Mid Essex Hospital Services NHS
NHS Trust

Exposure to Blood Borne Viruses	Policy Register No: 05105 Status: Public

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Consulted With	Individual/Body	Date
Director of HR	Bernard Scully	December 2016
Director of Nursing	Catherine Geddes	December 2016
Medical Director	Dr Robert Ghosh	December 2016
Consultant Microbiologist	Dr Louise Teare	December 2016
Consultant Microbiologist	Dr Elamin Wael	December 2016
Lead Nurse Infection Control	Amanda Kirkham	December 2016
MEHT Clinical Directors		December 2016
MEHT Lead Nurses		December 2016
Professionally Approved By	Louise Teare, Consultant Microbiologist	10 January 2017

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Related Trust Policies (to be read in conjunction with) All Infection Control Policies Staff Immunisation Policy Consent Policy Investigation of and learning from Adverse Events, Complaints and Claims Policy Risk Management Strategy and Policy Mandatory Training Policy (incorporating training needs analysis grid) Supporting staff in an adverse event incorporating incidents, complaints and claims Waste Policy and Linen Policy Safe Handling and Disposal of Sharps	

Document Review History

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1.0		
2.0	Catherine Paget	September 2008
4.0	Jo Mitchell – to include specific ref to the Trust Sharps Policy in S8 and references	May 2010
4.1	Catherine Paget – to include ref to the UK Advisory Panel	January 2011
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5.0	Review	May 2012
6.0	Review	June 2012
6.1		2012
6.2		7 January 2016
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Index

Appendices

1. Purpose

1.1 The purpose of this policy is to:

- Ensure that all contamination injuries including needlestick, sharps injury, bites, scratches and blood or other bodily fluid splashes are managed appropriately and safely
- Describe the processes and procedures to be followed by all staff in the event of a sharps, needlestick, or body fluid exposure incident

2. Introduction

2.1 Mid Essex Hospital Services NHS Trust, hereafter referred to as the Trust, is committed to caring for the health and safety of its employees. The Trust has a duty to its staff, patients, visitors and contractors to ensure that the risk of receiving a contamination injury is kept as low as is reasonably practicable.

2.2 The Department of Health states that although the risk of acquiring blood borne viruses through occupational exposure is low, the consequences can be serious. Injuries of this kind not only cause obvious injury and distress to employees, they may also stop patients being treated and may lead to increased sickness absence and poor morale.

2.3 Occupational exposure to blood borne viruses is unfortunately common in a healthcare setting and often arises from failure to follow recommended procedures e.g. safe handling and disposal of needles and sharps and failure to wear appropriate personal protective equipment.

2.4 Through suitable and sufficient risk assessments, robust reporting systems, training and safe systems of work, the Trust aims to reduce the risk of contamination injuries to its employees so far as is reasonably practicable.

3. Scope

3.1 This policy applies to all healthcare workers employed by Mid Essex Hospital Services NHS Trust, including bank, locum, visiting healthcare workers and volunteers.

4. Definitions

The Source	The Source is the individual whose blood or blood-stained bodily fluids contaminated a member of staff
The Recipient	This is the individual who has sustained a sharps or needlestick incident or has had a body fluid exposure incident
Blood Borne Virus (BBV)	This term describes viruses mainly found in blood or body fluids and the main blood borne viruses of concern are Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV)
Member of Staff	In the context of this policy, a member of staff includes all persons working for the Trust in any capacity

Healthcare Worker (HCW)	This is the term used for staff involved in direct patient care. This includes: • Doctors • Nurses • Midwives • Dentists • Healthcare assistants • Occupational Therapists • Physiotherapists • Radiographers Students and volunteers working in these disciplines should be included; for example observers, clinical placement. This group of staff can be subdivided into those who perform exposure prone procedures and those who do not
High Risk Patient	An individual known to be HIV, HBV or HCV positive
High Risk Incident	Any sharps, needlestick or body fluid exposure incident involving a high risk source known or believed to be positive to a blood borne virus
Low Risk Incident	Any sharps, needlestick or body fluid exposure incident where there is no evidence to suggest that the source is a high risk patient
Sharps / Needlestick	An object which may puncture the skin such as • Hollow-bore needles • Suture needles • Bone spicules • Teeth splinters • Glass ampoules • Cannulas • Laboratory specimens
Healthcare Associated Infection (HCAI)	An infection acquired as a result of healthcare intervention
Contamination	The transference of possible infection from one object or person to another such as a splash or direct contact from blood or body fluids to mucous membranes (eyes, mouth, nose) or via broken skin such as abrasions, cuts and eczema
Cross-contamination	The HCW is the source of infection and during treatment of a patient contaminates the patient being treated
Antiretroviral Therapy	Drugs used in patients with established HIV infection to improve immune function and prevent Acquired Immunodeficiency Syndrome
Post-Exposure Prophylaxis (PEP)	The current recommended course of treatment to protect against HIV infecting an individual who has been exposed to the virus

Exposure Prone Procedures (EPP)	Exposure prone procedures are those invasive procedures where there is a risk that injury to the worker may result in exposure of the patients open tissues to the blood of the worker. These include procedures where the workers gloved hands may be in contact with a sharp instrument, needle-tips or sharp tissues (e.g. spicules of bone or teeth) inside a patients open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times
DATIX	The Trust incident reporting system
HSE	Health and Safety Executive
RIDDOR	The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995
HBIG	Hepatitis B Immunoglobulin
HPA	Health Protection Agency

5. Roles and Responsibilities

5.1 Committees

- **The Infection Prevention Committee**

  The Director of Infection Prevention & Control and the Infection Control team will provide expert advice as appropriate in relation to all matters covered in this policy.

- **The Health and Safety Committee**

  The Health and Safety Committee is responsible for reviewing and receiving reports on, and monitoring compliance in relation to sharps, needlestick and body fluid exposure incidents within the Trust.

