# Prevention and Management of Occupational Exposure to Blood Borne Viruses, Post Exposure Prophylaxis and Prevention of Sharps Injuries Policy

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| In consultation with            | NSCP Infection Prevention Control Group |
| To be read in association with  | Linen policy  
| Standard Precautions           | Decontamination policy  
| Waste policy                   | Last Offices Policy  
| Health & Safety Policy         | Standard Precautions for Infection Control Policy  
| Control of Infection policy    | Specimen collection and handling policy  
| Incident reporting policy      |
| Ratified by                    | COIG |
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| This policy supports compliance with the CQC 5 Domains: | Safe, Caring, Effective, Responsive Well Led |
| NHSLA Risk Management Standard(s): | |

If you require this document in a different format, please contact the Governance team on 01275 546831
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<td>SGE</td>
<td>Dec 2012</td>
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1. Purpose

The purpose of this policy is to provide clear information to healthcare staff on how they can minimise the risk of occupational exposure to blood borne virus infection for patients and staff from sharps, needle stick and contamination incidents.

This policy will also provide information to healthcare staff about the method of reporting potential occupational exposure incidents and explain why prompt action is important in the management of occupational exposure to blood borne viruses and the possible need for post-exposure prophylaxis.

This policy will set out the framework to manage sharps and needle stick and blood borne virus contamination incidents within North Somerset Community Partnership (‘NSCP’). The NSCP is committed to the provision of high quality services in environments that are safe for patients, staff and visitors alike.

Through the implementation and monitoring of this policy the partnership will identify, evaluate and control the associated risks.

2. Scope

This policy has been written with regards to current legislation and the policy applies to all staff either employed or contracted within NSCP.

NSCP’s Board is committed to providing the resources and support systems for the safe management of risks to staff, patients and others from blood borne viruses (BBV) and sharps, needle stick and contamination incidents in order to promote quality health care and provide a safe environment for patients, staff and visitors alike.

3. Background

Under the Health and Safety at Work Act 1974 (HSWA) and the Management of the Health and Safety at Work Regulation 1999, employers have a legal duty to protect the health of their employees and anyone else, for example the public, who may be affected by their work, or who may be on Partnership premises at any time. To comply with this legislation NSCP has employed a safety representative and has a range of policies for employees to consult in order to prevent or control risk. All employees need to familiarise themselves with the policies.

Specific legislation on hazards that arise from working with biological agents such as blood borne viruses is contained in the Control of Substances Hazardous to Health (COSHH) Regulations 2002. Under COSHH NSCP has a legal duty to assess the risk of infection for employees and others affected by their work.

Where a risk is known NSCP will, as far as reasonably practicable, take precautions to protect the health of those affected. NSCP will give employees adequate information, instruction and training on any risks to their health which they may face at work.
Blood Borne Viruses (BBVs)
Blood Borne Viruses (BBVs) are viruses that some people carry in their blood and which may cause severe disease in certain people and few or no symptoms in others. The virus can spread to another person, whether the carrier of the virus is ill or not.

The main BBVs of concern are:
- Hepatitis B virus (HBV), hepatitis C virus and hepatitis D virus, which all cause hepatitis, a disease of the liver;
- Human immunodeficiency virus (HIV) which causes acquired immune deficiency syndrome (AIDS), affecting the immune system of the body.
- These viruses can also be found in body fluids other than blood, for example semen, vaginal secretions and breast milk.
- Other body fluids or materials such as urine, faeces, saliva, sputum, sweat, tears, and vomit carry a minimal risk of BBV infection unless they are contaminated with blood.
- Care should be taken as the presence of blood is not always obvious.

Needlestick, Sharps or contamination incident
Needlestick or sharps contamination incidents can occur when a needle or other sharp instrument accidentally penetrates the skin. This type of injury is called a percutaneous injury. If the needle or sharp instrument is contaminated with blood or other body fluid there is the potential for transmission of infection. When this occurs in a work context the term occupational exposure (to blood, body fluid or blood-borne infection) is used.

