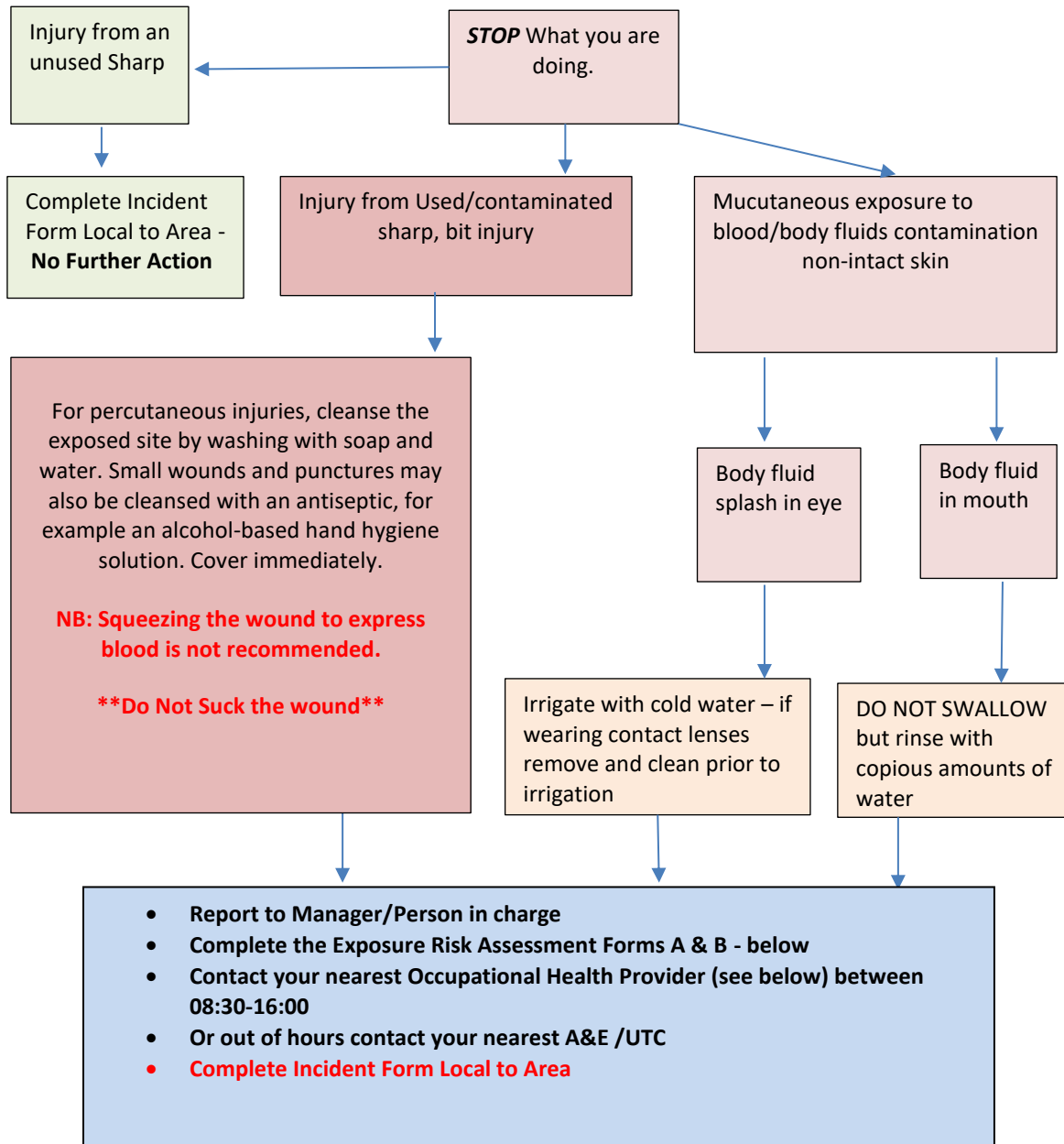


Blood Borne Virus (BBV) – SOP for Immediate Management of Sharps, Splash & Inoculation Injuries (including bites, spitting and body fluid splashes)

Procedure for the Management of Sharp/Inoculation Injuries

The Immediate Management of Inoculation /Contamination Injuries



BBV / Needlestick Injury / Splash Injury Action List

Immediate first aid to be carried out

- For percutaneous injuries, cleanse the exposed site by washing with soap and water. Small wounds and punctures may also be cleansed with an antiseptic, for example an alcohol-based hand hygiene solution. Cover immediately.
- **NB: Squeezing the wound to express blood is not recommended.**
- In cases of mucosal exposure, the exposed mucous membranes should be flushed with a copious amount of water. Eyes should be irrigated with saline or water. Where contact lenses are worn these should be removed.