5.2 Individuals

- **The Chief Executive**

  The Chief Executive has overall responsibility for ensuring Mid Essex Hospital Services NHS Trust has robust, complete and up to date procedures in place to govern and guide activities so that legal and national requirements are met

- **The Chief Nurse**

  The Chief Nurse will delegate responsibility for implementation and monitoring of this policy to Heads of Nursing, Matrons and the Occupational Health & Wellbeing Service

- **The Director of Infection Prevention and Control (DIPC)**

  The DIPC is responsible for ensuring that the Trust has strategies to prevent avoidable HCAIs. The DIPC has corporate responsibility for infection prevention and control throughout the Trust as delegated by the Chief Executive Officer. They also monitor trends relating to needlestick, sharps and body fluid exposure incidents within the Trust

5.3 Line Managers

5.3.1 All line managers are responsible for

- Ensuring that all members of staff are aware of this policy and have received appropriate information, instruction and training on BBVs and accidental exposure
- Assessing the risk of transmission of BBVs in their areas and to put in place all reasonably practicable measures to prevent transmission based on the principles of universal precautions. See Appendix 1 : Universal Precautions
- Ensuring that a Source Patient Risk Assessment is undertaken as soon as possible after the incident has occurred, and that advice from the Occupational Health Department regarding blood sampling of the source patient if known is followed
- Ensuring that immediate first-aid is provided to the employee who has sustained a sharps, needlestick or body fluid exposure incident
- Ensuring that the affected staff member reports the incident to the Occupational Health Department during office hours, or to the Accident and Emergency Department if the incident occurs out of hours
- Ensuring that an investigation into the incident is undertaken and remedial action instigated as necessary
- Ensuring that the incident is reported on DATIX

5.4 All employees

5.4.1 Any healthcare worker who has reason to believe that they may be infected with a BBV must promptly seek medical advice on the need for testing. Any healthcare worker who is infected with a BBV must not undertake exposure prone procedures and must seek advice from the Occupational Health Department whether they are receiving treatment by another doctor or not. Healthcare workers must not rely on their own assessment of the risk they pose to patients.

5.4.2 All employees must:

- Co-operate with all measures taken by the Trust to protect them from BBV transmission, in particular to be aware of the principle of universal precautions applicable to their area of work
- Report all significant exposures to their line manager and follow the Trust procedure regarding significant occupational exposure to blood or body fluids
- In the event of a sharps, needlestick or body fluid exposure incident the employee must:
    - Undertake immediate first-aid and report the incident to their line manager
    - Immediately telephone the Occupational Health Department on **4089**/ the Needlestick Hotline on Extension **4065,** or attend the Accident & Emergency (A&E) Department if the incident occurs out of hours
    - Report the incident on DATIX if not already done so by line manager

- After attendance at A&E inform the Occupational Health Department of the incident on the next working day to ensure appropriate follow-up can be arranged

5.5 All employees who undertake Exposure Prone Procedures (EPP)

- Before commencing employment within the Trust all staff who are required to perform EPP procedures must provide the Occupational Health Department with relevant information relating to their health and must submit documentary evidence to the Occupational Health Department of their non-infectivity to HBV, HCV and HIV. This evidence must be in the form of an Identified Validated Sample (IVS). Standards for acceptance of blood results for EPP HCWs are outlined in Appendix 2
- All healthcare workers who undertake EPPs and have been diagnosed as a known non-responder to the Hepatitis B vaccine must undergo annual testing for Hepatitis B surface antigen

5.6 The Occupational Health Department

5.6.1 The Occupational Health Department is key to ensuring that all members of staff receive timely advice and support following any contamination injury. The service will:

- Maintain and ensure the Needle stick Hotline **(Ext. 4065)** is effective and all calls are acted upon promptly during office hours
- To respond to all sharps and body fluid exposure incidents, and provide appropriate advice, support and counselling to all staff on sharps and contamination injuries, and the action to be taken if an employee experiences such an incident
- Undertake immediate first-aid if not already performed and undertake a risk assessment to assess the risk of significant exposure to the recipient. See Appendix 4
- Provide advice and guidance to the ward / department regarding blood sampling of the source patient when known
- To provide appropriate care, treatment and follow-up as necessary
- Assess the need for HBIG / Hepatitis B booster / accelerated Hepatitis B vaccination course as per national guidelines
- Undertake audits relating to sharps, needlestick and body fluid exposure incidents
- Provide pre-placement health screening for blood borne viruses and an on-going immunisation programme to ensure all staff have optimum protection against transmissible diseases

5.7 The Accident and Emergency Department (A&E)

- With regard to the management of high risk sharps and exposure incidents where the source is either known to be or is strongly suspected to be HIV positive the A&E department are required to prioritise for assessment and treatment all

healthcare workers who present to the department after sustaining a high risk injury

- The A& E department is responsible for ensuring that all members of staff who have sustained a high risk sharps or body fluid exposure incident are assessed and given post-exposure prophylaxis whenever indicated. See Appendix 3: Procedure for the Administration of Post-Exposure Prophylaxis

6. Risk of Transmission and Types of Exposure

6.1 Needles and sharp instruments frequently cause injury to healthcare workers and a cause of transmission of BBVs. The risk of transmission to a healthcare worker from an infected patient following an injury has been shown to be:

1:3 when a source patient is infected with Hepatitis B and is 'e' antigen positive
1:30 when a source patient is infected with Hepatitis C
1:300 when a source patient is infected with HIV

6.2 There is no evidence that BBVs can be transmitted by blood contamination of intact skin, by inhalation or by faecal-oral contamination.

6.3 The risk of transmission of BBVs is greater from patient to healthcare worker than healthcare worker to patient, and it is proportional to the prevalence in the local population, the infectivity of the source patient and the type and degree of exposure. Transmission most commonly occurs in the healthcare setting after percutaneous exposure to the patients' blood by needlestick or other sharps injury.

6.4 The occupational risks of transmission of BBVs arise from the potential exposure to contaminated blood or other body fluids and tissues contaminated with blood from an infected patient.