Needlestick or sharps injuries and other exposures to blood and body fluids may result in the transmission of blood borne viruses include:
- Blood and blood products;
- Semen and vaginal secretion;
- Peritoneal fluid;
- Pericardial fluid;
- Synovial fluid;
- Pleural fluid;
- Amniotic fluid;
- Breast milk
- Any unfixed organs or tissues

Most cases of occupationally acquired HIV have arisen though percutaneous exposure to HIV contaminated materials. However, transmission can occur through contamination of mucous membranes of the eyes nose and mouth. The risk of transmitting blood borne viruses from patient to staff is greater than from staff to patients (HSE 2008).
Many of these incidents result from failure to comply with recommended procedures. All such incidents should be carefully reviewed to identify how recurrence might be prevented.
4. Roles and Responsibilities

4.1 The Chief Executive
Has overall responsibility on behalf of the NSCP for managing all aspects of health and safety.

4.2 The Director of Infection Prevention and Control (DIPC)
The responsibility of the Director of Infection Prevention and Control is to be directly accountable to the Chief Executive and the Board and be responsible for the organisation’s infection prevention and control team by overseeing policies and their implementation.

Ensure mechanisms are in place;
- To inform staff, patients, visitors and others to ensure that this policy is adhered to by staff and those resources are available to ensure effective implementation.
- To ensure that adequate measures are in place, through the provision of Occupation Health Service, to immunise staff against the risk of blood borne viruses.
- To ensure, through the Occupational Health Department, that procedures are in place to carry out health checks in respect of exposure to substances hazardous to health, as defined under the Control of Substances Hazardous to Health Regulations 1999 (as amended), including pathogenic organisms.

4.3 NSCP Directors and Locality Leaders
Ensure that:
- Appropriate resources are allocated to adequately control risks associated with sharps and needle stick injuries that are identified in the risk assessment process, including the provision of suitable information, instruction, training and supervision for staff.
- That procedures and guidelines identified in this policy are adhered to and that arrangements are monitored following incidents relating to sharps or needle stick and contamination incidents.
- Appropriate support arrangements continue to be available for those who are involved in or affected by such incidents.
- Staff attend the Infection Control training, including induction and update courses as per training matrix.

4.5 The Infection Control Nurse
In liaison with the Occupation Health Service will ensure the availability of up to date guidance and advice on measures to avoid the transmission of blood borne viruses between patients and staff.

4.6 The Occupational Health Department
- Responsible for keeping accurate written and electronic health and immunisation records for each employee. When screening a pre-employment questionnaire Occupational Health will inform the People Team if follow up regarding vaccinations is needed.
- Provides appropriate support and clinical follow up of contamination incidents which may include bites, scratches and body splash incidents advice is
available on a 24 hour basis via its Needlestick and Contamination hotline telephone 0117 342 4987

- The Occupational Health Department has access to post-exposure treatment where it is appropriate.

4.7 Employee Responsibilities

- All employees have a general duty to take care of their own safety and that of others who may be affected by their actions, which includes the prevention of risk of the transmission of blood borne viruses to patients and staff.

All employees must further ensure that they will

- Co-operate with North Somerset Community Partnership to enable it to meet its obligation in respect of sharps, needlestick and contamination incidents.
- Make full and proper use of the control measures identified, including the use of personal protective equipment; which includes safer needle devices
- Act in such a way as to prevent the risks of the transmission of blood borne viruses to patients and other staff.
- Attend, where appropriate, appointments with Occupational Health and give any information about their health that may reasonably be required.
- Report any accident or incident in accordance with the provisions of the Incident Reporting Policy via DATIX.
- Employees with Blood Borne Viruses should be able to work normally, unless they become ill and are no longer fit enough to do their job. If they do become ill, they should be treated in the same way as anyone else with a long-term illness.
- Generally there is no legal obligation on employees to disclose they have a Blood Borne Virus or to take a medical test for it. If an employee is known to have a Blood Borne Virus, this information is strictly confidential and must not be passed on to anyone else without the employee’s permission.

