Trust Policy	NHS Worcestershire Acute Hospitals NHS Trust

The Prevention and Management of Inoculation Injury Policy (Including sharps injuries, splashes, scratches and bites)

Department / Service:	Occupational Health/ Health & Safety
Originators:	Head of Health & Safety Head of Occupational Health and Wellbeing
Accountable Director:	Chief Nursing Officer
Approved by:	Health & Safety committee / Executive Risk Management
Date of Approval:	24th January 2025
Review Date: **This is the most current document and should be used until a revised version is in place**	24th January 2028
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments	All departments
Target staff categories	All staff groups

Policy Overview:
This policy provides an evidence-based framework to guide safe practice for: • The prevention of inoculation injuries • Management of inoculation injuries, should they occur **If An Injury Has Occurred, Please Follow the Action Cards in the Appendices**

Latest Amendments to this policy:

Date	Amendment	By:
Jan 25 Issue 2	This document is now reviewed by Occupational Health/ Health and Safety. A Complete review of document conducted- minor changes to job titles. Minimal addition to content to aid clarification of roles and responsibilities and legal duties. Policy reformatted in places to make it clearer the steps staff must follow.	Julie Noble / Helen Wealthall

Contents page:

Quick reference guide:

CONTAMINATION INCIDENT or NEEDLESTICK/SHARPS INJURY

The risk assessment must be treated as URGENT.
If post exposure prophylaxis (PEP) is required, it should be given within one hour of injury.

Employee is exposed to blood or body fluids including sharps injury

Immediate First Aid

Is the skin affected?
- Encourage the area to bleed
- Do not suck the damaged area
- Wash/irrigate with warm running water
- Cover with a waterproof dressing

Are the eyes/mouth affected?
- Rinse/irrigate copiously with water
- Use eye/mouth washout kits if available
- If contact lenses are worn, irrigate remove and rinse again

- Ensure that the item that caused the injury is disposed of safely
- Report the incident to the most senior person in charge of the location
- Obtain the occupational exposure documentation

Action Card 1 & Form completed by the exposed employee
Section 2 to be completed by the most senior person in charge of the location with the exposed employee
Section 3 to be completed by on duty senior doctor /nurse with the exposed employee

Significant exposure
If source **unknown** refer exposed person immediately – in office hours to Occupational Health (OH), out of hours to Emergency Department (ED)
If source patient known continue to Section 4 assessment

Not a significant exposure
The exposed employee must arrange an OH appointment within 72 hours of the incident for post needle stick management. The exposed employee must bring the completed form to the OH appointment. Complete datix

Section 4 2nd stage assessment to be completed by appropriate doctor in charge of the source patient, who arranges to obtain history, request consent for blood test and take blood either directly or refer to OPD or GP, ensure consent obtained to release results to OH for follow-up of exposed employee.

HIGH RISK patient: YES/NO? If YES refer exposed employee to Emergency Dept immediately

Section 5.
Completed by Doctor in Charge of source patient, consent form kept in the medical records and information leaflet to be given to patient

1. Introduction

This policy provides guidance for the treatment and risk assessments to be carried out following an inoculation injury or other high-risk exposure to potentially infective body fluids. The purpose of this document is to set out the policies and procedures that should be followed in the event of accidents leading to exposure of individuals to blood and body fluids, hereafter referred to as inoculation injuries. This policy is to ensure compliance with the Health and Safety (Sharps Instruments in Healthcare) Regulations 2013.

2. Scope of this document

This policy is applicable to all staff and applies at all times and in all situations where an inoculation injury has occurred which may pose a risk of infection. This does not include accidental inoculation with medicines. An injury from a sterile sharp instrument is not an inoculation injury for the purposes of this policy, although first-aid treatment may be necessary, and it should be reported on Datix as a near-miss.

3. Definitions

Percutaneous exposure	The skin of the health care worker is cut or penetrated by a needle or other sharp object which is contaminated with blood or other body fluid, for example, scalpel blade, trocar, bone fragment or tooth.
Mucocutaneous exposure	When the eye(s), the inside of the nose or mouth, or an area of non-intact skin of the health care worker are contaminated by blood or other body fluid. The risk of transmission of infection is lower for mucocutaneous exposure than for percutaneous exposures.
Exposure prone procedures	Are procedures which carry a risk that injury to the worker may result in the exposure of a patient's open tissues to the blood of the worker. This may include procedures when the workers gloved hands maybe in contact with sharp instruments, needle tips or sharp tissues such as teeth inside a body cavity and may not be fully visible.
Sharps	Anything which contains a sharp surface that can penetrate the skin, for example: IV cannulae, winged steel needles (known as butterfly needles), lancets, scalpels, suture needles, razors, scissors, contaminated broken glass and fragments of bones or patients' teeth can all cause sharps injuries.
Safer Sharps Devices	Safer Sharps Devices are medical sharps that incorporate features or mechanisms to prevent or minimise the risk of accidental injury. These devices can be categorised as either: • Passive devices have an automatic mechanism that is activated after use, and automatically protect from inoculation injury. • Active devices need to be manually activated by the member of staff. If they are not activated by the staff member, they do not provide any greater protection than a standard non-safety device.

4. Responsibility and Duties

Everyone has a role to play in the prevention of inoculation injuries, from the Chief Executive and the board who have overall legal responsibility for the health and safety of their staff, to individual staff members who have a duty to protect themselves and others around them. The Chief Executive retains the overall responsibility for the implementation of this policy throughout the Trust; however, as it relates to hazards which arise during the day to day activities of the Trust, responsibility is delegated to Line Managers/ Department Leaders to ensure that the policy is implemented.

Key points from the Health and Safety (Sharps Instruments in Healthcare) Regulations 2013 which must be complied with are:

- The Trust (employer) must implement process so that the use of medical sharps at work is avoided, and if they cannot, then implement processes so that the use of safer sharps are used where reasonably practicable. If they cannot be avoided a risk assessment must be conducted.
- Written information and training must be provided for the handling of sharps and what to do if an injury occurs.
- Should an inoculation injury occur then the incident must be recorded, investigated and treatment offered where a risk is noted.
- NB Manager`s have the responsibility to implement these measures.
- The employee's duties are to ensure they report any injuries promptly and to follow written information and training in relation to sharps and prevention of inoculation injuries.

4.1 Chief Executive Officer / Managing Director / Chief Nursing Officer

The Chief Executive Officer accepts responsibility for ensuring the Trust has systems and processes in place that are implemented by lead personnel with defined responsibilities to enable legal compliance. The practical application of this is delegated to the Managing Director, however the Chief Nursing Officer will ensure that systems and processes are in place to prevent and control the risk of infection.