6.5 Other body fluids which should be treated with the same precautions as blood are listed below:

• Cerebrospinal fluid	• Peritoneal fluid
• Semen	• Pleural fluid
• Pericardial fluid	• Amniotic fluid
• Synovial fluid	• Breast milk
• Vaginal secretions	• Saliva in association with dentistry
• Unfixed human tissues and organs	• Exudate or tissue fluid from burns/ lesions

6.6 Types of Exposure

6.6.1 The types of exposure within the healthcare environment associated with significant risks are:

6.6.2 **Percutaneous Exposure:** This happens when a sharp instrument that is contaminated with blood or another body fluid penetrates the skin. Sharp tissues such as spicules of bone or teeth may also pose an injury. Bites which cause bleeding or other visible skin puncture also falls into this category.

6.6.3 **Mucutaneous Exposure:** When blood or blood stained fluids contaminate non-intact skin, conjunctivae or mucous membranes. Mucutaneous exposures occur more frequently than percutaneous exposure, however, the transmission risk after a mucutaneous exposure are lower than those after a percutaneous exposure.

7. Measures to reduce the risk of occupational exposure

- **Pre-Appointment Health Screening:** All staff whose job involves direct patient contact are required to attend the Occupational Health Department for pre-appointment health screening where their vaccination and immune status will be assessed and vaccinations given where necessary. Refer to the Staff Immunisation Policy for further information
- **Handling and Disposal of Sharps:** The safe handling of sharps is the responsibility of the user. Refer to the Trust Policy Safe Handling and Disposal of Sharps for further information
- **Safer Needles and Devices:** Needle-free devices and safer sharps with retractable needles or guards must be used whenever possible

8. Management of a Patient with a Blood Borne Virus

8.1 All staff should follow standard universal infection prevention precautions. These precautions should be followed by all staff without exception at all times.

8.2 All staff that may come into contact with a patient either known or suspected to have a BBV must be made aware of the risks.

8.4 All linen contaminated with blood or body fluids must be managed as infected linen in accordance with the Linen Policy.

9. Action required following a Sharps / Body Fluid Exposure Incident

9.1 Immediate action DURING working hours (08.00 – 16.00 Monday – Friday)

- Immediate first-aid must be administered to the recipient as detailed below:
- The site of exposure, e.g. wound or non-intact skin, should be washed liberally with soap and water but without scrubbing
- Antiseptics and skin washes should not be used – there is no evidence of their efficacy, and their effect on local defences is unknown
- Free bleeding of puncture wounds should be encouraged gently but wounds should not be sucked
- Exposed mucous membranes, including conjunctivae, should be irrigated copiously with water, before and after removing and contact lenses
- All employees must report the incident to and attend the Occupational Health Department where a risk assessment will be undertaken and advice on the need for further intervention and follow-up would be given and a blood sample taken for storage. See Appendix 4 Blood and Body Fluid Exposure: Risk Assessment Form
- The affected employee must attend the Occupational Health Department if requested to do so

- All high risk incidents from an HIV positive source, or a source strongly suspected of being HIV positive should attend the Accident and Emergency Department for assessment and Post Exposure Prophylaxis medication
- The Occupational Health Department will liaise with the affected employee's line manager to ensure that the source patients clinician is aware of the need to obtain informed consent from the source patient for testing for HBV, HCV and HIV

9.2 Immediate action OUTSIDE working hours (16.00 – 08.00 Monday – Friday, Weekends and Bank Holidays)

- Immediate first-aid must be administered to the Recipient as detailed below:
- The site of exposure, e.g. wound or non-intact skin, should be washed liberally with soap and water but without scrubbing and covered with a light dressing as required
- Antiseptics and skin washes should not be used – there is no evidence of their efficacy, and their effect on local defences is unknown
- Free bleeding of puncture wounds should be encouraged gently but wounds should not be sucked
- Exposed mucous membranes, including conjunctivae, should be irrigated copiously with water, before and after removing any contact lenses
- The employee should attend the Accident and Emergency Department for immediate care and assessment where the risk assessment proforma: Information to be obtained from the Source will be undertaken and a blood sample taken for storage

10. Management of Exposure to a Known Hepatitis B Source

10.1 If the affected healthcare worker is not immune to Hepatitis B, the source patient's Hepatitis B surface antigen should be requested urgently.

10.2 Follow-up blood screening will only be necessary if the affected healthcare worker was not immune at the time of the incident.

10.3 Where it has been assessed that immunoglobulin (HBIG) is required (where a healthcare worker has no immunity or is a known non-responder) and it is a high risk incident then this should be administered within 72 hours of the incident.

10.4 Treatment with immunoglobulin should be discussed with Occupational Health and Consultant Microbiologist on-call.

10.5 If a healthcare worker is not immune to Hepatitis B and immunoglobulin has been administered follow-up appointments for Hepatitis B surface antigen testing will be arranged within the first 12 weeks, 12 and 24 weeks post incident by the Occupational Health Department.

10.6 Where the incident is high risk the Occupational Health practitioner attending to the healthcare worker must ensure that the Health Protection Agency (HPA) form 'Health Surveillance of Occupational Health Exposure to Blood Borne Viruses' is completed in full and returned to the HPA.

