Policy for the prevention and management of Needlestick Injuries and Blood Borne Virus Exposures

1. Introduction

All healthcare workers potentially are at risk from exposure to blood and/or body fluids. Whilst it is accepted that not all blood or body fluids are potentially infective, it is recommended that precautions be adopted whenever there is the potential for exposure to reduce the risk of transmission of blood-borne viruses.

Exposure to blood or other potentially infectious body fluids may result in the transmission of blood-borne viruses (BBVs) including HIV, hepatitis B virus (HBV) and hepatitis C virus (HCV).

2. Policy Scope

This policy applies to all staff employed or undertaking work for or on behalf of Nurses on Call in both hospital or community-based settings. This policy is primarily concerned with occupational risks for health care staff but must also be applied to patients or visitors at risk who have received a needlestick injury or blood borne virus exposure.

3. Aim of Policy

This policy is intended to ensure all sharps/needles are risk assessed and where reasonably practicable replaced by a safety device in order to reduce the risk of exposure to blood borne viruses and transmission of these infections following needlestick or other exposures.

4. Duties (Roles and Responsibilities)

All employees have a responsibility to follow policies and procedures and ensure they are trained in the use of all devices and use them safely to reduce the risk of injury to themselves, their patients, colleagues or members of the public. All managers must ensure safe systems of work are in place, staff have received training in the use of any sharps, and a safety device risk assessment has been undertaken.

5. Definitions

There are no particular definitions requiring explanation.

6. Prevention and Management of Needlestick Injuries and Blood Borne Virus Exposures
6.1 Important Principles

- **Elimination** - working practices should be regularly reviewed to wherever possible eliminate the use of unnecessary sharps.
- **Engineering controls** – wherever possible medical devices incorporating safety protection mechanisms should be supplied to staff to use e.g. using a safety-Lok blood collection set in place of a needle and syringe.
- **Safe systems of work** – managers will ensure safe systems of work are in place and staff adhere to the trusts Waste Management Policy and Procedures
- **PPE** – staff should use appropriate personal protective equipment such as gloves, visor, apron for procedures where there is a risk of blood or body fluid exposure.
- **Vaccination** – all staff should consider appropriate vaccination in particular hepatitis B vaccination where there is a risk of exposure to blood or body fluids.

6.3 Prevention of Needlestick/sharp Injuries

All staff who undertake work which requires them to use sharps should:

6.3.1 Always ensure the correct device has been selected for the task, and ensure as far as practicable that a sharp with a safety device is selected for use

6.3.2 Always ensure that a sharpsafe or sharpsmart box is available to dispose of any sharp at the point of use or at the patients bedside. Never start a procedure without having a facility available to dispose of sharps

6.3.3 Never re-sheath needles. This practice is nationally banned

6.3.4 Never allow sharps boxes to become more than two thirds full

6.3.5 It is the responsibility of the senior person on duty to ensure that sharps boxes are checked and changed when two thirds full

6.3.6 Never shake the sharps box contents down. Sharps can fly out of the box causing injury

6.3.7 Always place sharps boxes well away from public access areas at a suitable height, e.g. work surface level or waist level. Never place on the bottom shelf of a trolley or on the floor

6.3.8 Always concentrate on the task in hand and do not allow yourself to be sidetracked

6.3.9 Never leave a used needle or blade unattended. Always dispose of your equipment safely, before undertaking another task
6.3.10 If you find a sharp/needle in an inappropriate place, always take extra care. Pick up the sharp with forceps, or gently scoop into a dustpan using a brush and place into the nearest Sharps box. Report the incident to your Manager.

6.3.11 Ensure that needles/sharps do not adhere to gauze, cotton wool swabs, drapes etc., during aseptic/sterile procedures on the ward or in theatre. For example, never put theatre drapes onto a used scrub trolley as sharps can adhere to drapes from disposable pads. If used sharps cannot be disposed of immediately into a sharps bin during a clinical procedure on the ward, use a container to keep them safe until they can be disposed of correctly.

6.3.12 If handed a sharp instrument, e.g. scissors, scalpel, never take the sharp end first, use a receiver to take the instrument.

6.3.13 When patients are self-medicating insulin or checking their own glucose levels, they must be supplied with their own Sharpsafe box so they can dispose of sharps directly after use at their bedside. Patients who are self-medicating insulin or using sharps of any description must be educated and instructed as to the importance of the correct disposal of sharps by the nurse who is responsible for their care.