4.2 Head of Health & Safety

- Will review H&S arrangements in relation to the prevention of inoculation injuries, advise on HSE requirements, and escalate issues of concern relating to H&S to the lead Executive Director for H&S / and or Infection control.
- Analyse data for sharps injuries and present to respective groups (e.g. Safer Sharps Group) or committees (e.g. Trust Infection Prevention and Control committee) the findings to enable implementation of preventative actions
- Review and update this policy in collaboration with the Occupational Health Team and the Safer Sharps working group, and ensure suitable training is in place to support staff with all aspects of the use and disposal of sharps.
- Ensuring that all incidents are reported in compliance with the Reporting of Injuries Diseases and Dangerous Occurrences Regulations (RIDDOR) and Health & Safety Executive (HSE).

4.3 Occupational Health Department

- Review and update this policy in collaboration with the Health & Safety Manager, and the Safer Sharps working group and ensure suitable training is in place to support staff with all aspects of the use and disposal of sharps.

- Provide appropriate occupational health assessment and management of inoculation incidents in line with latest policy/guidance.
- Communicate with line managers regarding further action required.
- Educate staff on the need for Hepatitis B vaccination and administer it in accordance with the UK Health Security Agency ensuring that all staff are made aware of their status.
- Communicate with Health and Safety/Risk Management Team and the Infection Prevention and Control Team if they become aware of injuries which raise particular concerns.

4.4 Emergency Departments and Minor Injury Units

- Provide appropriate assessment and management of inoculation incidents in line with latest policy/guidance when staff present outside normal working hours.

4.5 Director of Estates & Facilities

- Any operational staff who are responsible for the collection and handling of waste are trained in safe practice which is supported by a risk assessment.
- Appropriate waste management guidance is implemented, e.g. HTM 07-01.
- Staff working within the Facilities Department and Facilities Contractors are aware of the procedures to take in the event of a sharp being discovered in a waste bag or hospital grounds and have the necessary equipment available to support this.

4.6 Line Managers

- To ensure their staff are made aware of this policy and that they know what to do to prevent and injury and what to do if an injury occurs.
- Ensure that staff receive appropriate instruction and training in the prevention of inoculation incidents and that they follow safe working practices in the correct handling, use and disposal of sharps and blood products. Particular attention should be paid to new members of staff to the Trust including agency and bank staff.
- Ensure that there is a "Safe System of Work" and that all necessary equipment for the safe use and handling of sharps, such as sharps bins and sharps trays, and safer sharps devices are readily available for use. Such items can be accessed via the normal ‘top up’ stores system.
- Ensure that that risk assessments are carried out and that procedures are in place to prevent inoculation injuries in the workplace within their area of responsibility.
- Ensure staff are aware of the controls documented with risk assessments.
- Ensure that staff in their area are aware of the requirement for Hepatitis B vaccination and attend the Occupational Health Department to receive this.
- Ensure that all staff undertaking any exposure prone procedures have health clearance to do so by the Occupational Health Department.
- Support any staff in their area who sustain an inoculation injury and ensure this policy is followed.
- Lead investigations of any inoculation injuries in their areas ensuring that the advice of Occupational Health is implemented immediately.

4.7 Clinical Staff & other relevant employees

It is the responsibility of all staff to:

- Be familiar with, and adhere to, this policy and associated procedures to reduce the risk of accidental inoculation.
- Ensure that they have received Hepatitis B vaccination in accordance with current guidance from UK Health Security Agency
- Staff to use a safer sharp device where available, compared to other sharps

- Ensure that all precautions are adhered to in an attempt to prevent accidents occurring in the first place i.e. PPE - gloves worn when conducting an invasive clinical procedure involving blood and body fluids, and use of safer sharps devices.
- Complete the necessary first aid and complete an incident form via DATIX if an inoculation injury occurs.
- It is the responsibility for an employee/healthcare worker who sustains a sharps/ accidental inoculation injury to **promptly:**
  - Provide the senior clinician/manager with the relevant details to complete the inoculation injury exposure form.
  - Participate in any investigations surrounding the safe handling and disposal of sharps.

4.8 Procurement

- To keep records of all sharps and non-safer sharps devices available Trustwide
- To continually review the types of products available and proactively identify safer sharps alternatives for any non-safer sharps in use.
- Liaise with the professional development team to ensure they are aware of any new devices and their use.
- To ensure there is resilience in the supply chain to ensure staff can access safer sharps where safer sharps are available,

4.9 Training

- The Professional development team will provide suitable and sufficient training to ensure staff who are required to conduct venepuncture and cannulation procedures are competent; this includes new starters who are required to conduct this task. This includes understanding the risks, preventing injury and what to do if one arises.
- The learning and development team will ensure there is sharps training available for all other staff
- PFI partners will ensure their staff receive suitable training to support this policy.

4.10 Working groups / committees:

- Information with regards to inoculation incidents and any improvements required must be shared at relevant committees (e.g. Infection Prevention and Control, Health and Safety committee.
- Under-pinning groups such as a safer sharps group will have a clear terms of reference that supports their intention to aid the safer handling of sharps trust wide. Groups need to have representation from across the trust

5. Policy detail

5.1. Prevention of Inoculation Injuries

HSE regulations require a hierarchy of controls to be implemented in relation to workplace risks, including the prevention of inoculation injuries. The application of this hierarchy of controls in relation to inoculation injuries is shown below:

All areas should complete a risk assessment identifying any risks associated with activities that may lead to BBV exposure. This is included within the H&S Workplace Environmental Risk Assessment which all areas are required to complete.

Managers are responsible for putting appropriate measures in place as outlined within this policy to reduce the risks of BBV transmission when using sharps.

5.2 Elimination or Substitution of Sharps Devices

The use of sharps should be avoided wherever possible. Where possible, the use of a safer sharp device must be used. Actions to implement this include the following:

A medical straw (a sterile long, thin plastic tube) or blunt needle (a needle like construct with a blunt end and wide bore) must be used to draw up medication and fluids where a sharp needle would normally be used. A medical straw is best for large volumes of liquid and the blunt needle for smaller amounts in ampoules.

As a standard safety measure, blunt needles used for aspirating from 'breakneck' glass ampoules should have a filter built in or a filter straw should be used. Some injections (i.e. Depot) cannot be drawn up using a blunt filter needle. On these occasions a blunt needle without a filter must be used as indicated in the Manufacturer's instructions. Filter straws and blunt filter needles are the accepted practice for the Trust to ensure that practices are as safe as possible and comply with the EU directive and should be ordered/on top-up for all areas.

Needles should not be re-capped once used; the only exception is if leaving it uncapped can create a wider risk. NB this would be an exceptional situation only and conducted only following a dynamic risk assessment being conducted.

5.3 Engineering Controls

Engineering controls are designed to engineer out the risks of an inoculation injury. They include safer sharps devices, and the use of sharps bins.