10.7 A RIDDOR form (F2508) will also need to be completed and sent to the Health and Safety Executive.

10.8 **Hepatitis B Virus (HBV) prophylaxis for reported exposure incidents**

10.9 **Significant Exposure**

HBV status of person exposed	HBsAg positive source	Unknown source	HBsAg negative source
<1 dose HBV vaccine pre-exposure	Accelerated course of HBV vaccine. HBIG x 1	Accelerated course of HBV	Initiate course of HBV vaccine
>2 doses HBV vaccine (pre-exposure anti HBs unknown)	1 dose of HBV vaccine followed by 2nd dose 1 month later	1 dose of HBV vaccine	Finish course of HBV vaccine
Known responder to HBV vaccine (Anti HBs >10 miu/ml)	Consider booster dose of HBV vaccine	Consider booster dose of HBV vaccine	Consider booster dose of HBV vaccine
Known non-responder to HBV vaccine (Anti HBs <10 miu/ml 2-4 months post vaccination)	HBIG x 1 Consider booster dose of HBV vaccine	HBIG x 1 Consider dose of HBV vaccine	No HBIG Consider booster dose of HBV vaccine

10.10 **Non-significant Exposure**

HBV status of person exposed	Continued risk	No further risk
< 1 dose HBV vaccine (pre-exposure)	Initiate course of HBV vaccine	No HBV prophylaxis Reassure
>2 doses HBV vaccine (pre-exposure anti HBs unknown)	Finish course of HBV vaccine	No HBV prophylaxis Reassure
Known responder to HBV vaccine (Anti HBs >10miu/ml)	Consider booster dose of HBV vaccine	No HBV prophylaxis Reassure
Known non-responder to HBV vaccine (Anti HBs <10miu/ml 2-4 months post vaccination)	No HBIG. Consider booster dose of HBV vaccine	No HBV prophylaxis Reassure

11. Management of Exposure to a Known Hepatitis C Source

11.1 There is no prophylaxis available for Hepatitis C. Blood should be taken and serum sent for storage. Transmission is unlikely from HCV RNA negative source.

11.2 The affected healthcare worker should return for follow-up blood tests for

- Baseline serum save
- HCV RNA (PCR) at 6 weeks post incident
- HCV RNA & HCV antibodies 12 weeks post incident
- HCV antibodies at 24 weeks post incident

11.3 The affected healthcare worker must be kept informed at all times and offered support throughout the process.

11.4 Where the incident is high risk the Occupational Health practitioner attending to the healthcare worker must ensure that the Health Protection Agency (HPA) form 'Health Surveillance of Occupational Health Exposure to Blood Borne Viruses' is completed in full and returned to the HPA.

11.5 A RIDDOR form (F2508) will also need to be completed and sent to the Health and Safety Executive.

11.6 Specialist testing of the source patient may help to establish the level of infectivity. In the rare event that the recipient becomes infected early treatment for Hepatitis C infection is effective in the majority of cases.

11.7 Pending follow-up and in the absence of seroconversion, the employee need not be subject to any restrictions in their working practices.

11.8 All follow-up will be undertaken by the Occupational Health Department.

12. Management of Exposure to a Known HIV Source

12.1 Healthcare workers who have a significant exposure to blood and/or blood stained body fluids from a source that is known or is at high risk of being HIV positive must attend the Accident and Emergency Department immediately for risk assessment and Post-exposure prophylaxis (PEP).

12.2 Post-exposure prophylaxis is available from the Accident & Emergency Department.

12.3 Post-exposure prophylaxis (PEP) is most likely to be effective when initiated as soon as possible (within hours) and ideally should be started within one hour of exposure. When a significant exposure to HIV is identified, the procedure below should be followed in addition to the action required in paragraph 7.

12.4 If PEP is not indicated the assessment should be discussed with the employee and the incident should be managed as per paragraph 7.

12.5 Where the incident is high risk the Occupational Health practitioner attending to the healthcare worker must ensure that the Health Protection Agency (HPA) form 'Health Surveillance of Occupational Health Exposure to Blood Borne Viruses' is completed in full and returned to the HPA.

12.6 A RIDDOR form (F2508) will also need to be completed and sent to the Health and Safety Executive.

13. Management of Exposure when source patient is unknown

13.1 Pending follow-up and in the absence of seroconversion, the employee need not be subject to any restrictions in their working practices.

13.2 Stored blood taken at the time of the incident will be tested with consent should the results of testing indicate seroconversion.

14. Source Patient Testing and Consent

14.1 It is the responsibility of the clinician responsible for the source patient to counsel and inform them of the sharps / exposure incident and obtain appropriate informed consent prior to requesting a blood sample for testing for Hepatitis B surface antigen, Hepatitis C and HIV antibodies. See Appendix 5: Guidance for the Physician in charge of the source patient.

14.2 A risk assessment of the source patient concerning possible indicators of BBV infections including risk factors, previous tests and suggestive medical history should be undertaken.

14.3 All source patients must be screened for Hepatitis B surface antigen, Hepatitis C and HIV antibodies. The rationale for this universal approach is that not all patients with HBV, HCV or HIV can be identified with a risk-factor approach. The universal approach method also avoids the need to make difficult judgements, simplifies and normalises the process and avoids the appearance of discrimination.

14.4 Wherever possible the source patient should be tested as soon as possible following the exposure incident. Where there is a clinical indication that the source patient is HIV positive and consent cannot be obtained, then post exposure prophylaxis should be issued to the affected healthcare worker. This can always be discontinued after consent has been obtained and the source patient's blood results are negative to HIV antibodies.

14.5 **The Human Tissues Act (2004):** Consent MUST be obtained to test a blood sample if the results are relevant only to a third party.

14.6 **Mental Capacity Act (2005):** The test must be done in incompetent patient's best interest. This means that blood samples cannot be taken from a source patient (including minors) who lacks the capacity to give consent; to do so would be illegal.

14.7 The source patient's informed consent to testing must always be obtained. Consent from the patient should be sought from a healthcare worker other than that who sustained the injury. If the rationale for testing is explained it is unusual for consent to be denied.

14.8 Occasionally a patient is unable to give consent. Consent cannot be given by a third party e.g. next of kin. An explicit note to the effect should be made in the patient's records. If the source patient is unable or unwilling to consent, it is an assault to take blood for this purpose, and unlawful to test a sample taken previously.

15. Review following Sharps / Exposure Incidents

15.1 All healthcare workers who have sustained a sharps or body fluid exposure incident will be followed up by the Trust's Occupational Health Department. It is the responsibility of the Occupational Health Department to advise the affected healthcare worker of the source patients' blood results.

