



SHARPS AND EXPOSURE INJURY PROCEDURE

Introduction and Aim

This procedure document outlines the standard process for the management of occupational exposure to blood and high-risk body fluids through sharps or exposure injuries.

It provides guidance to all those involved in care provision, including screening & laboratory staff. It is supported by the accompanying Policy and the 'Safe Management of Sharps' procedure.

Linked Policies, Procedures and Written Control Documents

[All corporate policies and procedures are available on the Public Health Wales website](#)

- On the Clinical Governance and Infection Control Policies intranet page ([Clinical Governance and Infection Control Policies - Public Health Wales \(NHS. Wales\)](#)):
 - Sharps and Exposure Injury & Safe Management of Sharps Policy
 - Sharps and Exposure Injury Procedure
 - Infection Prevention and Control Policy
- National Infection Prevention and Control Manual
[NIPCM - Public Health Wales \(NHS. Wales\)](#)
- Guidance on the management of human bite injuries
<https://phw.nhs.wales/services-and-teams/harp/infection-prevention-and-control/guidance/accordians/docs/health-protection-team-guidance-for-the-management-of-human-bite-injuries-in-wales-2019/>
On the Risk Management, Health & Safety and Estates Policies intranet page ([Risk Management, Health and Safety and Estates Policies - Public Health Wales \(NHS. Wales\)](#)):
 - Incident Reporting Policy and Procedure
 - Personal Protective Equipment Policy
 - Control of Substances Hazardous to Health Policy
- Health & Safety Guidance Microbiology division
[http://nww2.nphs.wales.nhs.uk:8080/QualityManagementDocs.nsf/1f8687d8da97650980256fa30051b0be/80257235003e6975802573d000686e05/\\$FILE/MDHS005%20health%20and%20Safety.\(F\)doc.doc?open&date=14-11-2019.1231](http://nww2.nphs.wales.nhs.uk:8080/QualityManagementDocs.nsf/1f8687d8da97650980256fa30051b0be/80257235003e6975802573d000686e05/$FILE/MDHS005%20health%20and%20Safety.(F)doc.doc?open&date=14-11-2019.1231)

Relevant legalisation and related documents are listed in the overarching Sharps Policy.

Scope	
All staff employed by Public Health Wales who work on or in clinical settings (inclusive of those on honorary or temporary contracts, and contractors on site).	
Equality and Health Impact Assessment	An Equality, Welsh Language and Health Impact Assessment has been completed and can be viewed on the policy webpages.
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Disclaimer

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Summary of reviews/amendments				
Version number	Date of Review	Date of Approval	Date published	Summary of Amendments
V1	2021	14.04.21	14.04.21	<p>This procedure document is new and has been created as a complementary resource to the Exposure injury policy.</p> <p>The management of Occupational Exposure algorithm has been amended to address the lack of phlebotomy provision within Public Health Wales services or from current Occupational Health provision.</p>
V2	01.05.23	08/12/23	Ionawr 2024	Extensive rewriting to update processes. More information included to help microbiology laboratory staff manage a sharps or exposure injury appropriately. Information on Safe Management of Sharps extracted and placed in a newly created procedure.

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1 Introduction

Public Health Wales (PHW) staff who are involved in clinical practice are at potential risk of injury as a result of exposure to blood, body fluids and microbiological samples. This procedure document outlines the standard process for the management of occupational exposure to blood and high-risk body fluids through sharps or other exposure injuries. It provides guidance to all those involved in care provision, including screening & laboratory staff. It is supported by the accompanying [Policy and 'Safe Management of Sharps Procedure'](#).

Note: this procedure does not cover exposure to infectious organisms via routes such as droplet or airborne transmission.

2 Definitions/Scope

A 'sharp' is an item that is designed to cut or puncture skin. Sharps include needles, syringes with needles, scalpel blades, lancets and razor blades, tooth or bone fragments and any other item which may cause laceration or puncture wounds in the clinical setting. Broken vials and slides with infectious agents or human blood are also considered sharps.

A sharps or exposure injury is where the blood/body fluid of one person could gain entry into another person's body, such as:

- A puncture or 'sharps' injury, for example, with a used instrument or needle
- Spillage of blood or body fluid onto damaged skin, e.g. graze, cut, rash, burn
- Splash of blood or blood stained body fluid onto mucosal surfaces and into the eye, mouth or nose
- Any bite that involves a break in the skin and the presence of blood.

A number of viruses carried in blood and body fluids can be transmitted through sharps or exposure injuries. These include hepatitis B virus, hepatitis C virus and human immunodeficiency virus (HIV).

Sharps injuries are often referred to as needlestick injuries or inoculation injuries/incidents. **This procedure will refer to all sharps and splash injuries as sharps or exposure injuries.**

In a laboratory setting there is also the risk of sharps or exposure injuries involving other pathogenic material, through sharps and splash injuries involving microbiological samples.

Note - Laboratory staff have also reported cuts from other items that may have come into contact with sample materials, such as paper cuts from lab requests. In these instances, it is necessary to assess the risk of exposure to any infectious material and add accordingly.

