

HS 03

Sharps Safety Policy (Including Splash Injury & Post Exposure Prophylaxis PEP)

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1.0 Policy Statement (Purpose / Objectives of the policy)

This policy provides evidence based guidance for the prevention and management of sharps and splash injuries Trust-wide.

Sharps and splash injuries can have devastating effects on the members of staff concerned. The management and prevention of these incidents is essential to reduce the risk to staff of contracting Blood Borne Viruses (BBVs) such as Hepatitis B, Hepatitis C and HIV.

National guidance (including *The prevention of Healthcare Associated Infections in Primary and Community Care, NICE 2017*) and national evidence-based guidelines for preventing healthcare associated infections in NHS hospitals in England (2014), provide the evidence base for the elements of clinical practice that are essential for the prevention and control of infections. These measures are referred to as Standard Principles of Infection Prevention and Control, and they include:

- The safe use and disposal of sharps.
- Blood and bodily fluid management.
- Occupational exposure prevention.
- Hand hygiene.
- The use of personal protective equipment.
- Decontamination of the environment and care equipment.
- Waste management.

Health and Safety (Sharp instruments in healthcare) Regulations 2013, state where indicated, medical devices incorporating sharps protection mechanisms must be provided. The safe use and disposal of sharps is an essential factor in the prevention of sharps injuries and all staff are required to follow good practice in compliance with this policy and current legislation.

As well as the safe use and disposal of sharps, prompt reporting of all sharps and splash incidents is important for the following reasons:

- To ensure appropriate follow up treatment is sought to reduce the risk of BBV transmission and offer support to staff.
- To document the incident and circumstances for legal purposes in case of claim for occupational injury or infection.
- To provide accurate surveillance data to inform measures to reduce the risk of further exposures.
- To ensure that a thorough investigation is carried out for the purpose of defending/pursuing a claim.

In adhering to this Policy, all applicable aspects of the Conflicts of Interest Policy must be considered and addressed. In the case of any inconsistency, the Conflict of Interest Policy is to be considered the primary and overriding Policy.

2.0 Definitions

2.1 Sharps Injury

A sharps injury is defined as exposure to blood or body fluids caused by laceration or puncture of the skin.

Sharps device

Sharps are categorised as needles, scalpels, glass or other items that may lacerate or puncture the skin and also include human bites and scratches.

- **Safer-Sharp Device:** a device which has been safety engineered. These have a built-in safety feature to reduce the risk of sharps injury before, during or after use. Devices can be passive or active.
- **Traditional/ Non-safe Sharp Device:** unprotected/non engineered sharps device.
- **Passive devices** have an automatic mechanism that is activated after use.
- **Active devices** need to be manually activated by the member of staff.

2.2 Splash Injury

A splash injury is defined as blood or body fluids contaminating the eyes, mouth, broken skin or mucous membranes.

Blood and/or body fluids: secretions and excretions such as blood, urine, faeces, saliva, tears, breast milk, semen, vaginal fluid, bile, vomit, pus and other discharges.

2.3 Personal Protective Equipment (PPE)

PPE that is intended to be worn or held by a person to protect them from risks to their health and safety while at work. Examples include gloves, aprons and eye and face protection.

2.4 Blood Borne Viruses (BBV)

BBVs are pathogenic viruses that can be present in human blood and body fluids and which can infect and cause disease in individuals who are exposed to blood or body fluids containing these pathogens.

3.0 Accountabilities

3.1 Trust Board

The Trust Board is accountable for ensuring compliance with the Health and Safety at Work Act 1974, which exists to protect the health, safety and welfare of all employees. It places a legal responsibility upon every employer so far as is reasonably practicable to provide all employees

with a safe working environment, safe systems of work and safe equipment. This act is supported by a number of companion regulations: *The Management of Health and Safety at Work Regulations* (1999), *Personal Protective Equipment at Work Regulations* (1992), *Health and Safety (Sharp Instruments in Healthcare) Regulations* (2013), and the *Reporting of Injuries, Disease and Dangerous Occurrences Regulations* (2013).

3.2 Staff Members

All employees have a duty to protect health and safety, not only of themselves but also their fellow employees, the patients and any others entering the service location.

Any incidents resulting from a failure to implement standard principles of infections prevention and control, or problems with products being used must be reported. A Datix report must be generated in line with Trust policy. This is important, particularly in relation to incidents that are related to suppliers or facilities, in order to ensure that lessons are learnt to reduce the risk of incidents reoccurrence.

Staff must ensure they are compliant with the following:

- Undertaking mandatory Infection Prevention (IP) level 1 or IP level 2 training in accordance with Trust policy OP41 induction & mandatory training.
- Correctly selecting the sharp safety device for the procedure and only using non sharp safety devices where suitable and sufficient risk assessment makes provision for clinical requirements.
- Disposing of sharps immediately at the point of use into a sharps bin. The only exception is when theatre staff are required to work under policy CP65 for the safe management of sharps during invasive procedures and for checking recording of swabs, instruments, needles and other accountable items. This Policy describes the procedures that must be followed to reduce the risk of an unintentional retained object and to provide safe management of sharps.
- Ensuring that sharps bins are stored securely in clinical areas.
- Ensuring correct assembly and disposal of sharps bins in accordance with waste management policies.
- Ensuring that sharps bin is not overfilled.
- Prompt reporting of malfunctioning or defective sharps bins or defective sharps safety devices.
- Challenging the poor practice of others.
- Ensuring that all sharps or splash injuries are reported immediately.
- Attending any follow up appointments for Sharps or Splash injuries as arranged by the Occupational Health & Wellbeing Service.

- To ensure that the investigation procedure in accordance with the investigation pro forma, ([appendix 3](#)) is adhered to.

3.3 The Infection Prevention Team

- The provision of IP level 1 and IP level 2 training in accordance with Trust Mandatory Training.
- Reviewing and providing input to the Sharps Safety Policy in collaboration with the Occupational Health and Wellbeing Service and Health and Safety advisors at least once every three years or in the event of changes to national guidance/legislation.
- Facilitate annual audit of sharps bins to ensure safe and appropriate compliance in accordance with waste management policies including liaison with manufacturers in the event of a defective sharps bin.
- Working in collaboration with Occupational Health and Wellbeing Service, Procurement and Governance with regard to the introduction of sharps safety devices in line with the Health and Safety (Sharp instruments in healthcare) Regulations 2013. In addition, further guidance can be found at [NHS England » Chapter 1: Standard infection control precautions \(SICPs\) and the IP manual at NHS England » National infection prevention and control manual \(NIPCM\) for England](#)

3.4 The Governance Department

- Reporting any sharps or splash injuries that cause a potential transmission of a BBV (i.e. following exposure to a known positive source and /or member of staff contracting a BBV following such incidents) to the Health and Safety Executive (HSE) in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (2013) (RIDDOR).
- Working in collaboration with the Infection Prevention Department, Occupational Health and Wellbeing Service and Procurement and the Health and Safety (Sharp instruments in healthcare) Regulations 2013.
- Monitoring sharps and splash injuries reported via the DATIX system and injury investigation reports with appropriate follow up of incidents that require further health & safety investigation, highlighting the need for further action, e.g. training updates where necessary.
- Collaborating with the Occupational Health and Wellbeing Service to monitor and audit the number of sharps and splash injuries reported on a quarterly basis to ensure that the issues of both non-reporting and failure to seek appropriate treatment are addressed, involving managers as necessary.
- Providing regular reports in relation to sharps safety compliance to the Health & Safety Steering Group using Datix data for comparison.