15.2 Review is dependent upon the severity and type of exposure and may vary in individual cases.

15.3 All individuals who have sustained a sharps or body fluid exposure incident will be reviewed by the Occupational Health Department.

15.4 All high risk cases that have been commenced on post-exposure prophylaxis treatment should be followed up by the HIV nurse specialist or Sexual Health clinic.

16. Employment Issues

16.1 The Trust will take all reasonable action to eliminate any discrimination in recruitment against applicants, internally or externally, solely on the grounds of having a BBV.

The criteria for any applicant will be medical fitness to carry out the job as recommended by Occupational Health, following the pre-appointment health screening, based on medical information supplied in confidence, and the nature of the work to be undertaken.

16.2 Any harassment, victimisation or discrimination directed against employees, patients or visitors by a member of staff on the basis of them having a BBV, now or in the past, may be regarded as a disciplinary offence and will be dealt with accordingly.

16.3 Where an employee contracts a BBV, the Trust will provide reasonable arrangements to allow the employee to continue working.

16.4 Employees who become aware of having contracted a BBV must:

16.4.1 Take particular personal responsibility to ensure they take every practical precaution to protect patients and colleagues from the spread of infection.

16.4.2 Not feel isolated and for personal and professional reasons they must discuss the matter with Occupational Health who will manage the information in strict confidence in accordance with procedure.

16.5 Where redeployment as a medical necessity is advised by the Occupational Health Physician, the appropriate Head of Service or equivalent should be advised accordingly and the appropriateness or redeployment will be considered. Knowledge of infection will be treated in strict confidence and disclosed only with the employee's permission, except on medical advice where disclosure is necessary to protect the safety of others.

16.6 Redeployment at the employee's request, as a result of having a BBV, will be considered following discussion between the manager, the employee and Occupational Health.

16.7 The Trust recognises that flexible working arrangements can be crucial to the continued employment of staff that develop, or are recovering from, long-term illness. Absence of staff will be managed in accordance with the Trust Policy on the Management of Sickness Absence.

17. Management of Staff with Blood Borne Viruses

17.1 Hepatitis B

17.2 Current guidance from the Department of Health restricts the working practices of certain Hepatitis B infected healthcare workers and recommends the carrying out of additional testing of their viral loads to assess their infectivity.

17.3 Any infected healthcare worker who performs exposure prone procedures and who is Hepatitis B surface antigen positive and e-antigen negative will be referred for additional testing of their viral loads.

17.3 If such an individual has a viral load in excess of 10^3 genome equivalents per ml they will be stopped from performing exposure prone procedures.

17.4 If such an individual has a viral load which does not exceed 10^3 genome equivalents per ml they will not need to have their working practices restricted.

17.5 **Hepatitis C**

17.6 Employment restrictions are required for healthcare workers who are Hepatitis C positive and who wish to perform exposure prone procedures. Healthcare workers who are treated for Hepatitis C with appropriate anti-viral medication and who remain Hepatitis C RNA negative 6 months after cessation of treatment will be allowed to return to performing exposure prone procedures at that time. Such individuals will be subject to 6 monthly Hepatitis C RNA testing.

17.7 Hepatitis C positive healthcare workers who do not perform exposure prone procedures will not need to have their working practices restricted.

17.8 **HIV**

17.9 Current guidance from the Department of Health recommends that previous restrictions on HIV positive healthcare workers who undertake exposure prone procedures be lifted provided that they were on effective anti-retroviral therapy, with a very low or undetectable viral load and were regularly reviewed by both their treating and Occupational Health Physician. Refer to Policy on Management of HIV Positive Healthcare Workers who Undertake Exposure Prone Procedures.

17.10 HIV positive healthcare workers who do not perform exposure prone procedures will not need to have their working practices restricted.

18. Support for staff involved in a blood borne virus incident

18.1 Any member of staff involved in an incident involving or potentially involving blood borne viruses can obtain immediate advice and support from their line manager. Further advice and support is available from the Occupational Health Department. For further information and advice refer to the 'Supporting staff involved in an adverse incident policy'.

19. Equality and Diversity

19.1 Mid Essex Hospital Services NHS Trust is committed to a Policy embracing the Equality Act 2010 in all its employment practices and strives to eliminate all unfair discrimination, harassment, bullying and victimisation. Equality of opportunity is a high priority within Mid Essex Hospital Services NHS Trust and the Trust will not unlawfully, unfairly or unreasonably discriminate or treat individuals less favourably on the grounds of gender, marital status, sexual orientation, religion or belief, disability, age, race, nationality or ethnic origin.

20. Breaches of Policy

20.1 Where there is evidence that a breach of this policy has occurred resulting in potential harm to a patient or another staff member then whilst maintaining confidentiality, it is the responsibility of all staff to report this breach as soon as reasonably possible to the most senior manager available who will then advise the Occupational Health Service and instigate an appropriate investigation.

21. Audit and Monitoring

21.1 Monitoring

21.2 Compliance with this policy will be monitored through audit by the Occupational Health Department who report to the Health and Safety Committee on a quarterly basis.

21.3 Audit of Compliance

- Compliance with this policy will be assessed 6 monthly as a minimum. The Occupational Health team will review all known incidents for the preceding quarter. This will assess compliance with the key criteria set out in the table below
- The findings of the report will be reviewed at the Health and Safety Committee and an action plan developed with named leads and timescales to address any deficiencies. Progress with implementation of the action plan will be monitored at subsequent meetings
- The audit findings will be reported to the Patient Safety Group within the Integrated Learning Report and to the Health and Safety Committee where consideration will be given to adding any residual risk to the Health and Safety Risk Assurance Framework

Criteria	Exceptions	Target Threshold % compliance
Total number of known BBV incidents		NA
Total number of known cases which received appropriate management		100%
Total number of cases reported to OHD directly or via A&E		100%
Total number of cases reported to OHD where risk assessment done		100%
High Risk: of these the number of staff who required PEP	Low risk cases	NA
High Risk: Total number of staff who received PEP		100%
High Risk: Number of referrals made to GUM		100%
Low Risk: Appropriate management and follow-up		100%
Total number of cases reported to OHD with corresponding Datix results received		100%
Total number of blood results received post incident not linked to attendance at OHD/A&E		NA
Of these known donors		NA
Of these known recipients		NA
Of these not identified		NA
Number of recipients written to once a month for 3 months asking them to attend		100%

Number who subsequently attended		100%
Total number of Datix forms received but no contact with OHD		NA

21.4 A summary of key learning points will be disseminated to all staff through the staff newsletter and to Divisional Managers.