If no exposure to blood/body fluids or other microorganisms has occurred, the injury is not classed as an exposure injury. This would include sterile, unused, sharps and splinter and cut injuries from cabinets and other equipment within the laboratory/clinical setting with no visible contamination. In these circumstances, washing the contaminated area thoroughly with liquid soap and warm running water is all that is required. These injuries should still be reported on Datix, choosing '**Accident, Injury**' Type, then using Sub-type categories '**Contact with object or animal**' or '**Struck against or by an object**' and the choosing a sub-sub type within these two categories. The surface should be cleaned down as necessary. Any dangerous equipment should be reported.

3 Roles and responsibilities

3.1 PHW Staff Responsibilities

Staff should take all reasonable precautions to avoid sharps or exposure injuries. This includes avoiding the use of medical sharps so far as is practical, using safer sharps where possible and correctly following protocols for sharps disposal.

In the event of a sharps or exposure injury all staff should know:

- What action to take.
- Who has responsibility to ensure proper assessment.
- Where to go for treatment of the injury and follow-up.
- How to report the incident so that future injuries are reduced or avoided.

When an sharps of exposure injury occurs, the Injured Person must:

- Immediately apply first aid:
 - **Skin/Tissue**
 - Encourage local bleeding by gently squeezing the area, do not suck area.
 - Wash the affected area with soap and running warm water. Do not scrub the area.
 - Cover area with waterproof dressing.
 - **Eyes or Mouth**
 - Rinse out / irrigate with copious amounts of water (use eye washout kits if available).
 - If wearing contact lenses irrigate eyes before and after removing them.
 - Do not swallow water used for rinsing mouth
- Report to Supervisor / Clinical Manager.
- Collect Risk Assessment Form 1 & 2 to take to Accident & Emergency (A&E) department.
- Liaise with Occupational Health (OH) following A&E visit.

- The injured party must not be involved in the risk assessment of the source patient and must not approach the source patient for permission to test for blood borne viruses.

The Manager/Senior Member of staff on duty for the injured person must:

1. Ensure first aid has been carried out.
2. Refer injured person to A&E and the correct Occupational Health department for the Service that the staff belongs to (see below and for contact details the table in Appendix 1)
3. Ensure that source patient risk assessment is carried out IMMEDIATELY (see Section 4.2 for more details on this.)
4. Ensure the Source Risk Assessment Forms 1 & 2 are completed, duplicated and either sent in a sealed envelope with the injured worker or via secure email to identified individual in A&E.
 - a. Some A&E departments will not progress the assessment & follow up of the injured staff member without the risk assessment details, so it is vital the forms are completed
5. **Ensure the injured person attends A&E as soon as possible.** Post exposure prophylaxis (PEP), if indicated, should be commenced as soon as possible, ideally within one to two hours, but can be commenced within 72 hours of exposure, so a prompt response and risk assessment to any incident is essential.
6. Ring to advise A&E of significant injury to reduce delays in triage.
7. Manager to inform relevant Occupational Health at earliest opportunity via secure email, once the staff member has attended A&E. Include a copy of the source risk assessment forms and A&E outcome. (Contact details in Appendix 1).
8. Ensure that a Datix incident form is completed. Sharps or exposure injuries will fall under one of the following Datix sub-type/Sub-sub type categories:
 - a. Contact with or exposure to hazardous substance - Exposed to blood or bodily fluids (not needlestick or sharps injury)
 - b. Contact with or exposure to hazardous substance - Contact with or exposure to hazardous substance – Other
 - c. Contact with needles or medical sharps – several Sub-sub type options may be relevant.
9. Ensure appropriate handover of incident to Senior Member of Staff until the follow up of Source Patient/Service User, including any blood test results, is completed.
10. Investigate the cause of the injury and put in place any appropriate preventative measures to reduce likelihood of any further injuries.
11. Ensure that sharps use is reduced where possible (refer to 'Safer Management of Sharps' procedure).
12. Refer the incident to RIDDOR if appropriate.

Accident & Emergency Departments

(For the purposes of this document, this covers any unit that provides emergency care, including Minor Injuries Units and Emergency Departments/Units.)

PHW staff can expect A&E staff to:

- See injured staff and manage them under the agreed Service Level Agreements.
- To complete risk assessment from information provided, complete relevant paperwork and advice on next steps. This may include, and is not limited to, Hepatitis B virus booster vaccine doses, post-exposure prophylaxis (PEP), take blood samples for storage (request form should state type of injury), consider the need for hepatitis C virus (HCV) follow up, referral to Sexual Health Services.

Occupational Health Services

PHW staff can expect OH staff to:

- Carry out the necessary follow up care based on the assessment performed by A&E, including, but not limited to, further Hepatitis B virus vaccine doses, HCV screening, referral to staff counselling
- Follow up the results of source inpatient blood test results with the hospital team managing the patient.
- Clinical staff (non-laboratory) will be managed by the nearest A&E department to the location where the injury occurred, and Welsh Ambulance Service NHS Trust (WAST) Occupational Health (OH) department.
- Laboratory staff will be seen at the nearest A&E department to the location where the injury occurred and will be managed by the OH of the Health Board in which the laboratory is located.