Use of safer sharps (incorporating protection mechanisms):
The Trust has substituted traditional, unprotected medical sharps with a 'safer sharp' where it is reasonably practicable to do so and continues to review new opportunities to replace traditional sharps with safer sharps devices.

If it is necessary to use a sharp, then safer sharps devices should always be used if available

The term 'safer sharp' means medical sharps that incorporate features or mechanisms to prevent or minimise the risk of accidental injury. For example, a range of syringes and needles are available with a shield or cover that slides or pivots to cover the needle after use.

When selecting safer sharps the following factors should be considered:

- the device must not compromise patient care
- the device must perform reliably
- the safety mechanism must be an integral part of the safety device, not a separate accessory
- it should be easy to use and require little change of technique
- activation of the device must be convenient and allow care given to maintain appropriate control over the procedure
- the device must not create other safety hazards or sources of blood exposures
- automatic activation is preferred
- activation must manifest itself by means of an audible, tactile or visual sign to the health professional and is not reversible when activated

5.4 Sharps Bins: Assembly
Sharps must only be disposed of in designated sharps bins that are appropriate for the sharps being used and meet the requirements of the British Standard BS 7320 (1990) UN3291.

The plastic sharps container must be assembled correctly prior to use and staff should ensure the lid is secure. There are many different types of sharps receptacles, the user should be familiar with the device and safety features.

The person assembling the sharps container must complete the relevant sections on the label before it is put into use. Ensure sharps bins are of an appropriate size for the clinical activity. Do not select excessively large sharps bins, or those which are too small for the size of the needle/syringe being used.

5.5 Sharps Bins: Location
Sharps bins must be available at the point of use of the sharp. They should be carried by all staff that use sharps as part of their work in the community. If working in the community the sharps container must be stored upright with the temporary closure lid activated inside a community bag/box in the boot of the health care workers car. Return the sharps container to a suitable store at the earliest opportunity.

All sharps bins must be stored out of reach of patients, the public and others who may be at risk, in a safe and secure position in the clinical area so they cannot be tipped over. Use either a tray or a wall/ trolley bracket.

Sharps bins must not be stored on the floor or above shoulder level, but must be placed on a secure, stable surface, at or just above waist height. This prevents risks such as visiting children putting their hands into bins left on the floor.

They must be closed when filled to the fill line and should never exceed the permissible marked mass. If the sharps receptacle is seldom used, it should be collected after a maximum of three months, regardless of the filled capacity.

5.6 Sharps Bins: Disposal
- Sharps bins must be available in adequate numbers to ensure they are not overfilled and must be locked, labels completed and disposed of when they are ¾ full, or within 3 months of first use even if not ¾ full.
- Ensure the sharps bin lid is securely locked prior to disposal: follow manufacturers guidance.
- Ensure the sharps bin is labelled at the time of disposal with the date and name of person locking the bin
- Sharps bins awaiting disposal must be stored securely in a locked area

5.7 Administrative Controls
This policy forms part of the administrative controls in place within the Trust. Training on the prevention of inoculation injuries and sharps safety is included in induction and mandatory training programmes.

5.8 Working Practices:
The assessment and management of the risks associated with the use of sharps is paramount and safe systems of work and controls must be in place to minimise any identified risks.

5.9 General principles include:

- Avoid the use of sharps wherever possible
- Use needleless intravenous devices and safer needle systems where available
- Never pass sharps from person to person by hand, use a receptacle or 'clean field' in which to place them
- Dispose of sharps immediately at the point of use, take the sharps container with you
- Never leave sharps lying around. Used sharps must never be left for anyone else to dispose of
- Keep handling to a minimum
- Do not walk around with sharps in your hands or pockets, in a receiver or tray
- Do not re-sheath a used needle
- Do not remove scalpel blades by hand, use forceps, scalpel blade removing unit or blade remover on a sharp container
- Do not bend or break needles prior to disposal
- Syringe/cartridges and needles must be disposed of intact in one unit
- Discard cannula and intravenous lines immediately after use. Never cut into pieces
- Always get help when using sharps with a confused or agitated patient
- Take care when handling any waste bags, avoiding close contact with your body to prevent any inappropriately disposed sharps causing injury
- Always ensure that the correct sharps bin is used for the segregation and disposal of waste in accordance with the organisation's Waste Policy
- If oversized or awkward shaped sharps are used an appropriately sized bin must be sourced
- Never leave a sharp protruding from the bin. Do not fill the sharps bin more than ¾ full
- Damaged sharps containers should be placed in a larger container which should then be sealed
- Under no circumstances must the contents of one sharp container be decanted into another
- When not in use the temporary closure mechanism must be used

5.10 Cannulae: The cannula or 'venflon' is the routine equipment used to deliver intravenous infusions or drugs. It constitutes a sharp introducer which is situated within a plastic sheath. Once the skin is punctured and venflon correctly sited, the sharp is removed, leaving the plastic sheath in place. The process of inserting a venflon carries considerable risk especially if the patient is uncooperative or the procedure is being undertaken in haste.

Safety cannulae should always be used to reduce this risk

The sharps bin must be taken to the patient and the sharp inserted directly into the container once removed. Never pass to someone else to discard on your behalf and never leave the sharp on the bed, locker, tray, etc, with the intention of discarding later.

5.11 IV Administration Sets: Do not separate the fluid bag from the delivery tubing before disposing otherwise the giving set 'spike' will be exposed. Do not cut the delivery tube.

5.12 Clear fluids: Place the whole empty giving set (excluding the cannulae) into the clinical waste bag. In the case of partial use where fluids are still remaining in the fluid bag, dispose of fluids in the sluice or sink by cutting bag with scissors and then dispose as above.

5.13 Blood: Place the whole empty giving set (excluding the cannulae) into the clinical waste bag after ensuring the flow regulator is closed.

In case of partial use where blood is still remaining in fluid bag, dispose the whole giving set (excluding the cannulae) using two clinical waste bags (double bag).

5.14 Vacutainers: The use of Vacutainers is now widely accepted as the standard and preferred means of taking bloods. The use of the Eclipse safer needle device is now standard equipment in all clinical areas. Occasionally the Vacutainer suction may not be suitable as it may cause the collapse of a vein, or the site intended for needle insertion may be difficult. Where a Vacutainer is not successful, it is accepted that either a standard hypodermic syringe with needle attached or a winged infusion set (butterfly) is used with great care by the staff member.

5.15 Suture Needles: Suture needles, being small, need extra care when handling to avoid injury. Suture needles can also be 'lost' if not carefully handled. To avoid this, needles may be 'parked' on a piece of equipment called a 'Discarder pad'. The pad has a 'sticky' surface which allows the needles to stay where placed. This is particularly useful when the needle is to be used more than once. At the end of the procedure, the lid of the discarder pad is closed, and the pad and needles may be disposed into the sharps bin.