22. Communication and Implementation

22.1 Staff will be made aware of this policy through reference at Corporate Induction and dissemination via Staff Focus. The document will be stored for access to all on the MEHT Intranet under HR Policies and will be available also on the Trust website.

23. References

1. The Health and Safety at Work etc. Act United Kingdom Parliament (1974).
2. Blood borne viruses in healthcare workers. Public Health England (2012).
3. The Management of HIV infected healthcare workers who perform exposure prone procedures: updated guidance. Public Health England (2014).
4. The Management of HIV infected Healthcare Workers. 2013 Department of Health.
5. Health clearance for tuberculosis, hepatitis B, hepatitis C and HIV: New healthcare workers. Department of Health March 2007.

Appendix 1

Universal Precautions

General measures to reduce the risk of occupational exposure to blood-borne viruses

The following measures will help to minimise the risk of exposure

- Wash hands before and after contact with each patient and before putting on and after removing gloves
- Change gloves between patients
- Cover existing wounds, skin lesions and all breaks in exposed skin with waterproof dressings. Wear gloves if hands are extensively affected
- Wear gloves where contact with blood or body fluids is anticipated
- Avoid sharps usage where possible and where sharps usage is essential, exercise particular care in handling and disposal
- Avoid wearing open footwear in situations where blood may be spilt or where sharp instruments or needles are handled
- Clear up spillages of blood promptly and disinfect surfaces
- Wear gloves when cleaning equipment prior to sterilisation or disinfection, when handling chemical disinfectant and when cleaning up spillages
- Follow safe procedures for disposal of contaminated waste
- Report all sharp injuries, mucous membranes and percutaneous exposures to blood and body fluids in accordance with the Trust Policy

Appendix 2

Standards for acceptance of evidence for EPP workers

- All new EPP workers are required to provide Identified Validated Sample (IVS) blood results for:
    - Hepatitis B Surface Antigen (HBsAg). Showing evidence of non-infectivity
    - Hepatitis C Antibodies (Anti HCV). Showing evidence of non-infectivity
    - HIV Antibodies
- Laboratory test results required for clearance for performing EPPs must be derived from an IVS. Results should not be recorded in occupational health records if not derived from an IVS
- The laboratory result must be from an identified validated sample (IVS) and must be stamped and signed by an occupational health nurse who can verify that the individual has been 'positively identified' i.e. the individual was able to supply photographic identification at the time of giving the blood sample
- An IVS is defined according to the following criteria:
    - The HCW should show proof of identity with a photograph – e.g. NHS Trust identity badge, new drivers licence, passport when the sample was taken
    - The sample of blood should be taken in the OHD
    - Samples should be delivered to the laboratory in the usual manner, not transported by the HCW
    - When results are received from the laboratory, the clinical notes should be checked for a record that the sample was sent by the OHD at the relevant time
- An original document, photocopy or fax of the laboratory report will be deemed acceptable
- The laboratory report must contain
    - Name, address and telephone number of the laboratory in print
    - The individuals name
    - Date of Birth
    - Blood Result & Date of Sample
- If the EPP worker cannot provide satisfactory evidence of their Hepatitis B status they will not be cleared for exposure prone activities

Appendix 3

Procedure for the Administration of Post-Exposure Prophylaxis (PEP)

PEP is only to be recommended if the healthcare worker (HCW) has been exposed to blood or other high risk body fluids or tissue known to be, or strongly suspected to be infected with HIV.

Action when PEP is recommended

The HCW will be given a full explanation of the recommended procedure with opportunity for discussion and full understanding. The following points should be covered:

- Explanation regarding the use of this unlicensed medication in these circumstances
- Explanation of contraindications and special precautions
- Instructions on how to take the medication, side-effects, and the recommended 28 days of the regime
- Advice regarding safe sex
- Offer counselling
- Once the procedure has been fully explained full informed written consent must be obtained. Each item on the consent form should be ticked off by the HCW
- Perform pregnancy test if HCW is female of child bearing age
- Having obtained full consent which includes an HIV serology sample for storage, the following blood samples should be taken to record baseline measurements prior to commencing PEP
    - HIV Serology (Baseline sample for storage)
    - Liver Function Tests
    - Renal profile, pregnancy test and urinalysis
- Ensure blood tests from the source were taken and screened for HBsAg, HCV & HIV
- If source blood results show no evidence of HIV infection the HCW should be advised to discontinue PEP. In this instance an appointment should be given for the HCW to attend the OHD for repeat blood tests as above to gauge what effects the PEP medication has had
- Arrange an appointment with the OH Consultant / Sexual Health clinic. Tell the HCW to report to the incident to the OHD on the next working day if not done so already
- Arrange appointments for the HCW with the OHD for follow-up blood testing for HBsAg, HCV & HIV at 3 months post incident when all results as listed above should also be repeated, and at 6 months post incident for repeat triple testing
- If the HCW is working in a role which requires the performance of exposure prone procedures they can continue working during the screening process
- Throughout this process the clinician who has dispensed the PEP must maintain regular contact with the HCW, offering support, advice and counselling
- Pregnancy should not preclude from taking PEP and a full discussion should be undertaken with the prescriber