Staff on inpatient wards

PHW staff can expect the following:

- If a sharps or exposure injury happens to a PHW member of staff on an inpatient ward, a senior member of the hospital team caring for the patient must lead the completion of the source patient risk assessment and Forms 1 & 2 (Appendices 2 & 3).
- The staff member will then attend the nearest A&E, and then link in with WAST OH department as above.

4 Procedure/Process/Protocol

4.1 PROTOCOL FOR NEEDLESTICK OR SIMILAR INJURIES

(Summary flowcharts are available to print out in Appendix 2.)

First Aid

First Aid should be performed immediately after the injury occurs.

Skin/Tissue

- Encourage local bleeding at the injury site by gently squeezing, do not suck area.
- Wash the affected area with soap and running warm water. Do not scrub the area.
- Cover area with waterproof dressing.

Eyes or Mouth

- Rinse out / irrigate with copious amounts of water (use eye washout kits if available).
- If wearing contact lenses irrigate eyes before and after removing them.
- Do not swallow water used for rinsing mouth

It is not necessary to keep any needle/sharp instrument to send to the laboratory for testing for the presence of blood-borne viruses. Any such sharp instruments should not be re-sheathed, but disposed of directly into an appropriate Sharps container

4.1.1 Injury Assessment other than human bites

For an injury to be considered significant, both the type of injury incurred and the body fluid involved must be high risk (see below)

Flow diagrams for injury risk assessment

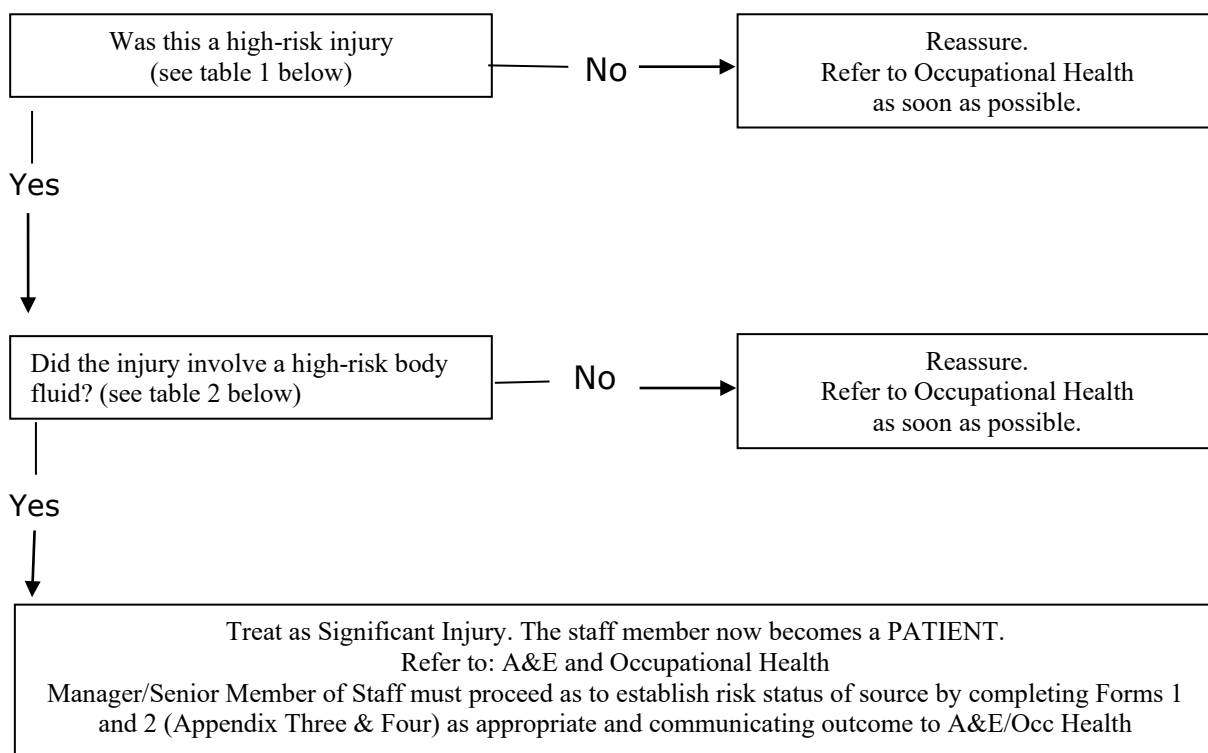


Table 1: Injury Type

High Risk Injury	Low-Risk Injury
Percutaneous exposure e.g. needlestick or other sharps injury that penetrates the skin. Exposure on broken skin Mucous membrane exposure (e.g. eye)	Splash on intact skin

Table 2: Body Fluids

High-Risk Body Fluid		Low Risk Body Fluid (unless blood-stained)
Blood	Pleural fluid	Urine
Low risk fluid if bloodstained	Cerebrospinal Fluid (CSF)	Vomit
Amniotic fluid	Saliva associated with dentistry	Saliva
Breast milk	Semen	Faeces
Pericardial fluid	Synovial fluid	
Peritoneal fluid	Unfixed tissues or organs	
Any microbiological culture	Vaginal Secretions	

4.1.2 Injury Assessment for Human Bites

- Apply first aid (see Section 4.1). If the bite did not break the skin, no further action is required.
- If the bite broke the skin, treat as a Significant Injury and refer to A&E and OH as per other injuries.
- Assess the risk of Blood Borne Virus (BBV) transmission. The clinical evaluation should include the possibility that both the person bitten and the person inflicting the bite may have been exposed.

