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**“Working to Empower the Community”
in Lancashire and Cumbria**

Pamela Beswick - Chief Executive Officer

Community
Legal Service



Help Point

HEALTH AND SAFETY POLICY Appendix 1

GUIDELINES AND PROCEDURES FOR MANAGEMENT OF SHARPS INJURIES

1 Introduction

- 1.1 Preventing blood exposures is the primary means of preventing occupationally acquired blood borne viral infections.
- 1.2 Staff with skin conditions, particularly affecting the hands, should seek advice from the Occupational Health Department.
- 1.3 Exposure to blood borne viruses occurs via direct contact with blood, blood stained fluids and body tissues and this includes contamination of mucous membrane of the eyes or the mouth, or broken skin with infected materials. Blood or other infected material exposure can be:
 - Percutaneous i.e. exposure of a patients blood by a “Sharps” or a bite;
 - Mucous membrane exposure.
- 1.4 The most effective way to prevent transmission of blood borne viruses is safe working practices and following established procedures regarding personal protective equipment (eg dressing wounds and wearing gloves, disposal of sharps in designated containers, staff covering open wounds, injuries or skin lesions on exposed skin with waterproof dressings during working hours.
- 1.5 It is **IMPORTANT** for **ALL** staff to report this type of accident in the accident book and following this procedure, including staff who have completed or are currently receiving Hepatitis B vaccination.
- 1.6 Where a risk assessment has identified there is a possibility of transmission of a blood borne virus to a worker, advice must be given to prevent possible transmission to their sexual partners by using condoms. This would be required until the follow up blood tests are completed and shows a negative result. In addition to this if the risk of exposure is to Hepatitis C, or where a worker is not protected for Hepatitis B they need to be advised not to share tooth brushes, razors etc.

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2 Individuals Responsibility in Following This Procedure

- 2.1 It is the responsibility of **ALL** members of staff to report blood spillages, splashes to eyes, nose, and mouth or puncture wounds caused by sharps injury or a scratch or bite from a patient **IMMEDIATELY** to their manager/supervisor who should refer the member of staff to the Occupational Health Department or the Accident & Emergency Department as appropriate. (see section 6)
- 2.2 The manager/supervisor **MUST** ensure that the following policy is complied with and assist staff to identify the source of the injury/accident if necessary.
- 2.3 The Occupational Health Department and/or Infection Control must ensure that appropriate follow-up action is taken and the member of staff is protected against possible infection if necessary.

3 Procedure to be Followed For All Sharps Accidents

- 3.1 Wash the site of injury thoroughly under warm running water.
- 3.2 Apply a waterproof dressing.

3.3 If the source of the Sharps Accident can be identified

The person who has sustained the injury **MUST**

- 3.3.1 Once the source of the injury has been identified ask the GP in the community responsible for the care of the patient, should obtain 10 mls of clotted blood from the patient for Hepatitis B, C and HIV testing. This should only be undertaken following counselling and having obtained informed consent from the patient (if there is any difficulty in obtaining blood from the patient contact the Occupational Health Department or Infection Control as soon as possible).
- 3.3.2 If the source is already known to be Hepatitis C or HIV positive please refer to
Hepatitis B section 5
Hepatitis C section 6
HIV section 7

3.4 If the source of the Sharps Accident cannot be identified or consent for testing cannot be obtained.

- 3.4.1 Follow steps 3.1 and 3.2.
- 3.4.2 Expert advice must be sought from the Occupational Health Department where the source is unknown or consent for testing cannot be obtained or when Occupational Health is unavailable form Infection Control.
- 3.4.3 If an injury occurs when the source cannot be identified eg from a rubbish bag it is worth trying to trace the source back to an area.
- 3.4.4 The worker should be counselled by Occupational Health and advised to have blood taken as described in 3.3.1 above for serum save and future testing used as a baseline. Each worker is individually counselled and offered future testing according to the nature of the exposure.

4 Hepatitis B Vaccination

- 4.1 Work undertaken by Signposts does not require immunisation against Hepatitis B.

5 Sharps Injury and Hepatitis B

- 5.1 Occupational health staff will complete an exposure risk assessment form to determine the level of risk to the member of staff. This will determine what action will be offered to the member of staff.

5.2 Vaccinated Staff with a Positive Seroconversion

- 5.2.1 If one year has elapsed since the initial course of vaccination or booster a single dose of Hepatitis B vaccination will be administered irrespective of the source being known/unknown.

5.3 Unvaccinated or Vaccinated Staff who have NOT Seroconverted

Hepatitis B positive/High Risk Patient (Having undertaken a risk assessment)

- 5.3.1 Hepatitis B Immunoglobulin will be offered to staff who have **NO** immunity to Hepatitis B. This must be administered within 72 hours of the accident. It is essential that staff contact the Occupational Health Department or Accident & Emergency Department as soon as possible following the accident.