5.16 Scalpels and Stitch Cutters: The disposable scalpel should be correctly disposed of in the sharps bin as soon as the procedure is completed. The general advice for handling scalpels is to never pass a scalpel to others hand to hand, always use a receptacle or tray as a safe zone. There is a recommended device known as a 'click smart' for removing blades from non-disposable scalpels, and this should be used.

5.17 Trochars: A Trochar is a long needle-like device most commonly used in chest/cavity drain insertions. If the length of the introducer prevents the use of a standard sharps bin, staff must contact Procurement for the correct receptacle to be ordered.

5.18 Ampoules: The danger arising from the breaking of glass ampoules is (a) shards of glass splintering and (b) risk of cuts to the fingers and thumb. The safest way of opening a glass ampoule is to use an 'ampoule breaker'. If there is not one available, then you can use a piece of clean gauze wrapped around the ampoule for protection before breaking.

5.19 Patient (self-administering) Insulin Pens: Inoculation incidents have occurred to staff whist removing the used needle from the patient's Insulin pen or administering the insulin using the patient's own device. Where possible, patients should be fully instructed on the correct use of the pen prior to its use and should administer their own insulin. Auto shield needles should always be used by nursing staff administering insulin to protect the nurse administering insulin from a patient's own pen device. If a used patient needle was on an insulin pen and the patient is unable to remove it with guidance, the staff member should order another pen or use a stock pen from another ward using drug locator or EDC and then administer the insulin using an auto shield.

5.20 Transferring of blood from a syringe into a specimen bottle: In the rare circumstances that blood needs to be transferred from a syringe into a specimen bottle extreme care must be taken when removing the needle from the syringe. The needle should be discarded directly and immediately into the sharp's container.

5.12 Blood gas syringe: When transporting a blood gas syringe, remove the needle using a removal device and attach a blind hub prior to transport. If the blood gas analyser is in another department, place the syringe in a closed sample bag prior to transporting.

This list is not exhaustive and if staff are not familiar with equipment, they should ask for advice and further training within their area.

5.13 Use of Personal Protective Equipment (PPE):
Personal protective equipment provides a barrier to protect skin and mucous membranes from contact with blood and other potentially infectious material, but most personal protective equipment is easily penetrated by needles and other sharps. However, the use of protective gloves will give some protection due to the 'wiping' effect as the needle penetrates through the glove. The wearing of gloves for all venepuncture activities is therefore mandatory.

The use of other items of personal protective equipment e.g. eye protection will be used at the discretion of the staff member, in line with Standard Infection Prevention & Control principles.

5.14 MANAGEMENT OF AN INOCULATION INJURY

If An Injury Has Occurred, Please Follow Action Cards (Appendix 1) and ensure the Inoculation Injury Record Form / Risk Assessment (Appendix 2) is completed

Risk of Transmission
Risks of transmission from a source patient who is positive for a blood borne virus increases with:

- a penetrating injury that is deep
- hollow bore needles (because there is a larger volume of blood than on a solid needle)
- where the needle/sharp is visibly blood-stained
- needles that have been in an artery or vein
- a patient who is terminally ill with human immunodeficiency virus (HIV) / acquired immune deficiency syndrome (AIDS) or not on treatment.

An inoculation injury only includes injury where there is a risk of infection, typically from blood or other body fluids, via accidental inoculation. Exposure to similar hazards via being bitten, broken skin contamination, eye or mucous membrane contamination should be treated as an inoculation injury.

The risk of acquiring a blood-borne virus infection through occupational exposure is low, however certain blood-borne viruses (BBVs) can be transmitted from patients to susceptible (non-immune) Health Care Workers (HCWs) from accidental exposures (e.g. a sharps injury, splash from body fluids).

Estimated risks of transmission are shown in Table 1 below. Note the risks from a splash are much less than those where there has been percutaneous exposure. This is estimated as being reduced by factor of 10.

An injury from a sterile sharp instrument is not an inoculation injury for the purposes of this policy, although first-aid treatment may be necessary, and it should be reported on Datix as a near-miss.

If in doubt, treat as an inoculation injury and consult the Occupational Health Department or nearest Emergency Department (E.D.)/Minor Injuries Unit (MIU)

Risk of seroconversion from a source patient positive for a BBV following a percutaneous exposure (e.g. needlestick injury):

Virus Type	Risk of seroconversion	
Hepatitis B Virus (HBV)	30%	The risk of seroconversion is reduced as long as the member of staff has completed their full hepatitis B vaccination course and has had follow up blood tests to check that the antibody level is satisfactory. If the member of staff is a known 'non-responder' to hepatitis B vaccine they may require HB immunoglobulin and should immediately attend the Emergency Department (out of hours) or OH Dept (in hours). If the member of staff has not yet completed their full course of vaccine, then they must attend OHD (in hours) or ED (out of hours) for a booster vaccine and a decision to be made as to whether HBIG is also required. The decision as to whether HBIG is required will require the help of the Consultant Microbiologist on call.
Hepatitis C Virus (HCV)	1.8% - 10% (estimated rates of transmission vary)	There is neither vaccine, nor PEP available for Hepatitis C. However as long as the exposed member of staff attends their follow up appointments with OHD, if the follow up blood tests reveal that early acquisition has taken place, then early treatment will be very likely to clear the infection successfully.
HIV	0.3%	The risk of acquiring HIV following a high-risk HIV exposure can be reduced by taking post-exposure prophylaxis (PEP) as soon as possible preferably within the first hour following the injury. It is vital therefore that there is no delay in attending A+E to receive this treatment.

Factors which put a source patient into a "high-risk" group for all BBV infections:

- Known HIV antibody positive
- Known Hepatitis C antibody positive
- Known Hepatitis B surface antigen (HBsAg) positive
- (Hepatitis B and C are in themselves risk factors for somebody being HIV positive
- Current or past intravenous drug user
- Sex Worker
- Homosexual/bisexual male
- Originates from a country with a high prevalence of HIV in particular sub-Saharan Africa
- Admits to unprotected sex (recent or distant) with someone known to have HIV, Hepatitis B or C

- Breast milk
- Cerebrospinal fluid
- Exudates or other tissue fluid from burns or skin lesions
- Peritoneal, pericardial or pleural fluid
- Semen
- Synovial fluid
- Unfixed tissues and organs
- Vaginal secretions
- Other bodily fluid such as urine, faeces, vomit, and sputum are not normally considered a risk unless visibly stained with blood.
- Saliva would be a risk if visibly stained with blood (e.g. during dental work).

Implementation

6. Training and awareness

This policy and procedure will be available on the Trust intranet under Health and Safety and Occupational Health and communicated on the Trust 'Key Documents' update. It will be communicated via the H&S committee upon review and approval; this will enable dissemination within the divisions.