4.2 Source (Service User/Patient) Risk Assessment**For Laboratory staff injuries:**

The Consultant Microbiologist and/or the inpatient's Consultant will lead on the source risk assessment. Refer to the OH Sharps Injury Policy and Procedure in the relevant HB for more details on how this will be managed.

For clinical (non-laboratory) staff injuries:

For incidents occurring in screening service buildings and clinics, the Manager of the service should lead the risk assessment process. The Occupational Health department covering screening staff is the Welsh Ambulance Service NHS Trust Occupational Health Department (WAST).

For incidents occurring in hospital inpatient facilities, where the sharps injury occurs in a hospital setting and the identified source is a patient, **it is the hospital team** managing the patient (and their mother, if a baby) who should lead on the completion of the source risk assessment, completion of Forms 1 and 2, and source follow up,

including blood tests. Consent to share blood results with the Occupational Health team should be sought, and the consent form in Appendix 5 signed. The injured member of PHW staff should liaise with a senior member of ward staff as soon as possible following the injury. For PHW this applies to the Newborn Hearing Screening Service only.

THE INJURED STAFF MEMBER REMAINS UNDER THE CARE OF WAST OH.

Discussion with source patient/service user

There is no single approach that will cover every interview, but it is recommended that the following points be observed.

The patient, service user or parent (in case of new-born hearing screeners or new-born bloodspot screening staff) should be informed that someone has been injured in an accident involving their blood / other body fluid. Injuries of this kind can cause considerable anxiety and worry to health care workers because infections such as hepatitis B virus (HBV), hepatitis C virus (HCV) and Human Immunodeficiency virus (HIV) can be transmitted in this way.

Patients, service users or parents (in case of new-born hearing screeners or new-born bloodspot screening staff) should be asked if they would consent to answering some personal questions, which would help to address the concern.

Emphasise that the questions are personal and may not apply to them, but they are now asked routinely, for example, by the Blood Transfusion Service before accepting blood donations. Screening services may need to do this by telephone if the patient has left the unit before injury reported.

Complete Form 1 and 2 of the source patient assessment tool (Appendix 3 and 4) as fully as patient/service user involvement allows. Ensure that contact details are taken for both the source patient/service user and the injured person.

Record in Source record: 'exposure injury assessment has been done' but **NOT** outcome. The name, job role and contact details of the staff member completing the risk assessment must also be recorded.

The manager should ring ahead and advise A&E of staff attending following high-risk injury to ensure rapid triage.

If the patient/service user cannot speak or understand English sufficiently to make an informed decision, translation services must be made available as soon as possible.

If the source patient/service user is known to have HIV or other Blood Borne Virus (BBV):

The decision to start Post Exposure Prophylaxis (PEP) will be made by the assessing clinician in the A&E department in accordance with current protocols.

- There must be no delay and the injured person must go immediately A&E with Form 1 and 2 (Appendix Three and Four) for management.
- PHW screening staff should ask if the source service user would be willing to give consent for the Occupational Health service to contact the Wales Specialist Virology Centre, UHW on 02921 842178, or ClinicalWSVC@wales.nhs.uk to discuss their current status.
- The consent form in Appendix 5 should be signed by the source service user at the Screening Location and sent over to OH.
- Positive statuses may include:
 - HIV, in which case the team can confirm viral load to determine risk of transmission.
 - Hepatitis B
 - Hepatitis C – for example, if the patient is/has undergone treatment but has not had clearance yet.

When the Source is a patient in a hospital setting and follow up has been undertaken by the Consultant / team managing them, Occupational Health needs to liaise with the appropriate team to obtain the Source's BBV result to allow appropriate follow up with the injured staff member.

Inform source patient/service user that the test result will also be passed to the doctor / nurse managing the injured staff member to help with their management but **will not** be recorded in their screening records.

In the past, patients have expressed concerns that consenting to an HIV test might adversely affect their insurance policies. Patients/service users can be advised that a negative HIV test will not affect their insurance premiums although a positive result may have implications.

If the member of staff is the source patient:

they should refer themselves to the OH department contracted to provide their OH service, as above. This would be WAST for clinical staff (non-laboratory) and for laboratory staff, the OH of the Health Board (HB) in which the laboratory is based.

4.1.3 Unknown Source

If it is not possible to identify the Source patient/service user for a particular sharp or exposure injury, a risk assessment should be carried out to determine the likelihood that the sharp may have been used on a patient with a BBV infection and:

- Were there patients known to be infected with a BBV in the clinical area concerned?
- Were there patients who had significant risk factors that may suggest a BBV is possible at same clinic or appointment?
- What samples were being tested/what tests were being performed, if in a laboratory setting?