- Reviewing and providing input to the Sharps Safety Policy in collaboration with the Occupational Health and Wellbeing service and Infection Prevention in line with new guidance at least once every three years or in the event of changes to national guidance/legislation.

3.5 The Occupational Health and Wellbeing Service

- Carrying out risk assessment for exposure to BBV and specific risk assessment for known HIV sources ([Appendix 2](#)). Follow up of all sharps and splash injuries that are reported to the service within working hours and arranging any subsequent post exposure prophylaxis treatment in collaboration with the Emergency Department (ED), Genitourinary Medicine Department (GUM) and consultant microbiologist as is necessary.
- Reporting to the Governance Department any sharps or splash injuries that cause a potential transmission of a BBV i.e. following exposure to a known positive source and /or member of staff contracting a BBV following such incidents in order to ensure compliance with RIDDOR.
- Informing the UK Health Security Agency (UKHSA) of any significant injury involving BBV's to assist in the national surveillance of occupational exposure to BBVs.
- Working in collaboration with Infection Prevention, Governance and Procurement regarding the introduction of sharps safety devices and the Health and Safety (Sharp instruments in healthcare) Regulations 2013.
- Working in collaboration with Governance to monitor and audit the number of sharps and splash injuries reported on a monthly basis to ensure that the issues of both non reporting and failure to seek appropriate treatment are addressed, involving managers as necessary.
- Maintaining sharps and splash injury database utilising the occupational health management database, COHORT, for audit and monitoring purposes and the identification of any further measures necessary, e.g. training update.
- Providing regular quarterly reports to the Health and Safety Steering Group and Infection Prevention Control Group in relation to sharps safety compliance.
- Informing staff at induction of available occupational health provision including Hepatitis B vaccination and prevention and follow up of sharps and splash injuries.
- Providing advice and resource packs to the Emergency Department to enable them to deal with sharps and splash injuries reported outside the Occupational Health and Wellbeing Service working hours.
- Reviewing the sharps safety policy in collaboration with Governance and Infection

Prevention in line with new guidance at least once every three years or in the event of changes to national guidance or legislation.

- Informing managers when employees fail to attend health surveillance appointments following sharps/splash incidents.
- Offering counselling support if required by individuals after sustaining a sharps/splash incident.

3.6 The Emergency Department

- Risk assessment for exposure to BBV and specific risk assessment for HIV sources ([Appendix 2](#)) and initial follow up of all sharps and splash injuries ([Appendix 4](#)) that are reported outside the Occupational Health and Wellbeing Service working hours and arranging any subsequent post exposure prophylaxis treatment in collaboration with GUM or Consultant Microbiologist where necessary.
- Informing staff about the need to report their sharps and splash injuries to the Occupational Health and Wellbeing Service the next working day.
- Issuing staff with a sharps/splash injury follow up leaflet ([Appendix 5](#)).
- Email a copy of the needlestick/sharp object/splash injury report form ([Appendix 6](#)) to the Occupational Health and Wellbeing generic inbox.

3.7 Managers

- Implementing the policy.
- Provision of sharp safety devices for staff and ensuring a risk assessment is undertaken where clinical necessary to use non-sharp safe devices.
- Ensuring that their staff are aware of the sharps safety policy.
- Enforcing the sharps safety policy in their area.
- Ensuring their staff are aware of the requirement to report sharps and splash injuries immediately.
- Making every effort to accommodate staff Occupational Health and Wellbeing service appointments for follow up with regard to sharps and splash injuries and following up DNAs.
- Carrying out recommendations following audit of sharps disposal.
- Facilitating mandatory training requirements.
- Ensuring that there is an allocated, safe area for the storage of used sharps bins prior to collection in accordance with waste disposal policies.

- Ensuring that there is an adequate supply of sharps bins.
- Ensuring that there are arrangements in their area to allow the disposal of sharps at the point of use. The only exception is when theatre staff are required to work under **CP65** for the safe management of sharps during invasive procedures and for checking recording of swabs, instruments, needles and other accountable items.
- Addressing poor practice issues with regard to the handling and disposal of sharps.
- Complete a sharps injury investigation pro forma to ensure that the necessary steps have been taken to identify the sharp following an incident on DATIX for each sharps or splash injury sustained ([Appendix 3](#)).

3.8 Incinerator Operators

- Processing clinical waste in accordance with [HS10](#), [Trust waste management policy](#)

4.0 Policy Detail

4.1 General Principles for The Safe Management of Sharps

Staff **must** handle sharps with care and in accordance with the following principles.

- Sharps used **must** be in line with Trust approved sharp safety design unless suitable and sufficient risk assessment ([HS01, Appendix 5](#)) is in place to justify the use of non-sharp safe items for specific procedures.
- Sharp safety devices **must** be deployed immediately after use and before disposal into point of use sharp box.
- All staff **must** wear appropriate PPE in line with standard universal precautions including eye protection if there is a risk of splash. All cuts and grazes **must** be covered with a waterproof dressing.
- Needles **must not** be re-sheathed. The **only two** exceptions to this rule are in theatre (see [CP65](#)) and in dental services, where there is a requirement at times to re-sheath local anaesthetic needles as directed in **HTM 01-05** but the appropriate needle guards **must** be used and a suitable and sufficient risk assessment ([HS01, Appendix 5](#)) must be in place.
- Sharps **must not** be passed by hand from person to person other than the exception in policy [CP65](#).
- Sharps **must** always be disposed of immediately at the point of use into a sharps box. The only exception is when theatre staff are required to work under [CP65](#) for the safe management of sharps during invasive procedures and for checking recording of swabs, instruments, needles and other accountable items.
- Needles attached to syringes **must** be disposed of as a single unit where possible with the exception of circumstances such as drawing up drugs and administering via a cannula where the needles would have to be separated.

4.2 Use of Sharps Bins

Sharps must be disposed of with care and in accordance with the following principles.