5 Immunisation

There is currently no vaccine available for HIV and Hepatitis C.

Hepatitis B immunisation

- All Health Care Workers, including students and trainees, who have direct contact with patient’s blood or other potentially infectious body fluids or tissues should be immunised against Hepatitis B. Further advice should be obtained from the Occupational Health Service.
- In 1993 the Health Department issued guidance, Protecting health care workers and patients from Hepatitis B, and an addendum was issued in 1996. Under this guidance all Health Care Workers who perform exposure prone procedures should be immunised and have their response to the vaccine checked this can be done by the Occupational Health Service.
- Non-responders to vaccination should be investigated for Hepatitis B infection by the Occupational Health Service with support from the Public Health England to identify those who may pose a risk of infection to their patients during exposure prone procedures.
• Healthcare Workers whose Hepatitis B carrier status is not known should be tested before carrying out exposure prone procedures.

6 Prevention of Incidents

Many occupational exposures to Blood Borne Viruses result from failure to adhere to basic rules concerning decontamination, waste disposal etc. Needlestick injuries and other exposures to blood and body fluids are preventable.

• Staff must adhere to standard Infection Control Precautions and careful handling procedures for clinical waste and sharps (as identified by the Waste Management Policy).
• Needlestick or sharps injuries occur when a needle or other sharp instrument actually penetrates the skin. This type of injury is called a percutaneous injury. If the needle or sharp instrument is contaminated with blood or other body fluid, there is the potential for transmission of infection, and when this occurs in a work context, the term occupational exposure (to blood, body fluid or blood-borne infection) is used.
• When blood or other body fluid splashes into eyes, nose or mouth or onto broken skin, the exposure is said to be mucocutaneous.
• The risk of transmission of infection is lower for mucocutaneous exposure than for percutaneous exposures.
• Other potential routes of exposure to blood or other body fluids include bits and scratches.

Blood or body fluid spillage

• Blood and bodily fluids may contain a high concentration of micro-organisms from known Blood Borne Virus infected individuals. If spills are large, e.g. from deep cuts, they are a source of potential infection for others who may come in to contact with the spill. All spills should therefore be made safe as soon as possible after the spillage is discovered.
• Because clearing blood or body fluid spillages may expose an individual to infectious micro-organisms, every care must be taken to ensure the member of staff is protected by the appropriate use of protective clothing.
• Spillage kits should be available for use in the event of spillage of blood or body fluid; refer to the decontamination policy.
• The following points apply regardless of the scale of the spill:
  o Gloves should be worn throughout and should be discarded safely after use.
  o If there is glass present, it is essential that the fragments are not gathered up by hand either before or after treatment with disinfectant. Pieces of card or a plastic dustpan should be used to remove the fragments to a sharps container.

Equipment and Materials

• Single use equipment should be used where appropriate, particularly where decontamination cannot be carried out effectively.
• Any reusable equipment which is to be reused and which has been employed for a procedure involving potential contact with a patient’s blood must be
sterilised or disinfected before it is reused. For further information on decontamination of equipment Refer to the decontamination policy.

- Reusable equipment must be of a type that is readily decontaminated without distortion or damage to its function. The manufacturer’s instructions must be consulted to ensure compatibility of materials with the methods of decontamination employed.
- When selecting suction and aspiration equipment, apparatus which will discharge directly into a waste outlet is preferred in order to reduce the potential for accidental spillage.