Trust bulletins and performance feedback will be used as a way of highlighting the importance of safe working practices.

The Trust will provide adequate levels of training for all staff involved where they may be exposed to body fluids. This training will include an 'in house' venepuncture and cannulation course and the NVQ Obtaining Venous Blood Sampling Level 3 Unit. Guidance on the management and avoidance of inoculation incidents is included in induction training and mandatory training for all relevant staff.

7. Monitoring and compliance

Annual audits will be undertaken by the company that supplies the Trust with Sharps bins, feedback will be given to the Infection Prevention Team and clinical teams.

Reports of inoculation incidents will be fed back to the Safer Sharps steering group; this will be in the form of a report from a group which comprises the following members as a minimum: -

- Occupational Health and Wellbeing

- Health And Safety
- Infection Prevention

Those areas within the audit as being of concern will be addressed promptly to create a safer working environment for Trust employees.

Occupational Health will, where appropriate, during a consultation with a healthcare worker discuss on a one-to-one basis inoculation incident risks and controls.

8. Policy review

The Trust Health and Safety and Occupational Health Department will review this policy every three years, or sooner in light of new guidance or incident of concern.

Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: *(Responsible for also ensuring actions are developed to address any areas of non-compliance)*	Frequency of reporting:
WHAT?	**HOW?**	**WHEN?**	**WHO?**	**WHERE?**	**WHEN?**
Audit of sharps management practice highlighting practical issues with equipment, practice and awareness.	Recognised audit tool provided by Sharps Company IPS Audit tool/local audit tool	Annual Ad-hoc following incidents of non-compliance	Sharps Company Representative to undertake audit Ward Manager	H&S, OH, ICPT and Directorates Ward	Annual Following each audit
Inoculation Incident reports and root cause analysis	Datix reports Identify what went wrong, action required to control work practices to prevent further incidents.	When reported	OH H&S	Fedback to Trust Health and Safety meetings Directorate Reports	In line with H&S Meeting cycle of business
Compliance with safe sharps usage	Continuous observation	Continuous	Ward/departmental manager	Individual member of staff/ward staff	As occurs
Regular waste audits	Via Trust monitoring Team	In line with programme	Monitoring Team	Ward/Department Manager	As occurs

9. References

DH (Department of Health) (1998) *Guidance for Clinical Health Care Workers: Protection against Infection with Blood-Borne Viruses – Recommendations of the Expert Advisory Group on AIDS and the Advisory Group on Hepatitis*. London: Department of Health. Available at: https://www.gov.uk/government/publications/blood-borne-viruses-protection-of-health-care-workers

Gov.UK guidance on use of HIV Post-Exposure Prophylaxis: https://www.gov.uk/government/publications/eaga-guidance-on-hiv-post-exposure-prophylaxis

Environment and sustainability Health Technical Memorandum 07-01: Safe management of healthcare waste: https://www.gov.uk/government/publications/guidance-on-the-safe-management-of-healthcare-waste

HSE (2013) *Health and Safety (Sharp Instruments in Healthcare) Regulations 2013*. https://www.hse.gov.uk/pubns/hsis7.pdf

Public Health England: Guidance on management of potential exposure to blood-borne viruses in emergency workers 2019 Guidance on management of potential exposure to blood-borne viruses in emergency workers (publishing.service.gov.uk)

Royal College of Nursing (2013) Sharps safety. RCN Guidance to support the implementation of The Health and Safety (Sharp Instruments in Healthcare Regulations): https://www.rcn.org.uk/professional-development/publications/pub-004135

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10. Background

Contribution List

This key document has been circulated to the following individuals for consultation;

Designation
Occupational Health and Wellbeing Manager – Helen Wealthall
Head of Health & Safety– Julie Noble
Co-Infection Control Doctors/Consultant Microbiologists – Dr E Yates,
Director of Pharmacy – Tania Carruthers
Procurement – Clare Moses
Health & Safety Committee – all committee members
Safer sharps steering group
TIPCC – all committee members

Approval Process

Approval of this document is via Health and Safety / Occupational Health, following consultation.

Appendix 1

ACTION CARDS

In the Event of An Injury Please Follow This Section

This section of the Inoculation Policy contains the Action cards for all to follow in the event of an inoculation incident

All documents containing patient and staff personal identifiable data remain highly confidential

- **Action Card 1 Action to be taken by Injured Member of Staff**
- **Action Card 2 Action to be taken by Manager/Senior Member of Staff on Duty**
- **Action Card 3 Action to be taken by Occupational Health**
- **Action Card 4 Action to be taken by ED/MIU**
- **Action Card 5 Action to be taken by Clinician in charge of source patient, including Consent Form and information leaflet**
- **Action Card 6 Location of Post-exposure prophylaxis**

See Appendix 2: Occupational Exposure - Inoculation Injury Record Form / Risk Assessment

ACTION CARD 1

ACTION TO BE TAKEN BY INJURED MEMBER OF STAFF

Following any inoculation injury, the injured person shall:

1. Encourage bleeding but do not squeeze, suck or lick the wound.

2. Wash and clean the wound using soap and water only (for eye and mucous membrane contamination wash with water only) if contact lenses in place wash with copious amounts of water first with lenses in place and then with them removed.

3. Cover with a sterile waterproof dressing.

4. Note the name and diagnosis of the source patient involved if known.

5. Urgently report the incident to manager or senior member of staff present, in order for bloods to be taken (Hep B, C and HIV) following patients consent and for a risk assessment of the source patient can be undertaken.

6. Jointly complete Section 1 and Section 2 of the record of incident contained in this document with your Line Manager/the most Senior Person on Duty

7. Ensure the incident is reported via Datix.

In Normal Office Hours:
Immediately following the incident contact the Department of Occupational Health on:
01905761310 or ext 38241 or 01905760693

Outside of Office Hours:
During evenings, weekends and public holidays the member of staff should attend their nearest Emergency Department or Minor Injury Unit.

Note: It is the responsibility of every member of staff to know their Hepatitis B immune status, so that in the event of an inoculation injury they will be able to give this information to the ED or MIU staff treating them.

ACTION CARD 2

ACTION TO BE TAKEN BY MANAGER/SENIOR MEMBER OF STAFF

Ensure the injured person carries out the procedure detailed in this document, including referral to Occupational Health or ED/MIU

1. Ensure that the sharp causing the incident has been safely disposed of.
2. Ensure that **a risk assessment is carried out urgently.** (See Appendix 2 - **Inoculation Record Form / Risk Assessment).**
3. Where a known source patient is involved, the risk assessment should normally be conducted by the most senior available member of the medical/nursing team treating the patient at the time of the injury. This would normally include the source patient's blood being tested for blood borne viruses (Hep B,C and HIV) with their consent using the Sharps injury source patient leaflet. Bloods must be taken from staff and sent for storage. (2 gold top bottles should be taken from the source)
4. If the source patient does not have the capacity to consent/ does not consent, the blood sample cannot be taken and the risk assessment will need to be based on information contained in the patient's clinical records.
5. All patients are presumed to have capacity unless they are assessed as not having capacity. Follow Trust policy in relation to this.
6. Ensure a Datix is completed for the incident.
7. Carry out any further investigation/action as necessary.