- 5.3.2 Unvaccinated staff will be offered and commence a course of vaccination.

Hepatitis B Low Risk Patient (having undertaken a risk assessment)

- 5.3.3 Staff will be offered and commence a course of vaccination where appropriate.

6 When to Use the Occupational Health Department/Accident & Emergency Department

- 6.1 If the accident occurs during the opening hours of the Occupational Health Department the member of staff should contact the department.

- 6.2 If the accident occurs when the Occupational Department is closed they should contact them the following day. However if Occupational Health is not open for 48 hours e.g. weekend, bank holidays, the member of staff should seek the advice of the Accident & Emergency staff. The Occupational Health Department should be notified at the earliest opportunity so that any follow up action can be taken.

7 Sharps injury and HIV

This part of the policy outlines the management of sharps injuries from patients with HIV or presumed to have HIV.

7.1 Introduction

- 7.1.1 Preventing blood exposures is the primary means of preventing occupationally acquired HIV.

- 7.1.2 Evidence does now suggest that post exposure prophylaxis (PEP) is an

important element of workplace safety.

7.1.3 PEP should be **recommended** to workers if they have been exposed to **blood or other high risk body fluids** through:

- Percutaneous exposure;
- Exposure of broken skin;
- Mucous membrane exposure.

7.1.4 Workers should **not be offered** PEP following contact through and other route with **low risk materials** (eg urine, vomit, saliva, faeces) **unless they are visibly blood stained**.

7.1.5 **It is emphasised that PEP should only be recommended if the worker has been exposed to blood of other high risk body fluids or tissue known to be, or strongly suspected to be, infected with HIV.** When recommending PEP it is important to take into account the views of the affected worker about the need for PEP.

7.2 Immediate Action

The person who had the injury **must** : -

7.2.1 Follow the steps in section 3 (Procedure to be Followed for all Sharps Accidents)

7.2.2 **IT IS IMPERATIVE THAT PEP BE COMMENCED AS SOON AS POSSIBLE PREFERABLY WITHIN 1 – 2 HOURS.**

The injury should immediately reported to the Occupational Health Department. In the event of the department being closed the member of staff should attend the Accident & Emergency Department where PEP will be commenced.

7.3 Choice of PEP Drugs

7.3.1 At present the recommended drugs for PEP are Zidovudine, Lamivudine and Indinavar. They should be taken for 4 weeks as follows:

- Workers exposed to high risk body fluids or tissues known to be, or strongly suspected to be, infected with HIV through percutaneous exposure, mucous membrane exposure or through exposure of broken skin should be **recommended** to have a combination of :

Zidovudine 200mgs t.d.s.

Plus

Lamivudine 150mgs b.d.

Plus

Indinavir 800mgs t.d.s.

7.3.2 Any drug regime will have to take into account the following factors:

- Whether the exposed worker is allergic to one of these drugs;
- Whether the worker is pregnant;
- When there would be an interaction with other medications;
- When there is a possibility that the virus may be resistant to one or more of the drugs, or where the exposed worker has been handling resistant virus in a laboratory.

Normally, in all these circumstances expert advice should be sought (see section 9 – Contact Points)

7.4 Follow Up

- 7.4.1 If the Occupational Health Department is closed at the time of the injury the member of staff should report in person to the Department as soon as it opens.
- 7.4.2 Counselling will initially be undertaken by Occupational Health Staff and they will be referred to see a chest physician as soon as possible for further advice/monitoring of the PEP.
- 7.4.3 Where it is an unknown source or the source is not tested for HIV and according to the nature of the exposure the worker is individually counselled and offered future testing at 3, 6 and 12 months as per the BMA guidelines.

8 Sharps Injuries and Hepatitis C

- 8.1 Hepatitis C is transmitted by the parenteral route. It is mainly confined to those with a history of drug abuse but there is a small risk of occupational infection.
- 8.2 There is no vaccination or Immunoglobulin preparation at the moment and therefore the only protection lies in high clinical standards and care with sharps.
- 8.3 Clients who have been identified as the source of the sharps injury will, with their consent, be tested for Hepatitis C.
- 8.4 Staff who have an inoculation accident with a known Hepatitis C carrier should contact Occupational Health where they will be offered counselling and testing.
- 8.5 Where the source of the sharps injury is unknown or where the source is not tested for Hepatitis C the staff will be offered counselling and testing.
- 8.6 Testing will involve taking a baseline blood sample and blood testing at 6 weeks, 3 months and 6 months as per BMA guidelines.

Chief Executive
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