Report to your manager

Complete the Exposure Risk Assessment Forms A & B – found below

If **HIGH RISK** (or known to be HIV/Hep B positive) - Treatment to be commenced within the hour

If **Low Risk**– Complete BBV screening of the Donor

If this has occurred during: **Mon-Fri 08:30-16:00** please contact your nearest **Occupational Health & Wellbeing Service** for further assessment and information:

- ELHT Royal Blackburn Hospital, Blackburn 01254 732303
wellservice@elht.nhs.uk
- BFW Blackpool Victoria Hospital, Blackpool 01253 957950 Ext 1
bfwh.occupational.health@nhs.net
- UHMBT Royal Lancaster Infirmary, Lancaster or Westmorland General Hospital, Kendal or Furness General Hospital, Barrow in Furness.
01524 512290 occhealth.referrals@mbht.nhs.uk

For incidents that have occurred **out of the above hours**, then please contact your nearest **Accident & Emergency Department (A&E)/UTC** for initial assessment – we *would recommend you contact A&E via switch ahead of attending - this is to advise A&E that you will be attending and the reason for this.*

Following A&E/UTC attendance you must then contact the nearest **Occupational Health & Wellbeing Service** when open on the above number.

Please be aware if it is deemed necessary by the OH service that you require PEP you will need to attend your nearest A&E to access this.

FORM A - BLOOD & BODY FLUID EXPOSURE RISK ASSESSEMENT RECORD							
<i>To be completed by the Manager/Shift Leader or appropriate senior member of staff</i>							
Date of Incident:		Time of Incident:					
Staff Members Details:							
Injured Staff members Name:							
Job Title:							
Ward/Department:							
Hepatitis Vaccination Status:		Date of:					
Seroconversion Confirmed? (mark with 'X')	Yes		No		Don't Know		
Is staff member pregnant?	Yes		No		Don't Know		
Type of body fluid exposure: i.e. Blood, Saliva, Amniotic Fluid Etc							
Type of Body Fluid Exposure	Please specify						
If saliva /vomit /faeces, was any blood visible in the fluid?	Yes		No		Don't Know		
Was First Aid carried out?	Yes		No		Don't Know		
Type of injury / exposure (please mark 'X' in relevant parts):							
Hollow Needle	IV Cannulation			IV Sample Collection			
	SC drug administration			IM Drug Administration			
Solid Needle	Suturing			Finger/heal-prick Blood test			
Other Sharps	Scalpel Blade			Razor			
	Glass (please describe what the item had been used for below):						
	Please describe						
Splashes into/onto	Eyes		Mouth		Nose		
	Intact Skin		Broken Skin e.g. Eczema				
Other Injuries	Bite from patient		Yes		No		
	Scratch from patient**		Yes		No		
	**Could the patient have been exposed to the staff member's blood?		Yes		No		
Send/Take this form to OH/A+E/UTC for them to complete risk assessment and decision on whether PEP is required. PEP is best taken within 1 hour of injury but can be commenced within 72 hours							

FORM B – SOURCE PATIENT RISK ASSESSEMENT FORM						
<i>To be completed by the person in charge of the patient's care- i.e. Doctor, Ward (Please mark 'X' in relevant parts):</i>						
Manager (not the recipient of the injury)						
Name of Injured Person						
DOB:						
Sex:	Male			Female		
Is the patient known to be Hepatitis B positive?	Yes		No		Don't Know	
If yes are they: Hepatitis sAg positive?	Yes		No		Don't Know	
<i>Is the patient known to be:</i>						
HIV positive	Yes		No		Don't Know	
Hepatitis C Ab/PCR+	Yes		No		Don't Know	
Have any other BBV	Yes		No		Don't Know	
<i>INJURED PERSON MUST CONTACT OCCUPATIONAL HEALTH/A&E/UTC IMMEDIATELY:</i>						
<i>If Hep B, Hep C, HIV status of source is UNKNOWN, then obtain blood sample for: (Remember to obtain informed consent see guidance notes below)</i>						
<i>Please indicate which tests have been requested with 'X':</i>						
HIV		HEP B		HEP C		
<i>If the source patients' blood cannot be obtained, please specify reason e.g. lacks capacity, unconscious etc</i>						
Please specify:						
NB: Blood samples in a 10ml clotted bottle obtained from the source go to the laboratory as a virology sample and the request should state 'Source patient for needle stick/contamination accident to (name and date of birth of the injured person). Please test for HIV, HBV and HCV.' The blood test request should be from the Clinician/GP in charge of the patients care and results should be sent to Occupational Health Provider. OH should be informed if bloods sent by the Manager of the staff member to allow for follow up.						
<i>Send/Take this form to OH/A+E/UTC for them to complete risk assessment and decision on whether PEP is required. PEP is best taken within 1 hour of injury but can be commenced within 72 hours</i>						

Guidance/Checklist for pre-test discussion with source patient

- The pre-test discussion should be carried out with sensitivity, and not by the exposed member of staff
- Explain what has happened and the policy for requesting consent for BBV testing. Check understanding of the tests.
- Details of the exposed person should be kept confidential.
- Discuss the practical implications of the test and its results (positive or negative), for example sexual relationships, work situations, medical follow up and life insurance. Remember the potential stigma associated with HIV in many communities.
- Discuss possible routes of transmission of HIV, HBV and HCV. If high-risk behaviour occurred within the preceding three months explain the 'window period' (six to ten weeks from infection to the detection of measurable antibodies). Consider organizing a follow-up test after the window period.
- Describe the procedure for having blood taken. Discuss arrangements for communicating the results to the source patient.
- Informed consent may be obtained verbally or in writing.
- Request HBsAg, HCV antibody and HIV antibody testing on the pathology form.
- Write source patient in inoculation injury for clinical details.
- If the patient refuses consent, or there are other reasons why testing is not done e.g lacks capacity, unconscious patient, this should be recorded and exposed person informed.