- An adequate supply of British Safety (BS) approved sharps bins as supplied via procurement **must** be available within wards and departments. Sharps **must** only be placed into BS approved sharps bins.
- Sharps bins **must** be assembled correctly, ensuring that the lid is securely fitted, the bin label has been completed and the bin is placed in a safe and secure location.
- Malfunctioning or defective sharps bins **must** be reported to senior Manager on duty promptly so that the suitability of the container can be reviewed and replaced if necessary. If a spill should occur due to a malfunction, please refer to policy [HS10](#).
- Sharps bins **must** be of an appropriate size for the required activity. Oversized bins **must not** be used but the bin **must** be large enough to accommodate all expected sharps waste.
- Sharps bins **must** be available at the point of use, e.g. at the bedside.
- Senior Nursing advice on best clinical practice for patients self-administering insulin is to ensure a sharps bin is provided at the time of insulin administration. Please note the advised sharps disposal unit **must** be a 1 litre sharps box.
- The sharps bin **must** always be carried by the handle.
- Sharps bins **must not** be overfilled.
- Sharps bins must be replaced when the fill line has been reached or if it reaches 3 months from first use even if not full. This is in order to comply with NICE 139 guidelines and [HS10](#), [Trust waste policy](#).
- Temporary closures must be activated when the sharps bin is being moved from A to B and when left unsupervised. In accordance with [IP04](#), transportation of clean & contaminated instruments, equipment & specimens this is of particular importance for healthcare staff who travel in the community and carry sharps, used or unused, where in addition to activating the temporary closure mechanism when transporting, the sharps bin must be placed in the locked boot of vehicles securely to avoid tipping. The sharps bin must be checked at the end of each shift to ensure no sharps have been dropped or spilled in the vehicle.
- It is not necessary to activate the temporary closure mechanism between uses in situations such as immunisation clinics, theatres, phlebotomy, etc., where sharps are being disposed of frequently and often within a very short time frame.
- It is necessary to ensure that the sharps bin is closed, locked and the bin label completed prior to disposal.

- Sharps bins **must not** be placed in clinical waste bags.
- If on assembly a sharps container is faulty, for example if the lid does not fit securely onto the body, the container must not be used and it must be reported to the Senior Member of staff on duty and labelled as faulty. If a sharps container is in use and is found to be faulty or the sharps container is full and the aperture does not lock shut the faulty container must be placed into a larger sharps container. The larger sharps container must identify the same type of waste produced as the smaller faulty container. The label on the larger container must be completed as standard practice and sealed shut once the faulty container is inside ready for disposal.
- Sharps bins **must be** stored, awaiting disposal, in either the clinical waste cupboard or bin secured by locking.

4.3 Action to be taken in the event of a sharps or splash injury ([Attachment 1](#))

The actions outlined in ([Attachment 1](#)) must be followed for all sharps or splash injuries sustained.

5.0 Financial Risk Assessment

1	Does the implementation of this policy require any additional Capital resources	No
2	Does the implementation of this policy require additional revenue resources	No
3	Does the implementation of this policy require additional manpower	No
4	Does the implementation of this policy release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programs or allocated training times for staff.	No

6.0 Equality Impact Assessment

This policy has been assessed as not affecting the equality and diversity of any individual or group of stakeholders and an equality impact assessment form has been completed.

7.0 Maintenance

This policy will be maintained by the Occupational Health and Wellbeing Service in collaboration with both the Governance and Infection Prevention Departments every three years or sooner if required as dictated by national guidance.

8.0 Communication and Training

This policy will be communicated through the Health and Safety Steering Group members to their relevant teams, electronically via the Communications team, senior managers brief and at induction via presentations from Occupational Health Nurse Advisors.

To ensure that they have the knowledge and skills to competently handle and dispose of sharps in line with the Health and Safety (Sharp instruments in healthcare) Regulations 2013 and to take appropriate action in the event of sustaining a sharps or splash injury, all staff must complete either IP level 1 or IP level 2 mandatory training and attend both Trust and local inductions in accordance with [Trust policy OP41 induction & mandatory training](#) (Appendix 4 TNA).

9.0 Audit Process

Criterion	Lead	Monitoring method	Frequency	Committee
Duties	OHWB Manager	Policy Review	3 Yearly	IPCG
Compliance with sharp instruments in healthcare Regulations 2013	HoN Corporate Support Services	Inoculation injury data and associated claims data	Quarterly	Inoculation Injury Prevention Group
Process for the reporting and management of a sharps/splash incident (including prophylaxis)	OHWB Manager	The OHWB will record all inoculation injury /splash data reported to OHWB and ED Produce sharps incident statistics to identify number of incidents and trends to Health and Safety Group, Inoculations injury group and IPCG.	Quarterly	H&S steering group
			Quarterly	IPCG
			Monthly	Inoculation Injury group Actions agreed via Health and Safety Committee

	Health and Safety officer	Health and safety provide DATIX data to identify and address any gaps in reporting to OHWB or Governance	Quarterly	H&S Steering Group
Organisation's expectations in relation to staff training, as identified in the training needs analysis	Divisional Governance committee	Training reports	Monthly	Local Governance committee
The IP team will facilitate sharps audits.	Head of IP	Site survey	Annually	IPCG

10.0 References - Legal, professional or national guidelines

- Health and Safety Executive (2013) Sharp instruments in healthcare Regulation. Guidance for employers
- Health and Safety at Work Act (1974) HMSO .London
- Health Technical Memorandum 01-05: Decontamination in primary care dental practices (2009). Department of Health, London
- National evidence based guidelines for preventing healthcare associated infections in NHS hospitals in England (2014).
- NICE 139 Infection: prevention and control of healthcare associated infections in primary and community care
- Personal Protective Equipment at Work Regulations (1992)
- Reporting of Injuries, Disease and Dangerous Occurrences Regulations (2013).
- The prevention of Healthcare Associated Infections in Primary and Community Care (NICE 2012). The management of Health and safety at work Regulations (1999)

Part A - Document Control

Policy number and Policy version: HS03 V9.0 January 2024	Policy Title Sharps Safety Policy (Including Splash Injury & Post Exposure Prophylaxis PEP)	Status: Final		Author: Specialist Team Leader Occupational Health & Wellbeing Service Chief Officer Sponsor: Chief Nursing Officer
Version / Amendment History	Version	Date	Author	Reason
	V1	Oct 2006	Nursing Services Manager OH	Introduction
	V2	Oct 2008	Nursing Services Manager OH	Revision
	V3	Sep 2010	Nursing Services Manager OH	Revision
	V4	Sep 2011	Nursing Services Manager Occupational Health & Wellbeing	Revision -Integration of Policies following Transforming Community Services (TCS) & NHSLA compliance
	V5	Apr 2013	Nursing Services Manager Occupational Health & Wellbeing	Revision - Compliance with HTM 01-05 & NICE 139 & Alert EFA/2013/001
	V6	April 2014	Nursing Services Manager Occupational Health & Wellbeing	Revision – New Investigation Pro-forma compliance
	V6.1	Jan 2015	Occupational Health Nurse Team Leader	Minor update to include Cannock and update of attachment 1
	V6.2	April 2016	Occupational Health, Nurse	Minor amendments in line with HSE advice following HSE sharps

