almost due (less than 2 hours), or if you have missed more than one dose, don’t take the missed does(s), just go back to your normal routine straight away.
- It is important that you try and remember to take these medicines correctly and on time.

**Do these drugs interact with other medication?**
- It is possible that these drugs could reduce the effectiveness of the oral contraceptive pill, so a barrier method of contraception (i.e. a condom) is recommended. This is important to protect your partner until the outcome of the injury is known.
- These drugs may also interact with other medication you may be taking. It is important to tell the clinic doctor if you are taking any medication, including any prescribed by your GP, bought medicines (including herbal remedies).
Can these medicines be taken by pregnant or breast feeding women?

- There is little information on the use of these medicines during pregnancy or while breast feeding. If you think you may be pregnant (or are planning to have a family) or are breast feeding, please inform the doctor.

Where can I get more information about these medicines?

- Please contact the Pharmacy Department at St Peter’s hospital: 01932 872000 ext 3208
- Or Blanche- Herriot Unit 01932 872000 ext 2664/2669