5. Training requirements and Communication with Staff

All staff must attend education/training events and/or completion of on-line training modules for Infection Prevention & Control (IPC). Online training modules are accessed through ESR.

All clinical and laboratory staff must be aware of the contents of this procedure and the necessary actions to take in response to a sharps or exposure injury. Where appropriate, sharp safety/sharp incident posters must be displayed for the benefit of staff.

Appendix 6 gives more details about the three bloodborne viruses discussed in Section 2.

Each Screening Location is expected to find out which Emergency Departments in their local Health Board provide post-exposure assessments and treatment.

6. Monitoring compliance

All clinical areas within Public Health Wales will participate in auditing, using the Infection Prevention Society Quality Improvement Tools or other appropriate validated tools. All incidents involving sharps safety and exposure injuries will be monitored for compliance against this procedure. Results to be reported to the Infection Control Group and validation of audits will be performed by the Infection Prevention and Control Nurse.

7. Information Governance Statement

This procedure addresses specific information on governance issues regarding testing of source and injured person. It also ensures that records are accurate, complete, held securely and accord with the Records Management Policy and Retention & Destruction Guidelines.

Appendix 7 contains a table of abbreviations and the full terms that they represent.

Appendix 1

Contact details for Occupational Health Departments with Service Level Agreements to provide OH services

Occupational Health Department	Email address:	Telephone Number
Hywel Dda	occupational.health.hdd@wales.nhs.uk	0300 303 9674
Swansea Bay	sbu.occhealth@wales.nhs.uk	01792 703610
Cardiff and Vale	Notify by telephone.	UHW external: 02921 844411 UHW Internal: Ext 44411 UHL Ext 25432
Betsi Cadwaladr	<ul style="list-style-type: none"> • BCU.OccHealthCentral@wales.nhs.uk; • BCU.OccHealthEast@wales.nhs.uk; • BCU.OccHealthWest@wales.nhs.uk; 	03000 853 853 & ask to speak to the duty nurse in East/Centre/West sites
Cwm Taf Morgannwg	<p>Prince Charles Hot Lab Staff - Use CAV OH contact details, but use nearest A&E</p> <p>Princess of Wales Hot Lab Staff – use Swansea Bay OH contact details, but use nearest A&E</p>	

Appendix 2 - Flow charts for sharps/exposure injuries for:

1. Clinical staff (non-laboratory) in community (non-inpatient) settings
2. Clinical staff (non-laboratory) in inpatient settings
3. Laboratory staff

These flowcharts can be printed out to be easily available in practice – they are two-sided.

WHAT TO DO IN THE EVENT OF AN EXPOSURE INJURY

Clinical staff (non-laboratory) in community (non-inpatient) settings - Initial Actions

Undertake first aid to the affected area immediately:

Skin/Tissue

- Encourage local bleeding by gently squeezing, do not suck area.
- Wash the affected area with soap and running warm water. Do not scrub the area.
- Cover area with waterproof dressing.

Eyes or Mouth

- Rinse out / irrigate with copious amounts of water (use eye washout kits if available).
- If wearing contact lenses irrigate eyes before and after removing them.
- Do not swallow water used for rinsing mouth

- Inform manager/senior member of staff immediately, complete initial e-Datix report

Assessment of injury

- Is the injury a high-risk injury AND involves a high-risk body fluid? (see over page)

If NO:

If not deemed significant injury: refer to WAST Occ health for reassurance & follow up next working day.

Use email:

OccupationalHealth.amb@wales.nhs.uk

If YES: Treat as a Significant Injury

A significant occupational exposure is a percutaneous or mucocutaneous exposure to blood or other body fluids from a source that is suspected, known, or found to be, positive for a BBV infection

- If deemed significant exposure prepare to send injured person to A&E promptly as post exposure prophylaxis (PEP) may be needed (if needed it should be commenced within 24 hours)
- Complete the Source Risk Assessment Forms 1 and 2*
- Copy both Source Risk Assessment forms and send one set of forms 1 and 2 in **sealed envelope** with the injured worker or via secure fax /email to identified individual in A&E
- Ring to advise A&E of significant injury to reduce delays in triage.
- Once staff member has been seen in A&E, Manager must inform WAST Occupational Health (OH) at earliest opportunity via email: OccupationalHealth.amb@wales.nhs.uk, including a copy of the source risk assessment forms & outcome.
- WAST OH will contact the injured staff member on the day of email received to check they went to A&E, manage results and to arrange any follow up blood tests and vaccine doses, psychological support and onward referrals.

*Completing the source risk assessment forms:

The Senior Member of staff on duty (*not the injured party*), should promptly:

- Inform Source of injury & request consent for participation in risk assessment.
- If no source participation, follow "source unknown" pathway.
- Complete Form 1 and 2, making it clear if no consent was given/incomplete history available. (**Appendix Three & Four**).

If the source is unknown/no information is available:

If it is an **unknown source** or the history is incomplete, a risk assessment should be carried out to determine the likelihood that the needle, or exposure source, may have been from a patient with a BBV infection. Complete **Form 2** to indicate this outcome.