		Team Leader	review in Trust March 2016
V7	Nov 2017	Occupational Health Specialist Team Leader	Revision
V7.1	Nov 2018	Occupational Health Specialist Team Leader	Minor amendment on page 13 to include the same wording as HS10
V8	January 2021	Occupational Health Specialist Team Leader	Revision
V9	January 2024	Occupational Health Specialist Team Leader	Revision
Intended Recipients: All staff who remain at risk of sustaining a sharps/splash incident			
Consultation Group / Role Titles and Date: HSOG 7 th December 2023 (circulated in October virtually to members). IPCG 27 th October 2023. Inoculation and injury prevention 19 th October 2023. Trust Policy Group 12 th January 2024. TMC 26 th January 2024.			
Name and date of Trust level group where reviewed		IPCG & HSOG & Trust Policy Group – January 2024	
Name and date of final approval committee		Trust Management Committee January 2024	
Date of Policy issue		February 2024	
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1)		January 2027	
Training and Dissemination: IP level 1 & 2 via ESR Training Compliance, Trust Induction, Trust Intranet, Senior managers brief			
To be read in conjunction with: HS10 Waste Management Policy , OP41 Induction & Mandatory Training Policy , IP04 Transportation of clean & contaminated instruments, equipment & specimens , IP12 Standard Precautions , CP65 The Safe Management of Sharps, Swabs, Instruments, Needles and other Accountable Items in Theatre , HS10 Procedures for the handling and disposal of waste			

Initial Equality Impact Assessment (all policies): Completed Yes	
Impact assessment (as required): Completed No	
Monitoring arrangements and Committee	IPCG, HSOG, Inoculation injury prevention group
<p>Document summary/key issues covered.</p> <p>This policy aims to provide evidence based guidance for the prevention and management of sharps and splash injuries Trust wide.</p> <p>Sharps and splash injuries can have devastating effects on the members of staff concerned. The management and prevention of these incidents is essential in reducing the risk to staff contracting blood borne viruses (BBVs) such as Hepatitis B, Hepatitis C and Human Immunodeficiency Virus (HIV).</p> <p>The safe use and disposal of sharps is an essential factor in the prevention of sharps injuries and all staff are required to follow good practice in compliance with this policy and current Department of Health (DH) guidance, and Health and Safety (Sharp instruments in healthcare) Regulations 2013.</p> <p>Immediate reporting of all sharps and splash incidents is important for the following reasons:</p> <ul style="list-style-type: none"> • To ensure appropriate follow up treatment is sought to reduce the risk of BBV transmission and to offer staff support • To document the incident and circumstances for legal purposes in case of claim for occupational injury or infection • To provide accurate surveillance data to inform measures to reduce the risk of further exposures • To ensure that a thorough investigation is carried out in the interests of all parties 	
Key words for intranet searching purposes	Sharps/Post Exposure Prophylaxis

VALIDITY STATEMENT

This document is due for review on the latest date shown above. After this date, policy and process documents may become invalid. The electronic copy of this document is the only version that is maintained. Printed copies must not be relied upon to contain the latest updates and amendments.

HS03 Attachment 1

Action to Be Taken in The Event Of a Sharps or Splash Injury

1.0 Refer to the Sharps and Splash injury poster below detailing immediate first aid and reporting requirements:

Sharps Injuries or Exposure to Blood and Body Fluids

Needlesticks, Cuts, Bites and Scratches

Encourage wound to bleed, wash thoroughly with soap and warm water, cover with a waterproof dressing.

Splashes to Mouth or Eyes

Rinse affected area with plenty of water.

Inform Appropriate Staff, e.g. Manager, Supervisor, Person in Charge immediately

Obtain Appropriate Treatment

Attend the Occupational Health and Wellbeing Service at New Cross Hospital **immediately**, opening hours, Monday – Friday (Excluding Bank Holidays) 08.30 – 16.30, 01902 695450.

If the Occupational Health and Wellbeing service is closed attend the Emergency Department at New Cross Hospital **immediately**. Please inform the Occupational Health and Wellbeing Service on the next working day.

If in doubt call the sharps Injury **recorded message** hotline on 01902

307999, ext 6222 (this is a recorded message)

Complete an Incident Form/DatixWeb submission for all incidents.

It is the responsibility of the member of staff involved and their line manager to ensure that this process is followed.

2.0 Blood testing the source patient following a Sharps or Splash Injury

Following any sharps or splash incident, bloods must be taken **with informed consent** from the patient (source) involved in the injury, if known, for **HIV antibodies, Hepatitis B surface antigen (HepB sAg) and Hepatitis C antibodies**. This must be taken, wherever possible, by the patient's own medical team if available or by an on-call doctor.

The health care worker who has received the sharps or splash injury **must not** approach or bleed the source patient. The source patient **must** understand that the blood tests are required in response to a staff injury and not as part of their treatment.

The doctor caring for the patient must explain to the patient that this blood test is required in response to a health care worker's injury and obtain informed consent to testing utilising the information and consent form ([Appendix 1](#)) filing in patient notes only if consent is given.

The doctor must take blood for testing by:

- Selecting the appropriate sample bottles and ensuring the microbiology request is fully completed and tests required are clearly specified.
- Specifying on the request that the sample is from a source patient involved in a Health Care Worker's sharps/splash injury.
- Record the blood test in the patient's medical records.
- Inform the patient of the results when received and, if there is a positive result, arrange the appropriate treatment and follow up.

2.1 When the Source Patient Is Unable to Give Informed Consent

- If the source patient **does not** consent to the blood tests, blood **must not** be taken and this **must** be documented in the patient's medical records.
- If the source patient is unconscious or mentally impaired and therefore unable to consent to the blood test, blood **must not** be taken from the patient.
- If the source patient is under the age of 16 and does not have sufficient maturity to understand the implications of testing, consent **must** be obtained from someone with parental responsibility.

The Occupational Health and Wellbeing Service **must** be informed immediately of any of the above circumstances, but if it is outside normal working hours, further advice **must** be sought from the on-call Microbiologist. In such cases where the source patient is not screened, a follow up programme of screening at intervals of 6, 12 & 24 weeks will be arranged for the recipient of the sharps or splash incident.

2.2 Post-Exposure Prophylaxis (PEP) for HIV

It is important to stress that PEP is only appropriate following a **significant inoculation accident** involving a **known patient with HIV or AIDS**, or a patient in

whom there is strong clinical suspicion of HIV infection where HIV antibody status is not known. This situation is likely to be **very rarely encountered**.

A sharps or splash injury with HIV infected blood or bodily fluids carry a small risk of transmission of infection. Studies have shown that early treatment (also known as post-exposure prophylaxis, **PEP**) after an inoculation of HIV infected body fluid, with combination anti-viral therapy has reduced the risk of transmission of HIV greatly, if given as soon as possible after the event, **ideally within 60 minutes in accordance with current guidance**. It is important to note, however, that these drugs have significant side-effects and this must be taken into account when considering the benefits of PEP.