Disposal of Clinical Waste
- All waste which is contaminated with blood, tissues and other potentially infectious body fluids should be treated as “clinical waste”: refer to the clinical waste policy
- For employees working within the home environment, North Somerset Community Partnership has ensured that adequate arrangements are made for safe disposal of clinical waste both in the community as well as in the hospital setting. This is outlined within the waste policy: Refer to the waste management policy.
- In line with NICE Guidance (issued March 2012), Sharps bins must be changed after 3 months.

Labelling, transport and reception of specimens
- Any person responsible for handling specimens or other potentially hazardous material has duties under the Health and Safety at Work Act and the COSHH Regulations to conduct work safely: refer to the specimen collection handling and transportation policy.
- Other regulations which apply are: The Carriage of Dangerous Goods (Classification, Packaging and Labelling) and use of Transportable Pressure Receptacles Regulations 1996.
- Specimens from patients with known or suspected BBV infections should be conspicuously labelled or marked “danger of infection”. Accompanying paperwork should be similarly labelled. For reasons of patient confidentiality the diagnosis, if known, should not be specified.
- Specimens for transportation by hand or local transport should be despatched in individual sealable transparent plastic bags. A suitable means of containing request forms, e.g. a separate pocket on the bag should be provided: Refer to the specimen transportation policy.
- The request form should give sufficient information to the laboratory staff receiving it to assess what special precautions may be required in the laboratory. Such information is confidential and is only available to those who “need to know”. It should not be available to porters and others transporting specimens.

More detailed information on collection, labelling, despatch and transport of specimens is available in the policy on specimen collecting and handling policy, or specimen transportation that has been developed using the guidance used by the Advisory Committee on Dangerous Pathogens (ACDP), Protection against blood-borne infections in the workplace.
Contaminated Linen
As with all other contaminated items, clothing and linen stained with blood or other potentially infected body fluids which is to be reused should be handled with care and placed in suitable bags for safe storage and transportation for laundering: Refer to the linen policy.

Body handling and disposal
- When there is any risk of contact with blood and body fluids in handling bodies for any purpose, gloves should be worn and other protective clothing as necessary: Refer to the Standard Precaution policy and Last Offices Policy.
- Drainage tube sites and open wounds should be covered by waterproof dressings. Those despatching a body for storage, post mortem examination or embalming should ensure there are no sharps remaining in it.
- Wherever a person who is known or suspected to be infected with a BBV dies, it is the duty of those with knowledge of the case to ensure that those who need to handle the body, including funeral personnel, mortuary and post-mortem room staff are aware that there is a potential risk of infection. Making those who may be at risk aware of a known or suspected hazard is a statutory duty under the HSWA. Although the diagnosis should be kept confidential, the discreet use of “danger of infection” or similar labelling is appropriate, always making clear what type of precautions are needed: Refer to the Last Offices Policy.
- Any body which is externally contaminated with blood, or known or suspected to be infected with a BBV should be placed in a disposable plastic body bag as soon as possible. Absorbent material may be needed when there is a leakage, e.g. from surgical incisions or wounds. Mortuary staff should ensure that good liaison is maintained between themselves and those who submit bodies for post-mortem examination and those who collect bodies for disposal.

7 EU Directive 2010/32/EU on the prevention of sharps injuries in the health care sector

When selecting and evaluating a safety device the following feature should be considered:
- The device must not compromise patient care
- The device must perform reliably
- The safety mechanism must be an integral part of the safety device, not a separate accessory
- It should be easy to use and require little change of technique
- Activation of the device must be convenient and allow care give to maintain appropriate control over the procedure
- The device must not create other safety hazards or sources of blood exposures
- Single handed or automatic activation is preferred
- Activation must manifest itself by means of an audible, tactile or visual sign to the health professional
• Not reversible when activated
(Safer Needle Network/Partnership for Occupational Safety and Health in Health Care, 2010)

Safety representatives and safety devices users should always be consulted and involved in their selection and trial, together with specialist staff such as clinical procurement specialists, and infection prevention and control nurses.