Appendix 4

Mid Essex Hospital Services NHS Trust - Occupational Health Department
Blood and Body Fluid Exposure – Risk Assessment Form

To be completed at the site of injury when the Occupational Health Department is closed.
Send copy to Occupational Health and Wellbeing Service, C453, Second Floor, Broomfield Hospital, CM1 7ET

Name: …….. DOB: …… Contact Tel. No: ……

Job Title: …… Employer: …… Datix Form: YES / NO RCA: YES / NO

Date/ Location & Time of Incident: …… Date Reported to OH / A&E Dept: ……

Brief Description of Incident and Fluids Involved:

……

……

……

……Dominant Hand: Left / Right

Percutaneous Injury Y / N. Hollow Bore Needle Y / N. Safety Sharp Y / N
Used for……
Was the contamination fresh blood? Y / N Was the injury: Superficial (surface scratch) Y / N
Deep – (with/without bleeding) Y / N Were gloves worn? Y / N

Mucotaneous Injury Y / N. Mucous Membrane Y / N Area: ……
Broken Skin: Y / N. Area: ……
Was contaminant fresh blood? Y / N Details of other body fluids: ……
Approximate volume of blood / blood-stained fluid involved: ……

Source Details (Donor) Is the source known? Y / N

Patient Name: …… Dob: …… Hospital Number: ……

Diagnosis: …….. Treating Clinician: ……

Is there any indication in the patient's records to indicate that they are a high risk source? **YES / NO**

HIV	**Y**	**N**	**UK**
Known HIV Carrier / previous test			
On HIV treatment			
In later stages of AIDS			
Homosexual			
IV drug user			
Haemophiliac (received blood pre 1985)			
Tattoo / Body Piercing			
Lived in country where HIV is endemic *see list below			

Hepatitis C			
Known HCV carrier / previous test			
Blood products received pre 1991.			
IV drug user			
Haemodialysis patient			

Hepatitis B	**Y**	**N**	**UK**
Known HBV carrier / previous test			
Commercial sex worker			
Unimmunised healthcare worker			
Homosexual			
IV drug user			
Haemodialysis patient			
Tattoo / Body Piercing			
Lived in country where HBV is endemic *see list below			
Prison inmate			

List of Countries:
East Europe; China; SE Asia; India; Middle East; Africa; S. America; Dominican Republic; Haiti (record below).

RECIPIENT (HEALTHCARE WORKER)

Vaccination History		
Date HBV course completed: …….. Titre: ……. Is booster required? Y / N Date of last HBV booster: ……..		
First Aid: Was bleeding encouraged? Y / N Was it washed? Y / N		
Hazard / Source Patient : High Risk / Low Risk **Client Anxiety:** High / Medium / Low **Risk to Client:** **HBV**: High / Low; **HCV:** High / Low; **HIV:** High / Low		
Immediate Action Required		
Has donor blood been requested?	Y / N	Details:
Is OHA Appointment required?	Y / N	Date: ……
Is Hepatitis B Booster required?	Y / N	
Is an Anti HBs Blood Test required?	Y / N	……
Is HBV Immunoglobulin required?	Y / N	(Known vaccine non-responder exposed to HBV + source)
Has Blood sample been taken for storage	Y / N	……
Is HIV PEP required? ***(Refer to A&E)***	Y / N	Date & Time commenced: ……
Is Counselling required?	Y / N	(HIV Liaison Nurse – Chris Quinn 07710 645485)
Is Pregnancy test required? (PEP)	Y / N	Date LMP: ……
Have Baseline Bloods been taken?	Y / N	(LFT's, renal profile, pregnancy test)
Has Urinalysis been undertaken? (PEP)	Y / N	Result:
Is OHP / GUM Appointment arranged?	Y / N	Date:

OHA: (Block capitals): …… Date……

Follow-up Appointments	**Frequency (based on UK guildelines[7] for HIV and expert opinions for hepatitis B virus and hepatitis C virus & BASHH guidelines**	**Date**
Unknown Source:	**Baseline serum save** HbsAg, Hepatitis C antibodies & HIV antibodies at 12 weeks post exposure	Date: Date:
HBV Positive Source:	**Baseline serum save** Follow-up blood testing will only be necessary if the exposed person was non-immune at the time of the incident. Hepatitis B vaccination with or without second dose of hepatitis B immunoglobulin according to recommended schedule within first 12 weeks. HbsAg and Hepatitis B antibodies at 12 weeks: 24 weeks post exposure not routinely recommended unless hepatitis B immunoglobulin was given	Date: Date: Date: Date:
HCV Positive Source:	**Baseline serum save** HCV RNA (PCR) at: 6 weeks post incident	Date:
	HCV RNA & HCV antibodies 12 weeks post incident	Date:
	HCV antibodies 24 weeks post incident	Date:
HIV Positive Source:	**Baseline serum save** If PEP prescribed carry out LFT's, renal profile, pregnancy test and carry out urinalysis. Refer to sexual health clinic	Date:

Appendix 5

Guidance for the clinician caring for the source patient

These notes are designed to help you to understand the process of obtaining a blood sample from the source patient following a sharps or body fluid exposure incident which has happened to another healthcare worker (HCW).

Please note that this is not the procedure for obtaining consent for testing for blood borne viruses in the course of clinical investigation of a patient.

Before taking a blood sample from the source patient, the clinician should be clear about their responsibilities in respect of obtaining informed consent, documenting the consent in the patient's records and subsequently informing the patient of the results of the test.