The Trust Drug Regime is Truvada 1 tablet daily in conjunction with Raltegravir 400mg twice a day for 28 days. The packs are stocked in the Emergency Department.

Emergency PEP packs

These are available in the Emergency Department at New Cross Hospital. The packs contain:

- Twenty-eight days' supply of drugs for PEP.
- Information sheets.
- A prescription sheet which **must** be signed by the prescriber.
- A consent to treatment form which **must** be signed before dispensing the tablets.

The initial doses of PEP may need to be taken before a full evaluation of the incident or counselling is received, as **it is important that the first doses are taken as soon as possible after exposure**. Therapy may subsequently be stopped if not required, or, if following full counselling, a decision is made not to continue.

Refer to **appendix 7** for further information regarding PEP for staff.

Significant drug interactions please visit www.hiv-druginteractions.org

Counselling and Follow-up

Counselling is essential prior to consideration of whether to continue taking PEP and **must** take place either immediately before commencing the course or as soon after taking the first dose as possible. The counselling must include detailed information regarding the rationale for PEP and the drugs involved, including possible side effects.

Whether or not PEP is started, where there is a recognised risk of HIV transmission, follow-up is also indicated. This can be offered via GU medicine where the testing is anonymous. At a minimum, that follow-up must be for at least 12 weeks after the HIV exposure event or, if PEP was taken, for at least 12 weeks from when PEP was stopped. A negative blood test at 12 weeks provides reassurance of lack of transmission. Follow-up counselling must be co-coordinated via the Occupational Health and Wellbeing Service.

Who provides specialist advice?

During office hours the Occupational Health and Wellbeing Service will co-ordinate immediate follow-up of exposed HCWs and will contact specialists in GU Medicine or the Consultant Microbiologist if necessary.

Outside of office hours the Emergency Department can contact the following for HIV specialist advice:

- **G.U. Medicine Physicians** are available to provide expert counselling, and may be contacted at the department of GU Medicine, Out of hours they are contactable via switchboard.
- **HIV Clinical Nurse Specialists** are also available to provide expert counselling and are contactable via switchboard.
- **Consultant microbiologists** are available to provide expert advice via Microbiology Department or out of hours they are contactable via switchboard.

<p>INFORMATION TO PATIENTS (Give to patient)</p> <p>Some people carry viruses in their blood that are infectious to others.</p> <p>This request is being made because a member of staff has accidentally been exposed to your blood or other bodily fluid. If you carry a virus in your blood, that member of staff may need treatment to prevent the viruses from harming them.</p> <p>We need to check your blood for three important viruses: Hepatitis B, Hepatitis C and HIV. It is our Trust Policy to approach all patients in this situation.</p> <p>The chance of any of these viruses being present in your blood is small. If we find them, we will tell you and make any necessary arrangements for further treatment.</p> <p>Please feel free to ask any further questions of the doctor who has asked for your consent. Your consent is entirely voluntary, but, if given, will help us to reassure and treat the other person involved in the incident.</p> <p>Some people worry that if they have a HIV test it will affect any later request for life assurance etc. Insurance companies will only ask if you have ever tested positive or are receiving treatment for HIV/AIDS. A negative test, therefore, taken purely because someone has been exposed to your blood, will have no impact on a future request for insurance.</p> <p>Thank you for your assistance.</p>	<p>PATIENT CONSENT FORM</p> <p>I, _____ of (address) _____</p> <p>_____</p> <p>have read this form and give my consent to a blood sample being taken and tested for Blood Borne Viruses.</p> <p><input type="checkbox"/> I do/do not (<i>delete as appropriate</i>) consent to the results of these tests being made known to the injured party and documented by the Occupational Health Department/GP.</p> <p>Signature _____ Date: _____</p> <p>Witness _____ Date: _____</p> <p>In the event of the source being a child then those with parental responsibility will be required to consent.</p> <p>CONSENT FROM THOSE WITH PARENTAL RESPONSIBILITY</p> <p>I, _____</p> <p>Relationship to child of _____</p> <p>(address) _____</p> <p>_____</p> <p>have read this form and give my consent to a blood sample being taken and tested for Blood Borne Viruses.</p> <p><input type="checkbox"/> I do/do not (<i>delete as appropriate</i>) consent to the results of these tests being made known to the injured party and documented by the Occupational Health Department/GP.</p> <p>Signature Date _____</p> <p>Witness Date _____</p>
--	--

HIV risk assessment tables

Add one option from table 1 and one option from table 2 together to obtain a score

Table 1 – type of incident

Type of injury	Score
Blood contact with healthy skin	0
Prolonged contact with non-intact skin	4
Muco-cutaneous exposure	1
Superficial injury, solid instrument, no visible blood	2
Superficial injury, solid instrument, visible blood	3
Superficial injury, hollow bore, no visible blood	2
Superficial injury, hollow bore, visible blood	3
Deep injury, hollow bore, visible blood	5
Deep injury, any instrument, no visible blood	3
Deep injury, solid instrument, visible blood	4
Bite causing abrasion or penetrating injury	3

Table 2 – type of source patient

Type of source patient	Score
Patient with AIDS/seroconversion illness	5
Patient HIV positive but asymptomatic	3
High risk history	2
No high risk history	0

Score 6 -10 - Recommend PEP (Discuss with Consultant Microbiology/GUM)

Score 4 – 5 - Give PEP if requested (Discuss with Consultant Microbiology/GUM)

Score 1 – 3 - Do not give PEP

Appendix 3

THIS FORM IS CURRENTLY ON DATIX & MUST BE COMPLETED ON DATIX AND ATTACHED TO THE INCIDENT – please complete this form as part of the Datix reporting procedure.

SHARPS/NEEDLESTICK INJURY INVESTIGATION FORM

Name of injured party: Job Title/Department:

Name of investigator: Department:

Location of accident:

Facts - How did the injury occur?

.....
.....
.....

Is there an incident report: Yes/No Datix no.....

Date of accident

Date Incident reported:

Did the injured party immediately show needle stick/sharp to Supervisor: Yes/no (if No why).....

What steps were taken to verify that the incident happened?
.....
.....

Was a photograph taken by Supervisor/injured party of the needle/sharp: Yes/No (if No why).....

What protective equipment (pre-accident) was provided to the injured party i.e. gloves: Yes/No (if No why)
.....

Was a sharps bin provided/taken to the point of use/was one present in a patient's room/home: Yes/No (If No why).....
.....

Where was sharp/needle found?

- Floor
- Waste bag (please state colour of bag/where located)
- Other

Details of witnesses (colleagues) to the incident:

.....

How could the accident have been avoided? If Yes (please comment)

.....