Send form in a **sealed envelope** with the injured worker or via/secure fax /email to identified individual in A&E

Injury Type

High Risk Injury	Low-Risk Injury
Percutaneous exposure e.g., needlestick or other sharps injury that penetrates the skin. Exposure on broken skin Mucous membrane exposure (e.g., eye)	Splash on intact skin

Body Fluids

High-Risk Body Fluid		Low Risk Body Fluid (unless blood- stained)
Blood	Pleural fluid	Urine
Bloodstained 'low risk' body fluid	Cerebrospinal Fluid (CSF)	Vomit
	Saliva associated with dentistry	Saliva
Amniotic fluid	Semen	Faeces
Breast milk	Synovial fluid	
Pericardial fluid	Unfixed tissues or organs	
Peritoneal fluid	Vaginal Secretions	

Health Board Occupational Health Department Contact Details:

Occupational Health Department	Email address:	Telephone Number
Welsh Ambulance Service Trust (WAST)	OccupationalHealth.amb@wales.nhs.uk	-

- Ensure that the e-DATIX form is completed, documenting **all** steps taken.
- Investigate cause of injury and review
- Significant exposure injury from a known or later identified Blood Borne Virus source is **RIDDOR** reportable

WHAT TO DO IN THE EVENT OF AN EXPOSURE INJURY

Clinical staff (non-laboratory) in inpatient settings - Initial Actions

Undertake first aid to the affected area immediately:

Skin/Tissue

- Encourage local bleeding by gently squeezing, do not suck area.
- Wash the affected area with soap and running warm water. Do not scrub the area.
- Cover area with waterproof dressing.

Eyes or Mouth

- Rinse out / irrigate with copious amounts of water (use eye washout kits if available).
- If wearing contact lenses irrigate eyes before and after removing them.
- Do not swallow water used for rinsing mouth

- Inform manager/senior member of staff immediately, complete initial e-Datix report

Assessment of injury

- Is the injury a high-risk injury AND involves a high-risk body fluid? (see over page)



If YES: Treat as a Significant Injury

A significant occupational exposure is a percutaneous or mucocutaneous exposure to blood or other body fluids from a source that is suspected, known, or found to be, positive for a BBV infection

- If deemed significant exposure prepare to send injured person to A&E promptly as post exposure prophylaxis (PEP) may be needed (if needed it should be commenced within 24 hours)
- Complete the Source Risk Assessment Forms 1 and 2*
- Copy both Source Risk Assessment forms and send one set of forms 1 and 2 in **sealed envelope** with the injured worker or via secure fax /email to identified individual in A&E
- Ring to advise A&E of significant injury to reduce delays in triage.
- Once staff member has been seen in A&E, Manager must inform WAST Occupational Health at earliest opportunity via email: OccupationalHealth.amb@wales.nhs.uk, including a copy of the source risk assessment forms and outcome.
- WAST OH will contact the injured staff member on the day of email received to check they went to A&E, manage results and to arrange any follow up blood tests and vaccine doses, psychological support and onward referrals.

If NO:

If not deemed significant injury: refer to WAST Occupational health for reassurance & follow up next working day.

Use email:

OccupationalHealth.amb@wales.nhs.uk

*Completing the source risk assessment forms:

A member of the inpatient's hospital team should:

- Carry out the risk assessment process, following the Exposure Procedure of the relevant Health Board.
- The HB member of staff should:
- Inform the source of injury & request consent for participation in risk assessment, for taking a blood sample & for obtaining blood result.
- If no source participation, follow "source unknown" pathway.
- Complete Form 1 and 2, making it clear if no consent was given/incomplete history available. **(Appendix Three & Four)**.
- Give forms to injured party.

If the source is unknown/no information is available:

If it is an **unknown source** or no consent given, a risk assessment should be carried out to determine the likelihood that the needle, or exposure source, may have been from a patient with a BBV infection. Complete **Form 2** to indicate this outcome.

Send form in a **sealed envelope** with the injured worker or via/secure fax /email to identified individual in A&E

Injury Type

High Risk Injury	Low-Risk Injury
Percutaneous exposure e.g., needlestick or other sharps injury that penetrates the skin. Exposure on broken skin Mucous membrane exposure (e.g., eye)	Splash on intact skin

Body Fluids

High-Risk Body Fluid		Low Risk Body Fluid (unless blood- stained)
Blood	Pleural fluid	Urine
Bloodstained 'low risk' body fluid	Cerebrospinal Fluid (CSF) Saliva associated with dentistry	Vomit Saliva
Amniotic fluid	Semen	Faeces
Breast milk	Synovial fluid	
Pericardial fluid	Unfixed tissues or organs	
Peritoneal fluid	Vaginal Secretions	

Health Board Occupational Health Department Contact Details:

Occupational Health Department	Email address:	Telephone Number
Welsh Ambulance Service Trust (WAST)	OccupationalHealth.amb@wales.nhs.uk	-

- Ensure that the e-DATIX form is completed, documenting **all** steps taken.
- Investigate cause of injury and review
- Significant exposure injury from a known or later identified Blood borne virus (BBV) source is **RIDDOR** reportable

WHAT TO DO IN THE EVENT OF AN EXPOSURE INJURY

Laboratory staff - Initial Actions

Undertake first aid to the affected area immediately:

Skin/Tissue

- Encourage local bleeding by gently squeezing, do not suck area.
- Wash the affected area with soap and running warm water. Do not scrub the area.
- Cover area with waterproof dressing.