Sharps injuries must be reported to HSE under RIDDOR in the following circumstances:

- When an employee is injured by a sharp known to be contaminated with a blood-borne virus (BBV), e.g. hepatitis B or C or HIV. This is reportable as a dangerous occurrence.
- When the employee receives a sharps injury and a BBV acquired by this route sero-converts. This is reportable as a disease.
- If the injury itself is so severe that it must be reported.
- If the sharp is not contaminated with a BBV, or the source of the sharp's injury cannot be traced, it is not reportable, unless the injury itself causes an over seven-day injury. If the employee develops a disease attributable to the injury, then it must be reported.

The Health & Safety Team should be contacted for advice on RIDDOR reporting; NB it is the H&S teams responsibility to report to RIDDOR.

If it known that a patient has got a BBV then this must be documented on the datix and H&S / OH urgently informed.

ACTION CARD 3

ACTION TO BE TAKEN BY OCCUPATIONAL HEALTH

1. Obtain detailed history of incident, using OH risk assessment.

2. Counsel employee regarding level of risk, considering employee's immunisation status.

3. A blood sample should be collected from the recipient following any significant exposure. The sample is collected in a gold top tube and should be sent to the Microbiology department where it will be stored. This blood specimen may be subsequently examined if the HCW is found to be infected with a BBV following a significant exposure. The sample should be labelled:

"(*Staff) inoculation injury – for storage", ensuring the name of the source of injury (this may be a patient, member of staff, or other person) is clearly stated on the pathology request form under clinical details. Please also state if source is not known.*

It should be noted that staff or other persons have the right to refuse this test; if they choose to do so, and if appropriate their occupational health / clinical notes should record that they have been counselled and have declined to have blood taken.

4. Check employees Hepatitis B immunisation record. If necessary, commence accelerated vaccine course and / or give immunoglobulin as appropriate. If source is known or found to be Hepatitis BsAg positive management will depend on immunisation status of exposed person.

5. If appropriate discuss safe working practices and allow time for reflection.

IF SOURCE PATIENT KNOWN HIV/STRONG SUSPICION OF BBV

6. If a significant risk of possible HIV infection is identified via the risk assessment of the source, the circumstances (where source unknown) and type of exposure, then the on-call designated person (ON CALL Medical Microbiologist via switchboard) MUST be contacted IMMEDIATELY for advice on the appropriate course of treatment / action to be taken.

Support, information and follow-up will be made available to the member of staff/ exposed person through the Genito-urinary medicine service; the HIV / Sexual Health Nurse Specialist should be notified if PEP issued. Referral will be made on the next working day by one of the consultant microbiologists.

IF SOURCE PATIENT IS UNKNOWN

8. Treat as a potential for Hepatitis C, Hepatitis B and HIV transmission at time of injury, risk will depend on the circumstances of the injury. The risk where injury occurs as a result of needles discarded in the community containing old, dried blood is significantly lower than incidents involving fresh blood. Arrange future samples from recipient as below:

	6 weeks post incident	**3 months post incident**	**6 months post incident**
HIV source positive *	HIV Ag/Ab combined test	HIV Ag/Ab combined test	Not routinely required: Ag/Ab combined test (only if not tested at 3 months)
HBV surface antigen positive source **	HBsAg (unless worker is adequately vaccinated against HBV)	HBsAg (unless worker is adequately vaccinated against HBV)	HBsAg (unless worker is adequately vaccinated against HBV)
HCV positive source ***	HCV Ag/PCR	HCV Ag/PCR HCV antibodies	HCV antibodies
BBV status of source unknown	HIV Ag/Ab combined test HCV Ag/PCR HBsAg	HIV Ag/Ab combined test HCV antibodies HBsAg	HBsAg** HCV antibodies

ACTION CARD 4

ACTION TO BE TAKEN BY EMERGENCY DEPARTMENT OR MINOR INJURY UNITS

ALL INOCULATION INJURY / BODY FLUID CONTAMINATION INCIDENTS WILL REQUIRE IMMEDIATE ASSESSMENT and should be fast tracked for assessment, as treatment may need to be instigated within a very short period of time.

1. Obtain detailed history from injured person.
2. The injured person and the senior manager in charge of the location should have completed risk assessment form. **See Appendix 2** – **Inoculation Injury Record Form / Risk Assessment.**
3. It should be clearly documented in the ED notes the factors that lead to the risk assessment conclusion.
4. Blood should be taken from the exposed member of staff / other person in one gold top bottle and sent to the Microbiology Department, labelled:

   "(Staff) inoculation injury – for storage", ensuring the name of the source of injury (this may be a patient, member of staff, or other person) is clearly stated on the pathology request form under clinical details. Please also state if source is not known.

   It should be noted that staff or other persons have the right to refuse this test; if they choose to do so, this should be documented in the ED notes that they have been counselled and have declined to have blood taken.

5. Check recipient's Hepatitis B immunisation record. If necessary, give Hepatitis B vaccine booster, commence accelerated vaccine course and / or give immunoglobulin as appropriate. If source is known or found to be Hepatitis BsAg positive management will depend on immunisation status of exposed person.
6. Advise the member of staff / exposed person to notify their Occupational Health Department (OHD) of their injury themselves on the next working day or to leave their details on the OHD answer phone. This enables the OHD to ensure that the appropriate course of action has been taken promptly and any follow up for Hepatitis B, Hepatitis C or HIV infection can be arranged. For members of the public, GP referral is appropriate
7. If a significant risk of possible HIV infection is identified via the risk assessment of the source, the circumstances (where source unknown) and type of exposure the on-call designated person (**ON CALL Medical Microbiologist via switchboard)** MUST be contacted IMMEDIATELY for advice on the appropriate course of treatment / action to be taken.

   When post exposure prophylaxis (PEP) against HIV is recommended, it should be administered **within 1 hour of exposure**, if possible, although it should also be **considered up to 72 hours** after the exposure.

Support, information and follow-up will be made available to the member of staff/ exposed person through the Genito-urinary medicine service; the HIV / Sexual Health Nurse Specialist should be notified if PEP issued –Referral will be made on the next working day by one of the consultant microbiologists.