What were the contributory factors:

- Was the needle re-sheathed? Yes/No
- Was the injury sustained through incorrect disposal? Yes/No
- Was the sharp identified? Yes/No
- Was the sharps box overfilled? Yes/No
- Was the sharps box incorrectly assembled? Yes/No
- Any other contributory factors Yes/No (if yes please list)

.....

.....

Action taken to prevent further re-occurrence:

.....

Has the injured party had previous needle stick injuries : Yes/No

Does the injured party need to attend an awareness refresher course (where more than one needle stick injury)?

Yes/No (if yes date booked)

Does the injured party need infection prevention training? Yes/No (if yes date

booked).....

Lessons to be learnt/shared with others:

Name of injured party:

Job Title/Department:

Name of investigator:

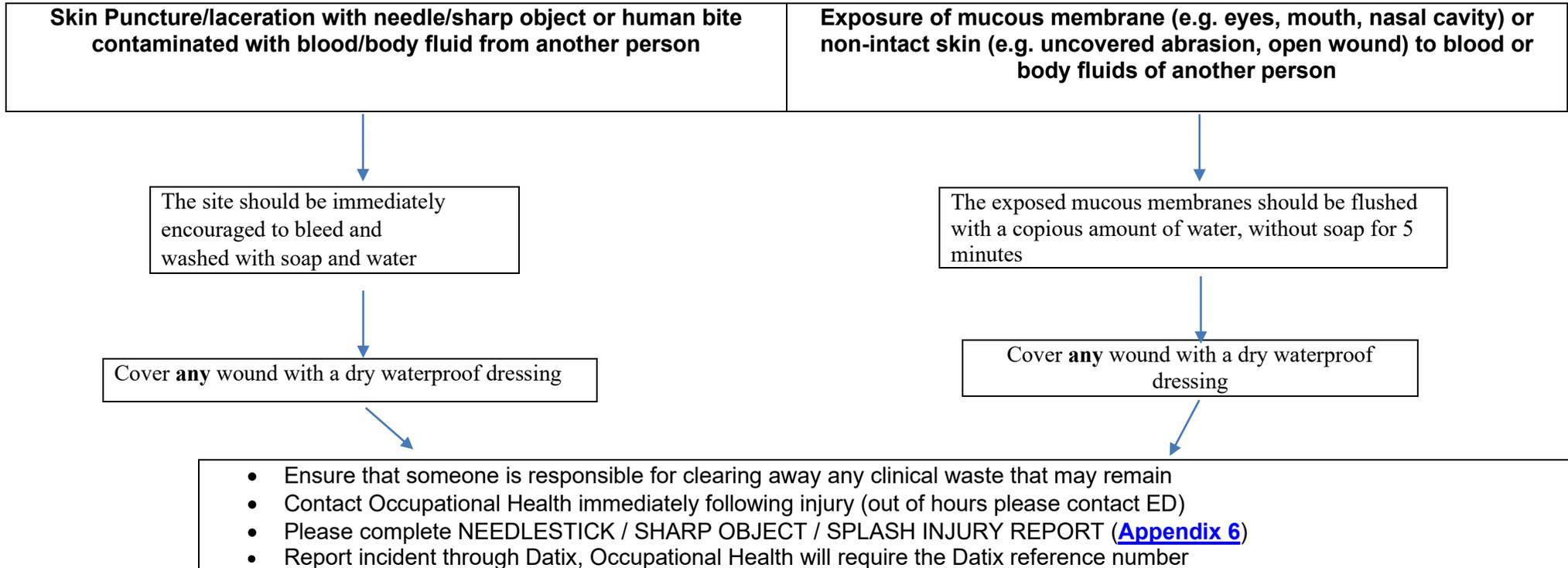
Department:

Location of accident:

.....

First Aid

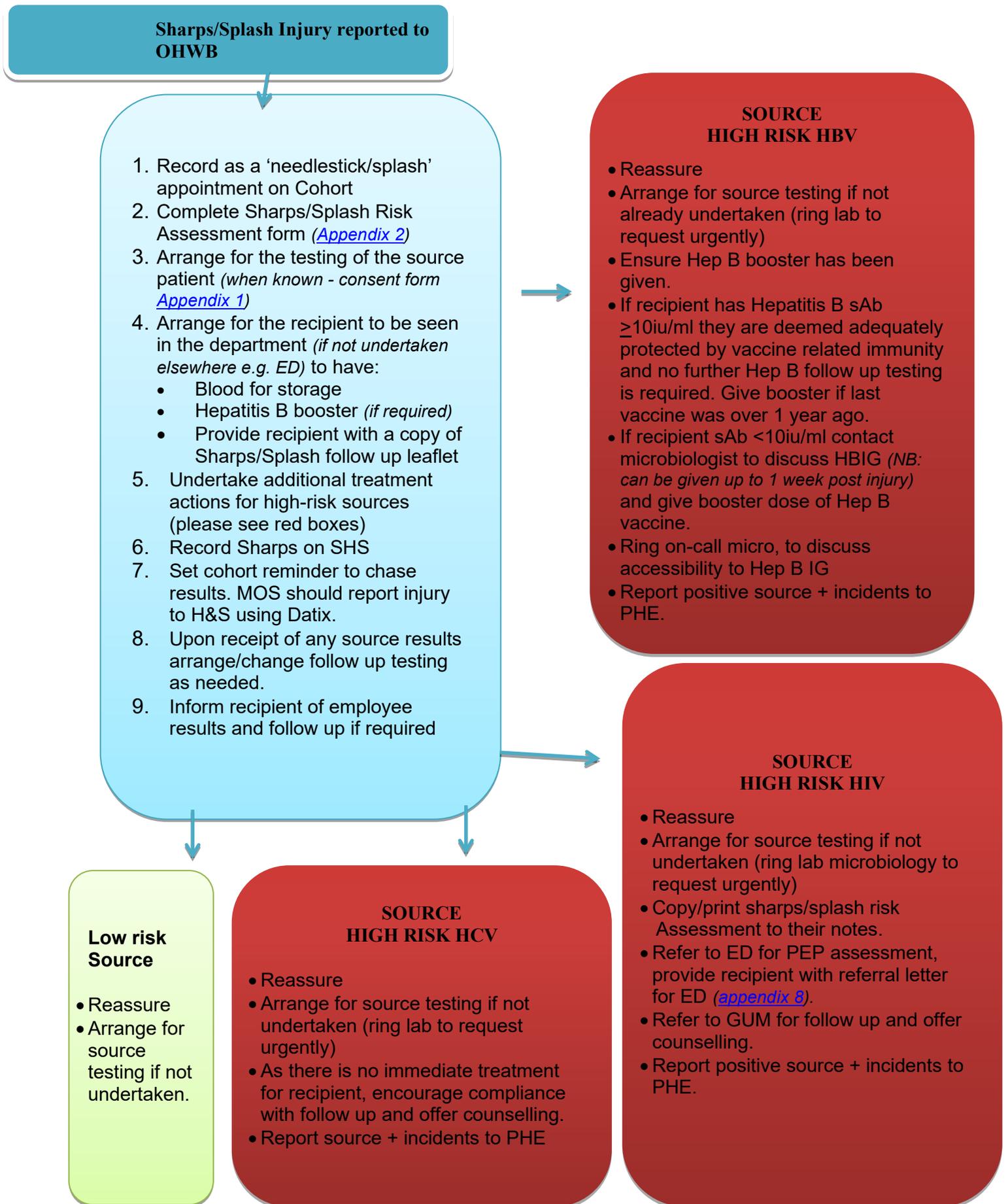
Action to be taken following a Sharps Injury / Blood Body Fluid Splash