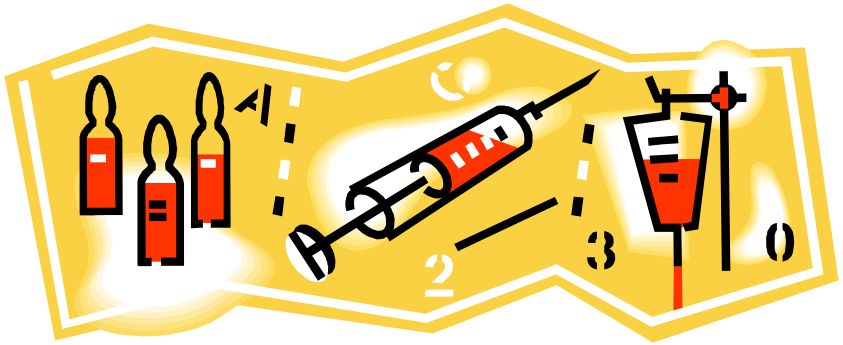
1. The pre-test discussion should be carried out in a sensitive manner, and not by the exposed member of staff.
2. Explain what has happened, maintaining the staff member's anonymity, and give the patient a copy of the information leaflet. See Appendix 5 'Patient Information Leaflet: Blood Borne Viruses'.
3. Emphasise that it is Trust policy following such incidents to approach the patient involved and request permission to test for HIV, Hepatitis B and Hepatitis C. It should be explained that the tests are the same as those done for blood donors. The approach is not made on the basis of perceived risk.
4. Explain that it is their right to refuse to give consent.
5. Explain that an HIV antibody test requires informed consent, which involves discussion prior to the test. Stress confidentiality.
6. The most recent Department of Health guidelines state that the pre-test discussion for HIV antibody testing should be considered part of mainstream clinical care i.e. should not require specialist counselling training or qualification.
7. Establish that the patient understands the meaning of an HIV test i.e. that it is not a test for AIDS, it is a test for HIV infection.
8. Discuss methods of transmission of HIV, HBV and HCV: unprotected sex, IV drug use, blood transfusions (prior to 1985 in the UK), vertical transmission, and sharps injuries. Ensure they are quite clear what they are being tested for.
9. Discuss the practical implications of the test and its result (positive or negative) e.g. life insurance (Association of British Insurers recommend that companies should only ask about positive test results), sexual relationships, work situations and medical follow-up. It is important to remain sensitive to the potential stigma associated with HIV in many communities.
10. If high-risk behaviour occurred within the preceding three months (they do not have to tell you what) explain the window period; 6-10 weeks from infection to the detection of measurable antibodies. Consider organising a follow-up test after the window period. Describe the procedure for having blood taken. Ask if the source patient wishes to know the results and if so, arrange a time to give them the results.

11. Obtain consent in writing and document in the patients records e.g. “Source patient in staff blood contamination incident. Consent requested to test for HIV, HBV and HCV”.
12. Request Hepatitis B Surface Antigen (HBsAg), Hepatitis C Antibodies (Anti HCV) and an HIV Antibody test on the microbiology form. Write “Source patient in sharps / exposure incident, informed consent obtained” in clinical details section.
13. Should a patient object to having their blood taken or tested (for whatever reason), it may be appropriate for them to be counselled to identify the problems (but the patient’s wishes should be respected and coercion should not be used).
14. Occasionally a patient is unable to give consent. Consent cannot be given by a third party e.g. next of kin. An explicit note to that effect should be made in the patient’s records and signed by the doctor involved. If the source patient is unable or unwilling to consent it is an assault to take blood for this purpose, and unlawful to test a sample obtained previously.
15. If the patient refuses consent, or it would be detrimental for the patient to be approached, or there are any other reasons why the testing is not done, record this and inform the Occupational Health Department immediately. In these circumstances the affected HCW would need to be managed as if it were an unknown source.
16. It is the responsibility of the physician to ensure the source patient is informed of all test results and make appropriate referral for treatment where required
17. It is the responsibility of the Occupational Health Department to advise the affected healthcare worker of the source patients’ blood results.

Appendix 6
Patient Information Leaflet

Mid Essex Hospital Services NHS
NHS Trust

Patient Information Leaflet
Blood Borne Viruses



Please note the box below must be completed by the Doctor or Nurse who discusses this issue with you.

For further information or queries, please contact:

Name:
……..

Telephone:
……

Signed: …….. Date:

Broomfield Hospital
Court Road
Chelmsford
Essex
CM1 7ET

Introduction

Some of our hospital staff work closely with patients and it is inevitable that at some point during their work, they will come into contact with blood, or body fluids stained with blood.

Blood can sometimes contain viruses such as Hepatitis B, Hepatitis C and HIV. If this blood accidentally comes into contact with a staff member's skin and the skin is damaged, such as a cut, graze or by an accident with a used needle or other sharp instrument this may cause an infection.

Occasions when a member of staff may be affected are:

- Following accidental injury from a used needle or other sharp instrument
- Contamination of broken skin with blood; or
- Blood splashes into the eyes or mouth

Your Assistance

If a member of staff has been contaminated with blood they may require treatment.

Following an incident where a member of staff has been exposed to blood or body fluid a risk assessment is undertaken to find out how serious it is and to decide if the staff member requires treatment.

To ensure they receive the correct treatment your blood may have to be tested and you will be asked to give your consent to this by a doctor or senior nurse.

Your blood will be tested for Hepatitis B, Hepatitis C, and HIV.

The chance of any of these viruses being present in your blood is extremely small. If they are found with your consent, your GP will be informed; as further advice will be needed.

Frequently Asked Questions

Why me?

In these situations, it is NHS policy to safeguard the health and well-being of its staff and your help is required.

Do I have to consent to these blood tests?

Your consent is entirely voluntary, but if given, will help us to reassure and treat the member of staff involved in this incident.

If I consent to these blood tests, will this affect any future requests for life insurance?

The position of the Association of British Insurers is that their companies should not ask if you have had an HIV test. They should only ask whether you have had a positive HIV test or if you are receiving treatment for HIV/AIDS. Therefore, a negative test purely because someone has been exposed to your blood should have no impact on a future request for life insurance.

Who will know about the test results?

The results of your blood tests will be made known to the staff member involved, by our Occupational Health Service, who will be managing the incident. The results will only be sent to your GP, with your consent if a positive result is found and further advice is required.

Please feel free to ask any questions from the ward team.