The market in safety devices is constantly evolving and new products are being developed. The latest in a line of new innovations is a needleless injection system where an injection is delivered by high pressure rather than a needle. Many suppliers will provide organisational support, change management processes and training when new devices are introduced to a workplace.

NSCP is aware of and is working towards compliance with the EU Directive 2010/32/EU on the prevention of Sharps injuries in the health care sector.

8 Action after possible contamination with a Blood Borne Virus

If you are contaminated with blood or other body fluids, take the following action without delay:

• Wash splashes off your skin with soap and running water;
• If your skin is broken, encourage the wound to bleed, do not suck the wound – rinse thoroughly under running water.
• Dry the area and in cases of percutaneous injury (needlestick, scratch or bite) cover with a waterproof dressing.
• Wash out splashes in your eyes using tap water or an eye wash bottle, and your nose or mouth with plenty of tap water – do not swallow the water; record the source of contamination;
• Report the incident to your supervisor, line manager or health and safety adviser and your Occupational Health Service.
• Prompt medical advice is important. The Occupational Health Service has a specific Needlestick and Contamination Hotline to contact in the first instance for advice the telephone number is 0117 342 4987.
• The circumstances of the incident need to be assessed and consideration given to any medical treatment required. Treatment might be appropriate following infection with a BBV, but in order to be effective it may need to be started quickly.
• If you think you may have been infected with a BBV you have access within NSCP to support, advice and reassurance via the Occupational Health Service.

9 Post-exposure Procedures

Action after a Health Care Worker has been exposed to blood or other potentially infectious body fluids should take account of the interests of both the worker and the source patient.
The circumstances which led to the exposure should be identified and all possible steps taken to prevent recurrence. Immediately following any exposure the site of the exposure, i.e. wound or non-intact skin, should be washed liberally with soap and water but without scrubbing. Exposed mucous membranes including conjunctivae should be irrigated copiously with water, after first removing contact lenses if present. If there has been a puncture wound, free bleeding should be encouraged gently but the wound should not be sucked.

Following first aid measures Health Care Workers who sustain an occupational exposure should report the exposure promptly via DATIX and contact the needlestick and contamination hotline telephone 0117 342 4987 to seek immediate advice on further management and treatment, follow the instructions on the answer machine and remember to leave your name and contact number so that they will be able to contact you.

The source patient should be asked to consent for blood testing for Blood Borne Viruses. This will entail pre and post test counselling and obtaining informed consent.

The circumstances which led to the incident will be investigated in accordance with the provisions of the Incident Reporting Policy to ensure that steps are taken to prevent recurrence. A counselling service is available to all staff through the Occupational Health Service.

10 Post Exposure Prophylaxis

10.1 Hepatitis B Virus (HBV)
If the Health Care Worker may have been exposed to HBV infected blood post-exposure prophylaxis should be considered. The Occupational Health Service must be contacted for advice immediately following the incident.

10.2 Hepatitis C Virus (HCV)
At present no post-exposure prophylaxis is available for HCV.

10.3 Human Immunodeficiency Virus (HIV)
If the source patient is known to be infected with HIV or is considered to be at risk but has not been tested, the Occupational Health Practitioner will give advice in accordance with the UK Health Department’s advice in Guidelines on post-exposure prophylaxis for health care workers occupationally exposed to HIV. This guidance was developed by the Expert Advisory Group on AIDS (EAGA) and gives advice on:
- Assessment of the risk to a health care worker of acquiring HIV infection after occupational exposure;
- When post-exposure prophylaxis (PEP) should be recommended; the choice of anti retroviral drugs;
- How to ensure that all health care workers have immediate, 24 hour access on advice to PEP, to drugs and to appropriate support; and
- The setting up of local PEP policies and protocols.
Decisions about prescribing PEP should follow a risk assessment of the incident, based on the circumstances of the exposure and the source patient.