Action if Blood or body Fluids Sharps/splash injury/exposure

Bleed it		Squeeze wound to encourage bleeding
Wash it		With soap under water
Cover it		With a waterproof dressing
Irrigate it		Splash exposure
Report it		<ul style="list-style-type: none">• To your immediate manager• To the Occupational Health department• To Emergency Department (out of hours)• Within one hour of the incident

Sharps / Splash Injury OHWB Action Algorithm



Sharps / Splash Injury Follow Up – Staff Information

Occupational Health and Wellbeing

The prevention of infection is a major priority in all healthcare and everyone has a part to play.

- Please decontaminate your hands frequently for 20 seconds using soap and water or alcohol gel if available
- If you have symptoms of diarrhoea and/or vomiting, cough or other respiratory symptoms, a temperature or any loss of taste or smell please do not visit the hospital or any other care facility and seek advice from 111
- Keep the environment clean and tidy
- Let's work together to keep infections out of our hospitals and care homes.

What do I need to do?

Report your injury to the Occupational Health and Wellbeing Service (OHS) immediately, opening hours 8.30 - 4.30 Monday to Friday. New Cross site ext. 85450. If the OHS is closed attend the Emergency department immediately but inform the OHS when it is next open. Make sure OHS / Emergency Department is made aware of the sources details, e.g. name, DOB etc. You can call the Sharps Hot line on ext 86222 for instruction.

What will happen to me now I have sustained a sharps / splash injury?

1. A Sharps / Splash risk assessment will then be completed, to determine what action needs to be taken
2. You will be asked to have a blood test for storage purposes only. This will not be tested unless deemed necessary from your follow up
3. A questionnaire about the injury for audit purposes will be completed by an OH Nurse or the clinician at ED and any other necessary paperwork such as a check on your Hepatitis B status
4. You may be given a Hepatitis B vaccination if it is identified as necessary through the risk assessment.

How do I ensure that the source is tested?

Under no circumstances should you discuss this incident with the source or become involved in the process of bleeding them for tests relating to your injury. The nurse in charge of your department will be contacted and asked to liaise with the medical team treating the source to ensure the patient is consented and bled according to Trust policy.

It is vitally important that you attend for all follow up appointments arranged by Occupational Health and Wellbeing Service.

Follow up is:

- Blood Test at 6 weeks - Hepatitis B Surface Antigen and Hepatitis C viral load

- Blood Test at 12 weeks - Hepatitis B Surface Antigen, Hepatitis C viral load, Hepatitis C Antibody and HIV
- Blood Test at 24 weeks - Hepatitis B Surface Antigen and Hepatitis C Antibody
- No follow up is required if the source is tested negative
- If the patient is successfully bled, Occupational Health will check their blood test results and inform you if any further action is required.

It is recommended you practice protected intercourse for a minimum of 12 weeks.

Further Advice

If you have any further questions, please contact the OHS on:-
New Cross Hospital – 01902 695450 or ext. 85450

Bleeding a patient following a sharps or splash incident

1. Give patient a leaflet
2. Obtain written consent. (Health and Safety Policy, HS03 Sharps Management Policy Appendix 1)
3. Ensure the patient is aware that the blood test is required in relation to the HCW's injury and not their treatment
4. The patient needs to be reassured that if they do not give consent it will have no effect on their treatment
5. Using a gold topped bottle for microbiology, blood is taken for Hepatitis B surface antigen, Hepatitis C antibodies and HIV antibodies
6. A Microbiology form will need to be completed, stating that the patient's blood has been taken in response to a staff member's contamination incident and is high priority
7. The patient's doctor should be made aware of the results and results should be documented in the patient's notes.

English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowałiby Państwo usługi tłumaczenia ustnego lub innej pomocy.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。

NEEDLESTICK / SHARP OBJECT / SPLASH INJURY REPORT
To be completed by ED/OHWB

NAME: DOB:/...../.....

CONTACT TELEPHONE N°:

JOB TITLE:

DATE OF INJURY:/...../..... TIME OF INJURY:

WARD/DEPARTMENT WHERE INJURY OCCURED: DIVISION:

WHAT HOSPITAL IT OCCURRED IN: (NXH/WPH/CCH/STATE VI PRACTICE/COMMUNITY)

WAS THE SOURCE PATIENT IDENTIFIABLE? Yes No

SOURCE NAME: DOB:/...../..... HOSPITAL N°:

- 1. WAS IT A SPLASH/SHARP INJURY?
- 2. WAS THE INJURED WORKER THE ORIGINAL USER OF THE SHARP? YES NO UNKNOWN
- 3. WAS THE SHARP CONTAMINATED? YES NO UNKNOWN
- 4. WHAT WAS THE PURPOSE OF THE SHARP?
.....
.....
.....

- 5. WAS THE SHARP A SAFETY DEVICE? YES NO
- 6. PLEASE STATE DEVICE TYPE (e.g. venepuncture safety needle, suture needle)
.....

7. HOW DID THE INJURY OCCUR?
.....
.....
.....

- 8. WAS THE INJURED WORKER WEARING GLOVES? YES NO
- 9. HAS THE SOURCE PATIENT BEEN SEROLOGY TESTED/REQUESTED? YES NO

RESULTS

HIV: DATE:/...../.....

HEP Bsag: DATE:/...../.....

HEP C: DATE:/...../.....

- 10. WERE BLOODS TAKEN FOR STORAGE FROM THE INJURED WORKER? YES NO
- 11. HEP B VACCINE GIVEN? YES NO
- 12. HAS A DATIX WEB REPORT BEEN COMPLETED? YES NO

13. NAME OF MANAGER ON WARD/DEPARTMENT

.....

14. FOLLOWING RISK ASSESSMENT WAS PEP REQUIRED? YES NO

15. IF PEP GIVEN – TIME OF FIRST DOSE

SIGNATURE OF COMPLETING NURSE: DATE:/...../.....