Completed documentation should be sent electronically to wah-tr.OccupationalHealth@nhs.net

ACTION CARD FIVE

GUIDANCE FOR THE CLINICIAN IN CHARGE OF THE PATIENT

Pre-blood test discussion

1. Before taking blood from the 'source' patient, the clinician or Ward Manager involved should be clear about their own responsibilities in respect of obtaining informed consent, documenting the consent in the patient's notes and subsequently informing the patient of the results of the test. **See consent form page 30.**

2. The following check list is intended to help the person obtaining the sample (and consent) to ensure that all important issues are discussed with the patient:
   - Identify your own role
   - Stress the confidentiality
   - Explain why a blood sample is being requested (that a member of staff or other person has sustained a contamination accident)
   - Explain which 'diseases' and viruses are being tested for (i.e. Hepatitis B and C and HIV).
   - Explain to the source patient that if their blood tests were found to be positive for any of these infections then their clinical care for these illnesses would be given by either the GU medicine consultant/BBV team, or infectious disease consultant.

3. Please give the patient a copy of the leaflet below, this may be used to aid you in this discussion and should be given to the patient to read to explain what is being asked of them and why.

4. The responsibility for acting on the results obtained from a source patient in terms of treatment and onward referral to an infectious diseases consultant or consultant in GU medicine, remain with the clinician caring for the source patient.

5. Source patient venous blood is taken in a 2 x 10ml clotted sample and put the following information in the clinical features box:

   "Source Patient for inoculation injury. Please test for HBsAg, HIV Antibody and HCV Antibodies." ALSO put the injured person's name and d.o.b. too so that the laboratory and OH Dept can link the two samples together.

   THE BLOOD TEST REQUEST MUST BE FROM THE CLINICIAN IN CHARGE OF THE SOURCE PATIENT'S CARE and COPIED INTO OCCUPATIONAL HEALTH.

6. If the patient refuses or is unable to give consent then the following needs to happen: -
   Seek further advice from a medical consultant in Microbiology, Occupational Health, Infectious diseases, or GU medicine. If appropriate the injured person can take prophylactic treatment until consent has been obtained and the result is known or a detailed assessment of the severity of the health risk can be undertaken with input from appropriate specialists.

   EXAMPLE

   Source Patient Blood Borne Virus Risk Assessment Letter
   Dear Patient,

A Health Care Worker involved in your care has been accidentally exposed to your blood or body fluids in a way which could pose a risk to their health if you are infected with hepatitis B, hepatitis C or HIV. In order to protect the Health Care Worker from this risk, we are asking to test your blood to see if you are infected with these viruses. We will need a blood sample to do this test.

It is possible to be infected with these viruses without knowing or being ill. If you are infected with these viruses, it is important for you to know this, as there are treatments available for these conditions.

These viruses are transmitted by exposure to blood and some body fluids, most commonly by sexual contact with an infected person, or by sharing of needles between injecting drug users. People who are at higher risk of being infected are:

- People who have had a blood transfusion or use of blood products before 1985
- People who have had a blood transfusion outside the UK where screening does not take place
- Men who have sex with men
- People who are sexually active from areas of the world where these infections are more common, e.g. sub-Saharan African, S.E Asia, parts of Eastern Europe.
- Injecting Drug User
- Sexual partner of any of the above

If none of these risk groups apply to you, the risk of you being infected with hepatitis B, hepatitis C or HIV is very low. If one or more of these risk groups apply, you may have a higher chance of being found to be positive in testing.

If you know that you are infected with hepatitis B, hepatitis C or HIV, please tell us as we may need to act quickly to protect the Health Care Worker. You do not have to tell us how you may have become infected with the virus.

If you would like further information about risk of being infected with hepatitis B, hepatitis C or HIV please ask the doctor or clinician who is seeking your consent for a blood test.

YOUR CARE WILL NOT BE AFFECTED WHETHER YOU AGREE OR YOU REFUSE TO HAVE THIS BLOOD TEST

If you agree to a test for hepatitis B, hepatitis C and HIV, the results will be given to you, your doctor and to our Occupational Health Service which is responsible for the care of the Health Care Worker.

The results will be given to you by the doctor or senior nurse who discussed the test with you before the blood test was taken. If the results show that you are infected with one of these viruses, appropriate support, investigation and treatment will be organised for you.

Yours Faithfully,

WAHT Occupational Health Service

CONSENT FOR SCREENING FOR BLOOD BORNE VIRUSES FOLLOWING A BLOOD EXPOSURE TO A HEALTH CARE WORKER

TO BE RETAINED IN PATIENT'S RECORD

TO: .....(SOURCE PATIENT'S NAME)

(ADDRESS): .....

DOB: .....(YOU MAY FIX A HOSPITAL LABEL IF AVAILABLE)

A Health Care Worker involved in your care has been accidently exposed to your blood or body fluids, in a way, which could pose a risk to their health if you are infected with hepatitis B, hepatitis C or HIV. In order to ensure that the Health Care Worker receives appropriate treatment, we need to test your blood to find out if you are infected with these viruses.

If you have any reason to believe you may be infected with Hepatitis B, Hepatitis C or HIV, or wish to discuss the implications of having your blood tested for these conditions please ask the doctor/nurse before signing this form.

The medical staff responsible for your care will discuss the risks in confidence with you, if you wish.

The results of these blood tests will be given to you by the team responsible for your care. The results will also be given to our Occupational Health Service to help them care for the Health Care Worker. The Health Care Worker will already be aware of your identity.

I understand that I am being asked to undergo blood testing for Hepatitis B, Hepatitis C and HIV.I understand that the results of this test will be given to me and will remain confidential to my medical records and to the Occupational Health Service.
I consent to my blood being tested for Hepatitis B, Hepatitis C and HIV.

SIGNED: .....

NAME IN CAPITALS: ..... DATE: ..... ----------

Doctor / Senior Nurse requesting consent: .....

SIGNED: ..... DATE: ..... NAME IN CAPITALS: ..... POSITION.....