11 Testing and Counselling

- Within the Occupational Health Service the Occupational Health Physician will need, where possible, to obtain information from or about the source patient concerning possible indicators of Blood Borne Virus infection, including risk factors and results of previous tests for HIV and hepatitis, medical history suggestive of such infection; and details of past and current antiviral therapy in patients known to be HIV infected.
- The source patient should be asked to consent to testing for BBV infections including HIV, HBV and HCV. This will entail pre-test discussion and obtaining fully informed consent. Source patients must be able to give informed consent. Consent cannot be obtained from a third party such as a carer or parent. If the source patient is approached in a sensitive manner, it is understood that consent to testing is rarely withheld.
- A situation may arise exceptionally where it is necessary to balance the health interest of the exposed health care worker and others against those of the source patient in deciding whether or not a blood sample which has already been obtained from the patient for other purposes should be tested for evidence of infection. In such cases the doctor should have regard to the guidance in Serious Communicable Diseases issued by the General Medical Council.
- A doctor must be able to justify a particular course of action taken in exceptional circumstances.

12 Work practices during follow up

- Pending serological follow up after occupational exposure to HIV, a Health Care Worker need not avoid performing exposure prone procedures. This is because the risk of the Health Care Worker having become occupationally infected, combined with the even smaller risk of that infection being transmitted to a patient during an exposure prone procedure is of such small order as not to merit such a restriction. Advice should be given about safer sex and avoiding blood donation during the follow up period. However, in the event of the Health Care Worker seroconverting and having established HIV infection, performing exposure prone procedures must cease in accordance with EAGA’s recommendations in AIDS/HIV infected health care workers: guidance on the management of infected health care workers.
13 Reporting of incidents

- Any blood exposure must be reported promptly to the person designated to record such accidents. A full record must be prepared and preserved and the Health Care Worker referred to the doctor previously designated.
- Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995 employers may be required to report to the HSE significant occupational exposure to Blood Borne Viruses. The most likely requirement, if any, may need to report a dangerous occurrence, namely “any accident or incident which resulted or could have resulted in the release or escape of a biological agent likely to cause severe human infection or illness”. Cases of BBV infection resulting from exposure in the health care setting will also normally be a reportable disease within the meaning of RIDDOR. More detailed guidance on requirements of RIDDOR can be obtained from the Health and Safety Executive (HSE).
- Under the requirements of Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995, you have legal duties to report certain incidents and dangerous occurrences to your relevant enforcing authority. Incidents such as a puncture wound from a needle known to contain blood contaminated with a BBV should be reported as a dangerous occurrence. Further information can be found at www.hse.gov.uk/riddor and specific guidance on RIDDOR for employers in the health care sector is available.

14 Staff Training

All staff must receive training in infection control as part of their induction programme as per the NSCP training matrix. Infection Control should also be included in annual updates which are mandatory for all clinical staff. Infection control should be discussed at staff appraisals and objectives set within Personal Development plans in line with the requirements of the Hygiene Code.

Training should include:
- Induction into the Partnership
- Mandatory update training as per the training matrix
- Infection Control
- Correct Cleaning methods
- Standards Required
- COSHH regulations
- Personal Protective Equipment.

15 Audit and Monitoring

As part of the governance and risk overarching audit plan which includes infection control. Audits are undertaken to ensure that infection prevention and control is embedded within the trust using agreed audit tools. The results of the audit are fed
back to the Control of Infection committee and the Governance and Quality Group for the Community Services Committee.