Eyes or Mouth

- Rinse out / irrigate with copious amounts of water (use eye washout kits if available).
- If wearing contact lenses irrigate eyes before and after removing them.
- Do not swallow water used for rinsing mouth

- Inform manager/senior BMS immediately, complete initial e-Datix report

Assessment of injury

- Is the injury a high-risk injury AND involves a high-risk body fluid? (see over page)

NO

If NO:

If not deemed significant injury: refer to Occupational Health of the Health Board where the Laboratory is based for reassurance & follow up. See over page for contact details.

YES

If YES: Treat as a Significant Injury

A significant occupational exposure is a percutaneous or mucocutaneous exposure to blood or other body fluids from a source that is suspected, known, or found to be, positive for a BBV infection, OR propagated biological material.

- Report the incident to the Consultant Microbiologist & Senior BMS on duty.
- If deemed significant exposure prepare to send injured person to A&E promptly as post exposure prophylaxis (PEP) And/or antibiotics may be needed (if needed PEP should be commenced within 24 hours)
- Complete the Source Risk Assessment Forms 1 and 2*
- Copy both Source Risk Assessment forms and send one set of forms 1 and 2 in **sealed envelope** with the injured worker or via secure fax /email to identified individual in A&E
- Ring to advise A&E of significant injury to reduce delays in triage.
- Once staff member has been seen in A&E, Senior BMS must inform Occupational Health (OH) of Health Board where lab is based at earliest opportunity, including risk assessment forms and outcome.
- OH will contact the injured staff member as per their own Exposure Injury Procedure.

*Completing the source risk assessment forms:

The Senior BMS on duty (*not the injured party*), should promptly:

- Determine if the source patient is an inpatient.
- If yes, liaise with their Consultant to assess for risk for BBVs and/or other infectious organisms.
- Liaise with Microbiologist about risks of propagated biological material.
- If not an inpatient, or no information available, follow "source unknown" pathway.
- Complete Form 1 and 2, making it clear if incomplete history available. (**Appendix 3 & 4**).
- If blood samples are required from the source inpatient, these will be arranged by their Consultant and the process managed by OH.

Injury Type

High Risk Injury	Low-Risk Injury
<p>Percutaneous exposure e.g., needlestick or other sharps injury that penetrates the skin.</p> <p>Exposure on broken skin</p> <p>Mucous membrane exposure (e.g., eye)</p>	<p>Splash on intact skin</p>

Body Fluids

High-Risk Body Fluid	Low Risk Body Fluid (unless blood-stained)
<p>Blood</p> <p>Bloodstained 'low risk' body fluid</p> <p>Amniotic fluid</p> <p>Breast milk</p> <p>Pericardial fluid</p> <p>Peritoneal fluid</p> <p>Any microbiological culture</p>	<p>Pleural fluid</p> <p>Cerebrospinal Fluid (CSF)</p> <p>Saliva associated with dentistry</p> <p>Semen</p> <p>Synovial fluid</p> <p>Unfixed tissues or organs</p> <p>Vaginal Secretions</p> <p>Urine</p> <p>Vomit</p> <p>Saliva</p> <p>Faeces</p>

Health Board Occupational Health Department Contact Details:

Occupational Health Department	Email address:	Telephone Number
Hywel Dda	occupational.health.hdd@wales.nhs.uk	0300 303 9674
Swansea Bay	sbu.occhealth@wales.nhs.uk	01792 703610
Cardiff and Vale	Occupational Health UHW Occupational Health UHL ☐	Ext 44411 Ext 25432
Betsi Cadwaladr	<ul style="list-style-type: none"> BCU.OccHealthCentral@wales.nhs.uk; BCU.OccHealthEast@wales.nhs.uk; BCU.OccHealthWest@wales.nhs.uk; 	03000 853 853 & ask to speak to the duty nurse in East/Centre/West sites
Cwm Taf Morgannwg	<p>Prince Charles Hot Lab Staff - Use CAV UHW OH contact details (02921 844411), but use nearest A&E</p> <p>Princess of Wales Hot Lab Staff – use Swansea Bay OH contact details, but use nearest A&E</p>	

- Ensure that the e-DATIX form is completed, documenting **all** steps taken.
- Investigate cause of injury and review
- Significant exposure injury from a known or later identified Blood Borne Virus (BBV) source is **RIDDOR** reportable

Appendix 3 - Source Patient Risk Assessment Form 1

CONFIDENTIAL

For use following sharps or exposure injury

Undertake this interview in an area where confidentiality can be assured

Source patient risk assessment should be carried out by an experienced health care professional.

Is source *patient/service user known to have hepatitis C	Yes/No/ Not Known
Is source *patient/service user known to have hepatitis B	Yes/No/ Not known
Is source *patient/service user known to have HIV	Yes/No/ Not known
If the answer to any of these is YES, the patient is considered "High risk". If all answers are NO, then complete the following questions (based on questions asked routinely of blood donors)	
For men – Has he ever had sex with a man?	Yes/No/ Not Known
For women - has she ever had sex with a man who has had sex with a man?	Yes/No/ Not known
Has he/she ever paid for or sold sex	Yes/No/ Not known
Has he/she had a blood transfusion in a country outside Western Europe, Australia, New Zealand, Canada or the USA	Yes/No/ Not known
Has he/she ever injected drugs	Yes/No/ Not known
Has he/she ever had sex with someone who has injected drugs?	Yes/No/ Not known
If the Source patient answers "yes" to any of above should be considered "high risk"	

ON completion of risk assessment:

- Document outcome on **Form 2**
 - If **HIGH RISK** forward **Form 1 and 2** to A&E (send in sealed envelope with the injured worker **OR** via secure email/fax to identified individual in A&E)
 - Record in *patient record– '**exposure injury assessment has been done**' but **NOT** outcome, also - Record your name, job role and contact details
- *Applies to parent of baby following injury to Newborn screener

Appendix 4 - Anonymised Source Patient Risk Assessment Form 2

If HIGH RISK this form can be faxed via safe haven/secure fax to the A&E the injured person is going to **or** the injured worker could take it with them **in a sealed envelope**. Occupational Health will also need a secure copy of this form.

To be completed by practitioner performing Source patient risk assessment (Form 1)

Name of Injured Person	
Date of Birth	
Occupation	
Employer/Division	
Place where injury happened	
Consultant/ responsible for Source patient/service user	
Date of injury	

Source consent not given, no risk assessment available (<i>underline or highlight if applicable</i>)	Yes/No
Source not known Are there patients known to be infected with a BBV in the clinical area?	Yes/No
Are there patients with significant risk factors to suggest that BBV is possible	Yes/No
Source Known I have scrutinised the case notes of the identified source patient	Yes / No
I have spoken to source patient and carried out risk assessment	Yes / No
Outcome of Risk assessment Has patient been diagnosed with a blood borne virus infection?	Yes / No
Does patient have any possible syndrome suggesting acute HIV infection	Yes/ No /Not known
Is patient HIGH RISK for BBV infection?	Yes / No
Source patient blood test For inpatient patients - has the request for a blood sample been made (to be arranged via managing clinician)? Yes / No (Service users using PHW screening services are no longer asked to have a blood test.)	
Practitioner's name: _____ Job Title: _____	
Page/contact no: _____ Email: _____	

Appendix 5 – Consent Form to allow Occupational Health Services to discuss source patient's most recent blood results.



I, (Service User/Patient Name.....),
give consent for the Welsh Ambulance Service NHS Trust Occupational Health Service to ring the Wales Specialist Virology Centre/my hospital team to discuss my most recent blood test results, to best plan the follow-up treatment for a staff member who has recently had a sharps or exposure injury while delivering care to me.

The discussion and results will be recorded in the staff member's notes which remain confidential. My blood test results will not be recorded in my Screening Notes unless I give specific consent.

I have had the opportunity to ask any questions I would like to ask.

Signed:	
Printed Name:	
Today's date:	
Date of Birth:	
NHS number:	

Appendix 6 – Information about bloodborne viruses

Because of the risks of bloodborne diseases caused by hepatitis B Virus (HBV), hepatitis C virus (HCV), human immunodeficiency virus (HIV), and other agents, all health care workers (HCWs) must take precautions to protect themselves from contact with blood and other high-risk fluids and especially to avoid needlestick and other similar injuries.

Hepatitis B Virus

For HBV there is effective vaccination, post exposure prophylaxis (PEP) with vaccine +/- immunoglobulin (HBIG) for those not vaccinated, and post exposure HBIG for HCWs who fail to respond to the vaccine.

Vaccinated HCW's who have developed immunity are at extremely low risk of infection. Unvaccinated persons have a risk from a single needlestick injury or cut exposure of 6-30% (depending on viral load) to HBV infected blood.

Hepatitis C Virus

There is no vaccine or PEP available for HCV but effective treatment is available for those exposed.

The risk of infection after a needlestick or cut exposure to HCV infected blood is approximately 1.8%. The risk following blood splashes is unknown.

HIV

For HIV there is no vaccine available but there is PEP but this requires immediate action.

The risk of HIV infection after needlestick or cut exposure to HIV infected blood is low at approximately 0.3%. The risk after exposure of the eye, nose or mouth is less than 0.1%. There is no risk of HIV transmission where intact skin is exposed to HIV infected blood.

Appendix 7 - Table of abbreviations and the full terms that they represent.

Abbreviation	Full term
PHW	Public Health Wales
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HIV	Human immunodeficiency virus
A&E	Accident & Emergency. For the purposes of this document, this covers any unit that provides emergency care, including Minor Injuries Units and Emergency Departments/Units.
OH	Occupational Health
PEP	Post exposure prophylaxis
WAST	Welsh Ambulance Service NHS Trust
CSF	Cerebrospinal Fluid
BBV	Blood Borne Virus
HB	Health Board