EMERGENCY DEPARTMENT - PLEASE EMAIL THE COMPLETED FORM TO OCCUPATIONAL HEALTH AND WELLBEING AT rwh-tr.occupationalhealthrwh@nhs.net AND SEND A COPY WITH THE MEMBER OF STAFF TO PROVIDE TO THE OCCUPATIONAL HEALTH DEPARTMENT WHEN THEY ATTEND ON THE NEXT WORKING DAY

**OHWB Department
Post Exposure Prophylaxis (PEP) - Information for Staff**

WHAT IS PEP?

A treatment that may prevent HIV infection after the virus has entered the body.

PEP

- could stop someone getting HIV
- involves taking anti-HIV drugs for 4 weeks
- must be started as soon as possible after a high-risk injury – ideally, within 1 hour of the injury however **MUST** be commenced within 72 hours (3 days). In exceptional circumstances, with Specialist advice, PEP can be taken up to 2 weeks following the high-risk exposure incident.
- has side effects
- isn't guaranteed to work

Post Exposure	=	After
	=	A situation where HIV has a chance to get into someone's bloodstream
Prophylaxis	=	A treatment to stop an infection happening

To summarise, PEP is a treatment to prevent a person from becoming infected with HIV after exposure.

If HIV is in the body is the person now infected?

No. After HIV gets in someone's bloodstream it takes time (hours to a few days) before it permanently infects them. If someone acts in that short time, they stand a chance of stopping HIV before the infection takes hold.

How could the infection be stopped?

Taking 2 or 3 anti-HIV drugs every day for 4 weeks might stop the HIV before it gets a permanent hold in the body. PEP is a course of treatment and must be strictly adhered to.

Is PEP guaranteed to protect someone from becoming HIV positive?

Research appears to show that PEP makes infection with HIV a lot less likely however, PEP does not work every time - some people who take it still end up with HIV afterwards. It can fail because some anti-HIV drugs do not work against some strains of HIV, and it is more likely to fail if it is not taken properly or soon enough.

How soon?

The quicker PEP is started the better – within hours. The longer the wait the more chance it will not work. After 72 hours (3 days) PEP usually isn't given because studies show it is unlikely to work by then.

Are the drugs the same as the ones taken by people with HIV?

Yes, it is the same 'combination therapy' that is taken by HIV positive people.

Is PEP is a cure for HIV?

There is currently no cure for HIV. PEP can only stop HIV infection if taken very early on after HIV has entered the body, before the infection takes hold - within the first 72 hours (3 days). Once HIV infection takes hold and the infection becomes permanent then anti-HIV drugs cannot get rid of HIV from the body. This is because the virus is now in parts of the

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body that the drugs cannot reach. So once HIV permanently infects someone the drugs can usually control the HIV in their body but can never get rid of it completely.

Does PEP have side effects?

Yes, it can cause diarrhoea, headaches, feeling sick and vomiting. Due to the side effects many people taking PEP need time off work or study and some have to stop taking PEP. Side effects go on once someone stops taking the drugs. Studies show that among people taking PEP, side effects range from mild to moderate for 2 out of 3 people and severe for 1 in 4.

Before taking PEP

You will need to undergo testing for urea and electrolytes, HIV and liver function. If you are taking any statin cardiovascular drugs, these will need to be discontinued.

Where Do I Get PEP From?

It is important to report all sharps/splash injuries as soon as possible in order to receive the appropriate treatment. As PEP is licensed as a treatment, it can only be given under certain circumstances as a prophylaxis. The Consultant in ED and GUM will undertake a Risk Assessment to identify whether PEP is advisable. Therefore, the availability of prescribing PEP is restricted to three areas within the Trust:

- Emergency Department
- GU Medicine
- GPs usually won't be able to prescribe PEP

What kind of questions is asked if someone wants PEP?

- The type of injury received.
- Is the source patient/client a known sufferer of HIV/AIDS.
- If the source patient/client status is unknown, do they have an AIDS related illness?

What if someone cannot get to a place that has PEP within 72 hours?

Once 72 hours are over PEP won't usually be offered however, in exceptional circumstances can be considered by an appropriate Specialist up to 2 weeks following incident.

If someone takes PEP can their body become resistant to HIV drugs so that the drugs won't work if that person later gets HIV?

No, it is the virus (HIV), not someone's body, which can become resistant to the drugs. PEP works by eliminating the virus, and the virus cannot become resistant because it is not there anymore. So, if someone were to get HIV later and needed drugs it wouldn't make any difference that they took PEP in the past.

But if PEP doesn't work and a person then ends up infected, there may be problems with the HIV in their body being resistant to some drugs, including ones used in PEP.

If someone is taking PEP does that make them immune to HIV while they're on it or once they've stopped taking it?

No. any unsafe activity while taking PEP could let more HIV into your body, making PEP much more likely not to work.

How many times can someone have PEP?

Doctors decide who gets PEP and they're unlikely to give these expensive and powerful drugs to the same person time after time. It is therefore important that you follow safe working practices when working with any type of sharps or blood/body fluids.

Things to remember about PEP

- PEP might stop a person getting infected with HIV

Appendix 7

- It must be started as soon as possible after exposure and definitely within 72 hours (3 days)
- It means taking anti-HIV drugs for 4 weeks
- Side effects are common and can be nasty
- It's not guaranteed to work
- Not everyone wanting PEP will get it - doctors decide who gets it using the information given to them and through risk assessment.

Please feel free to contact either Occupational Health or GU Medicine should you require any further information or have any concerns in regard to your treatment.

OHWB Monday – Friday 0830 - 1630 Ext. 85450

GU Medicine Monday, Wednesday, Thursday: 0900 – 2000, Tuesday and Friday: 0900 – 1700 Ext. 81660



The Royal Wolverhampton

NHS Trust

Occupational Health & Wellbeing Dept.
Building 8, New Cross Hospital
Wednesfield Road
Wolverhampton
WV10 0QP
01902 307999 EXT 85450

New Cross Hospital
Wolverhampton Road
Wolverhampton
West Midlands
WV10 0QP

Tel: 01902 307999

Name:
D.O.B:
Address:
Contact number:

Dear Emergency Department,

Thank you for seeing the above member of staff today, they have been seen by an Occupational Health Nurse following a sharps/splash injury, which has been assessed, following discussion with Microbiology Consultant, as high risk due to exposure to a known positive HIV source, meeting the requirement to receive combined antiviral post-exposure prophylaxis (PEP).

In line with the Trust Sharps Safety Policy (HS03), please can you obtain consent and supply PEP to the member of staff.

Occupational Health will arrange follow up appointments according to the current guidelines, and a referral to EMBRACE to ensure they receive appropriate support following the incident.

The member of staff has been advised to report the incident through the Trust incident reporting system (Datix).

If you have any questions regarding this process, please contact Occupational Health where the referring nurse will be happy to discuss.

Kind Regards,

Named Nurse / OH Advisor: Print Name and stamp

Chief Executive: Professor David Loughton CBE
Chair of the Board: Sir David Nicholson KCB CBE
[Preventing Infection - Protecting Patients](#)

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