16 References

Health and Safety Executive, Blood-borne viruses in the Workplace: Guidance for employers and employees 04/08


17 Appendices
Appendix 1  Occupational Exposure to Blood or Body Fluids

**Needle Stick**
Cuts and bites

**IF SKIN IS BROKEN**
ENCOURAGE BLEEDING
DO NOT SUCK THE WOUND
RUNNING WATER

Dry area and cover with a waterproof dressing

**Splashes into eyes, mouth or over cuts and abrasions**

APPLY FIRST AID
Wash in copious amounts of water

Fill out an incident form on DATIX System
Information you may need;
Source of injury details
Patient details:
  Name/DOB/diagnosis/GP/
  Specialist
  Possible risk factors for blood borne viruses

Report the incident to the line manager and contact the Needle Stick Hotline for further advice 24 hours a day

FOLLOW INSTRUCTIONS
Telephone 0117 342 4987
## Appendix 2  Equality Impact Assessment

### Equality Impact Assessment

#### Section 1: Initial Assessment

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<tr>
<th>Policy Author</th>
<th>Date of Assessment</th>
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<tr>
<td>Suzanne Golding-Ellis</td>
<td>January 2017</td>
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<thead>
<tr>
<th>Title of Policy</th>
<th>Is this a new or existing policy?</th>
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<tr>
<td>Prevention and Management of Occupational Exposure to Blood Borne Viruses, Post Exposure Prophylaxis and Prevention of Sharps Injuries</td>
<td>Existing</td>
</tr>
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</table>

1. **Briefly describe the aims, objectives and purpose of the Policy / Guidance Document:**

Provide clear information to healthcare staff on how they can minimise the risk of occupational exposure to blood borne virus infection for patients and staff from sharps, needle stick and contamination incidents.

2. **Who is intended to benefit from the proposed process and in what way?**

Staff and patients. It provides adequate protections to protect both parties against transfer of BBVs and provides clear guidance of how to manage a sharps injury.

3. **Who are the main stakeholders in relation to this Policy/Guidance?**

Staff and Patients

4. **Are there concerns that the Policy/Guidance does, or could have, a differential impact due to any of the equality areas?**  

<table>
<thead>
<tr>
<th>Equality Area</th>
<th>Y/N – delete as appropriate</th>
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<td>Age</td>
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<tr>
<td>Disability</td>
<td>Y</td>
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<tr>
<td>Gender reassignment</td>
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<tr>
<td>Marriage and Civil Partnership</td>
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<tr>
<td>Pregnancy and Maternity</td>
<td>N</td>
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<tr>
<td>Race</td>
<td>N</td>
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<tr>
<td>Religion or Belief</td>
<td>N</td>
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<tr>
<td>Sex</td>
<td>N</td>
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<td>Sexual orientation</td>
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5. **What existing evidence (either presumed or otherwise) do you have for this?**

Staff infected with BBVs are limited in performance of certain procedures. Otherwise applies uniformly to all.

6. **Based on the answers given in questions 4 & 5 is there potential for an adverse Impact in this policy/guidance?**

No

7. **Can this adverse impact be justified?**

N/A

If you have not identified adverse impact or you can justify the adverse impact, finish here.

If you have identified adverse impact that cannot be justified, please continue to Section 2

**Section 2: Full Impact Assessment**

8. **What experts/relevant groups have you approached to explore their views on the issues? Please list the relevant group/experts, how they were consulted and when.**

<table>
<thead>
<tr>
<th>Relevant groups/experts</th>
<th>How were the views of these groups obtained?</th>
<th>Date contacted</th>
</tr>
</thead>
</table>

9. **Please explain in detail the views of these groups/experts on the issues involved:**
10. Taking into account the views of the groups/experts and the available evidence, what are the risks associated with the policy, weighed against the benefits of the policy if it were to stay as it is:

<table>
<thead>
<tr>
<th>Risks</th>
<th>Benefits</th>
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<tbody>
<tr>
<td>If you have found that the risks outweigh the benefits you need to review the policy further and put together an implementation plan which clearly sets out any actions you have identified as a result of undertaking the EIA. These may include actions that need to be carried out before the EIA can be completed or longer-term actions that will be carried out as part of the policy or development.</td>
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11. Monitoring arrangements and scheduled date to review the policy and Equality Impact Assessment:

<table>
<thead>
<tr>
<th>Review Date</th>
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