6.4 Reporting and Management of Needlestick Injuries

6.4.1 The recipient of the Needlestick injury should contact Nurses on Call Health immediately between 8am and 5pm or 086 1000 930 outside of these hours for immediate advice and follow up. All incidents occurring outside of 8am and 5pm must be reported to Nurses on Call by the recipient as soon as possible. All donor blood tests for BBV should be followed up urgently by Nurses on Call in hours or the senior physician who took the blood from the patient out of hours. The recipient must be informed of the results of any blood tests.

6.4.2 Potential exposure incidents should be reported via Nurses on Call’s Incident/Accident reporting system.

6.4.3 A risk assessment of all incidents (type of injury and donor risk factors) should be carried out by the most senior clinician available at the time and sent to Nurses on Call. The risk assessment should not be carried out by the individual who has sustained the injury.

6.4.4 For source patients of unknown serological status, urgent serological testing for BBV infection with informed consent should be the norm. When patients are incapable of giving consent, responsibility for testing must be undertaken by the senior physician.

6.5 Post-Exposure Procedures

6.5.1 Following any exposure:
• Skin, wound or non-intact skin should be washed with soap and water, but without scrubbing. Antiseptics and skin washes should not be used.
• Free bleeding of puncture wounds should be encouraged gently but wounds should not be sucked.
• Exposed mucus membranes, including conjunctivae, should be irrigated copiously with water, before and after removing any contact lenses.
• Record the source of the exposure (patient’s name, unit number, etc.)

6.5.2 Staff MUST report the injury/contamination to the nurse in charge of the clinical area or their supervisor/manager and they, during normal working hours report without delay to Nurses on Call. The on-call for Infectious Diseases can be contacted for advice on risk assessment, counselling and need for PEP and must be contacted if the risk is high or involves a known positive patient.

6.5.3 Managers must ensure staff contact Nurses on Call as soon as possible after the incident to enable appropriate follow up care is given.

6.6 Testing and Counselling

6.6.1 Testing of the source patient for blood borne viruses should be the norm, the patient must be consented for testing. Consent given should be recorded within the patient’s notes and on the laboratory request form; tests will not be performed if patient consent is not confirmed on the laboratory consent form.

6.6.2 A risk assessment of the source patient concerning possible indicators of BBV infections including risk factors, previous tests and suggestive medical history will be undertaken. All source patients will be counselled and informed consent for testing for HBV, HCV and HIV obtained. In hours this should ordinarily be done by the senior clinical staff on the source patient’s ward/unit (but not by the recipient of the injury) with support as necessary from Nurses on Call.

In the event of a Needlestick occurring from an unconscious patient Infectious Diseases should be contacted to discuss PEP and further action.

6.6.4 For all significant occupational exposures, a baseline blood specimen for storage must be taken from the exposed health care worker. This sample must be a validated sample (the identity of the care worker must be confirmed and documentation needs to occur in notes) as this may be tested later, with the member of staff’s consent, for HBV, HCV or HIV infection.

Collection of baseline samples should also be considered for exposures in non-health care settings where the source patient is known to be, or strongly suspected to be, infected with a BBV. Baseline samples will be stored for 2 years.
6.6.5 For patients with known HIV infection, details of past and current antiretroviral therapy should be obtained and the Infectious Disease Consultant / on call registrar contacted for discussion regarding PEP.

7 Training

7.1 All staff will receive annual training in:

- The risks associated with blood and body fluid exposures.
- The correct use of medical devices incorporating sharps protection mechanisms.
- The importance of immunisation
- The reporting, response and monitoring procedures and their importance.

7.2 General Precautions

7.2.1 Blood or body fluid from any individual must be regarded as potentially hazardous.

7.2.2 Ensure that all cuts or lesions are covered with a waterproof dressing whilst on duty.

7.2.3 Hands must be washed before and after carrying out procedures.

7.2.4 Disposable gloves should be worn if exposure to blood or body fluids is anticipated, including mopping up spillages.

7.2.5 Where splashing or spraying of bodily fluids/blood or COSHH substances may occur always wear suitable Personal Protective Equipment (PPE), e.g. Full Face Visor, Goggles and Face Mask, Gloves, Protective Apron, Fluid Impermeable Gown as required for each individual situation.

7.2.6 Great care is required when cleaning non-disposable instruments.

9 Monitory compliance with the policy

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<th>Standard / process / issue</th>
<th>Monitoring and audit Method</th>
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<th>Committee</th>
<th>Frequency</th>
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10 Consultation

The policy has been circulated to:

11 Implementation
The policy will be given to current staff and new staff will be informed of the policy on induction to Nurses on Call.

**Approval / Revised**

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<td><strong>Signature:</strong></td>
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<td><strong>Name:</strong></td>
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<tr>
<td><strong>Date:</strong></td>
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<td><strong>Signature:</strong></td>
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<td><strong>Name:</strong></td>
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