ACTION CARD 6

LOCATION OF POST EXPOSURE PROPHYLAXIS

If following detailed assessment HIV post-exposure prophylaxis (PEP) is required for the healthcare worker, it can be obtained from the following locations:

Worcestershire Acute Hospitals NHS Trust		
Alexandra Hospital Redditch	Emergency Department	01527 503030
Kidderminster Hospital	Minor Injuries Unit	01562 513039 Open 24 hours
Worcestershire Royal Hospital	Emergency Department	01905 760743 01905 733065

Community Hospital Sites		
Evesham Community Hospital	Urgent Care Centre	9am to 9pm 7 days a week 01386 502388
Malvern Community Hospital	PCC Room	9am-9pm, 7 days-a-week (last patient at 8.30pm) 01684 612619
Pershore Community Hospital	Pharmacy Refrigerator	No Minor injury unit.
Tenbury Community Hospital	Main IM Drug Cupboard	9am to 5pm, 7 days-a-week 01584 810643

Appendix 2

Inoculation Injury Record Form / Risk assessment

SECTION 1 ***To be completed by the exposed employee***					
Surname			Forename(s)		
Date of Birth			Telephone number		
Occupation					
GP address					
Date of incident			Time of incident		
Location of incident					
SECTION 2 ***To be completed by the exposed employee and most senior person in charge of the location***					
Please mark all boxes with an X where appropriate			**Yes**	**No**	**Details**
Was first aid procedure followed?					
1	Type of body fluid causing exposure	Blood			
		Blood stained fluid			
		Non-blood-stained fluid			
		Other			
2	Type of injury	Percutaneous (incl.bites)			
		Exposure of broken skin			
		Exposure of mucocutaneous			
3	Description of incident	During venepuncture			
		Administering IV treatment			
		Disposal of sharp instrument			
		Intra operative exposure			
		Other			
4	Protective clothing *Were you wearing any of the following?*	Gloves			
		Goggles/masks			
		Gowns/aprons			
5	Hepatitis B	Have you completed a course (3 doses) of Hepatitis B immunisation?			
		Are you aware of your anti-HBs status?			
		Have you ever received Hepatitis B immunoglobulin? Have you ever had previous exposure to blood borne viruses?			
Signature of exposed employee……					

Date and time……

SECTION 3 to be completed by on duty senior doctor / nurse in charge of the location in consultation with the exposed employee					
Surname			Forename(s)		
Occupation			Telephone number		
Date Incident reported			Time incident reported		
Brief details of Incident:					
Please answer all questions Yes or No: mark the box with an X			Yes	No	Details
7	Type of body fluid causing exposure	Blood			
		Blood stained fluid			
		Non-blood-stained fluid			
		Other			
8	Did the exposure involve?	Hollow bore needle			
		Instruments			
		Bone fragments			
		Bites which break the skin			
		Exposure of broken skin e.g., abrasions, cuts, eczema etc.			
		Mucus membrane contamination (including the eye)			

Is this a significant exposure? YES/NO

Is the source known YES? NO

If it is a significant exposure and the source is known – continue with the second stage risk assessment on next page

If it is a significant exposure and the source is unknown – If possible, identify the origins of the sharp i.e., the clinical area where the item was used. Refer the exposed employee to A&E for the on-call Consultant Physician

If the exposure is not significant: Please sign this form below.
Advise the exposed employee to arrange an Occupational Health appointment within 72 hours of the incident for post needle stick management (OH: 01905761310 or ext 38241 or 01905760693)

Return this form to the exposed employee and remind them to bring this form to the OH appointment.

Remind the exposed employee to complete a DATIX report within 24 hours of the incident.

Signature of person completing form: ..... Date: .....

SECTION 4 Management of exposed employee by on call physician			
Name of Consultant advising re PEP			
Please answer all questions Yes or No: mark the box with an X	Yes	No	Details
Was post – exposure prophylaxis advised?			
Was HIV PEP prescribed?			
Was a Hepatitis B booster given / course commenced?			
Was HBIG given?			
Was any other treatment given (e.g. DTP, antibiotic, antiemetic)?			
What follow up is required?			
Signature of person completing form: ..... Date:			

Please ensure this form has been signed.

Return this form to the exposed employee and remind them to bring this form to the OH appointment.

Remind the exposed employee to complete a DATIX report within 24 hours of the incident.

Significant exposure to blood or body fluid

Infection may occur following significant exposure to blood or certain body fluids. The following body substances should be treated as blood:

Breast milk, amniotic fluid, vaginal secretions, semen, saliva in association with dentistry, CSF, pleural fluid, peritoneal fluid, synovial fluid.

There is minimal risk of blood borne virus infection from urine, faeces, saliva, sputum, tears, sweat, and vomit unless contaminated with blood (although they may be hazardous for other reasons).

Percutaneous exposure is of higher risk than mucotaneous exposure, and exposure of blood is more serious than exposure to body fluids which are not blood stained.

The risk of HBV, HCV or HIV transmission after an unknown source exposure in the UK is very low, but possible.

SECTION 5 ***to be completed by doctor in charge of source patient***						
NAME OF DOCTOR undertaking this assessment						
Is the source patient identified? If NO: classify as Source Unknown If Yes: give details below						
Surname of source patient			**Forename**			
Date of Birth			**Tel No**			
Location			**Diagnosis**			
Status of source patient						
Please complete appropriate boxes: mark each box with X	+ve	-ve	Unknown	Consent for testing & result to OH	Source blood sample taken	Result of blood test OH to complete
HIV						
HBsAg						
HCV						

Information leaflet given to source patient? YES / NO

Is the source patient high risk? YES / NO

If YES:
Refer exposed employee immediately to the A&E Department for the on-call Consultant Physician to review the incident and complete Section 5 above.

If NO:
The exposed employee must arrange an OH appointment as soon as possible after the incident for post needle-stick management. (OH: 01905761310 or ext 38241 or 01905760693)
Return this form to the exposed employee and remind them to bring this form to the OH appointment.
Remind the exposed employee to complete a DATIX report within 24 hours of the incident.

Supporting Document 1 - Equality Impact Assessment Tool
To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form
Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	x	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	**Helen Wealthall**

Details of individuals completing this assessment	**Name**	**Job title**	**e-mail contact**
	Julie Noble	**Head of H&S Manager**	**julie.nobe13@nhs.net**
Date assessment completed	**22/08/2024**		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	**Title: Innoculation Policy**			
What is the aim, purpose and/or intended outcomes of this Activity?	Safety of Staff members whilst manually handling objects and patients in the workplace			
Who will be affected by the development & implementation of this activity?	❑ ❑ ❑ ❑	Service User Patient Carers Visitors	× ❑ ❑ ❑	Staff Communities Other _____
Is this:	× Review of an existing activity ❑ New activity ❑ Planning to withdraw or reduce a service, activity or presence?			

What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	Ownership of policy
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Not required
Summary of relevant findings	

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale**. Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		x		
Disability	x			Allows risk assessments to be carried out to consider individuals needs
Gender Reassignment		x		
Marriage & Civil Partnerships		x		
Pregnancy & Maternity		x		
Race including Traveling Communities		x		
Religion & Belief		x		
Sex		x		
Sexual Orientation		x		
Other Vulnerable and Disadvantaged		x		

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)				
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		X		

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
	N/A	.		
How will you monitor these actions?	N/A			
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	Upon review of policy			

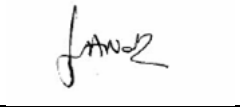
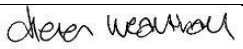
Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	
Date signed	18/12/2024
Comments:	
Signature of person the Leader Person for this activity	
Date signed	18/12/2024
Comments:	

Supporting Document 2 – Financial Impact Assessment
To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	N/A

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval