

Exposure to Blood-Borne Viruses – Needlestick and Contamination Incidents (N&CI)



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Introduction

This procedure gives summary information on blood-borne viruses - Hepatitis B,C and HIV - to which you could be exposed as a healthcare worker in the Primary Care sector of the NHS.

Prevention

The most important thing is to avoid getting blood or other body fluids on you, and try not to needlestick yourself or anyone else.

- Take care when handling body fluids and sharps - think about safe disposal of sharps before you even use one.
- Treat all patients as potential risks and **WEAR GLOVES** (even for venepuncture).
- Carry a small sharps box with you, alongside your supply of needles etc.

Immunisation



If you work directly with patients, clinical samples or waste, get "in date" for Hepatitis B immunisation; there is no immunisation against Hepatitis C or HIV.

The Risks

Low, if you follow the prevention and immunisation advice above.

Hepatitis B: if the "source patient" is +ve (i.e. carries the Hepatitis B virus), and you have not been immunised, you could face up to a 30% chance of acquiring Hepatitis B following a needlestick or comparable injury.

If you have been immunised and responded (i.e. Hepatitis B antibody level >100), you should be at virtually no risk.

Hepatitis C and HIV: the risks are lower, approximately 3% and 0.3% respectively. There is no immunisation available - but if you do get exposed to infected blood, prophylactic or other treatment may be indicated: take advice as covered below in this document.

If you have a needlestick or other body fluid contamination

You will need to know about the **risk factors** of the source/patient for Hepatitis B, C and HIV. These are summarised in the boxes labelled A, B and C on the Key Action Points overleaf.

You need to find out as much as you can about any risks posed by the source patient.

Although not ideal, you may need to do this for yourself, for example if you are working alone. You could ask the patient directly, or you may need to seek help from their GP or the 'on call' doctor.

Be Prepared

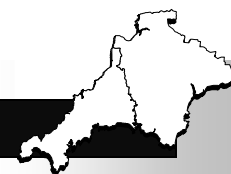
- Get "in date" for Hepatitis B.
- Carry a portable sharps box alongside your supply of needles etc.
- Plan your response to a needlestick in case you have one - make sure you know from where and how to take advice. See the **KEY ACTION POINTS** below. (Carry the pocket guide of this advice with you at all times – see page 10 for a copy.)

**KEY ACTION POINTS****In the event of a needlestick, or other contact with a patient's blood or other body fluid:**

1. Administer simple first aid – encourage bleeding of the wound then wash thoroughly under running water. Apply a waterproof plaster to the injury if possible.
2. Find out about any *risk factors*: e.g. tactfully ask the source patient directly, or review the notes or contact the source's GP. Use the Significant Risk Factors table overleaf.
3. If both the fluid (A) and source (B) risks are HIGH (see table on next page):-
 - and indicate possible exposure to HIV - you should take further advice without delay, as you may need prophylaxis for possible HIV exposure (HIV-PEP). If possible this should happen within 1 hour of injuring yourself.
 - and you are not immune, or do not know if you are immune, to Hepatitis B - take further advice without delay
 - a. Inform the Practice at which you are based and the doctor for the source (GP or on-call doctor).
 - b. Contact the **Accident and Emergency Department** at your nearest District General Hospital.
 - c. State that you are NHS staff and may have been exposed to a possible HIV/Hepatitis B risk through a needlestick, or body fluid contamination, incident.
 - d. Notify the Occupational Health Service of the incident so that they can complete the follow up process.

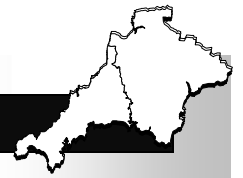
REPORT ALL other needlestick/contamination incidents to the Occupational Health Service.

**They can be contacted on 01752 762116
8am – 5pm Monday to Friday (excluding Bank Holidays)**



A: THE FLUID RISK	B: THE SOURCE RISK	C: THE INJURY RISK
<p style="text-align: center;">Blood</p> <p><u>Blood stained</u> - amniotic fluid, vaginal secretions, semen, breast milk. CSF, peritoneal, pleural, pericardial, synovial fluids, unfixed organs/tissues, burns fluid, saliva, vomit, urine or faeces.</p>	<p style="text-align: center;">Believe s/he is infected with, or may have been in contact with others who are known to carry</p> <ul style="list-style-type: none"> • HIV • Hepatitis B • Hepatitis C <p>Is there evidence in the source's medical records of infection with HIV, HBV, or HCV (positive blood tests; history suggestive of clinical infection; documented concern over possible infection?)</p>	<p style="text-align: center;">Deep Injury</p> <p>Hollow bore needle, or needle from artery or vein. Blood stain on item. Percutaneous injury from needle, bone spicule or instrument. Exposure of victim's broken skin (eczema, cuts etc). Mucous membrane (eyes, mouth) exposure. Bite or scratch.</p>

4. For ALL incidents, within 24 hours of the incident, you should endeavour to:
- a. get the source blood tested for Hepatitis B, C and HIV. You will need to obtain the assistance of the GP for the source.
 - b. have a sample of your own blood (serum) saved (but not tested) by the laboratory – write "NHS staff, needlestick recipient, please store" on the request form.
 - c. arrange a Hepatitis B booster - or start a Hepatitis B immunisation course if you have not previously had one. If you have and did not develop immunity, you may need immunoglobulin - take advice as action point 3 above.
 - d. inform the OH for Primary Care team on 01752 762116 (fax 01752 762117) who will help you with any follow up and support that may be needed, and/or answer any queries.
 - e. fill in a Needlestick/Contamination reporting form (copy at the end of this document), and fax it to the OH for Primary Care team (fax number above).

**You have responsibilities:**

- as an employer or manager in protecting your staff against blood-borne viruses.
- as a GP or on call doctor for the recipient or the source of a needlestick or other body fluid contamination incident.

You are recommended to consider the following regarding staff:

- make sure that they are aware of the risks.
- make sure that they know about safe working practices for using and disposing of sharps.
- make sure that they are advised to be "in date" for Hepatitis B immunisation (don't forget cleaners who handle waste, as well as doctors, dentists nurses and others).
- make sure that they know how to respond, and how and from whom to take advice if they suffer a needlestick.

Pocket-sized cards bearing the main points of this guidance are available. Make sure that these are freely available in the Practice and that all staff carry them with them at all times. (Contact the OH Service for supplies.)

A3 posters with more detailed advice are available for display in your Practice.

Doctors may also wish to consider:

Patient: If you know you have a Hepatitis B, C or HIV+e patient, inform your staff who may take their blood, give them injections or handle their body fluids. There may be confidentiality issues, but it may be reasonable to consider warning staff that there is a potential infection risk.

Needlestick Source: You may be involved in assessing the risk from the source patient; it is desirable to gain their consent for Hep B, Hep C and HIV testing.

Needlestick Recipient: You may be asked to offer advice to the needlestick recipient - who may be upset - as to whether they need HIV post exposure prophylaxis. This is available at your local acute trust hospital A&E Depts. and if it is to be started should ideally be done so without delay – if possible **within an hour or so of a high-risk incident.**



Incident Reporting and Further Advice

- The DGHs **Derriford: 0845 155 8155** (24 hour Service)
 Torbay: 01803 614 567
 Treliske: 01872 250 000
 RD&E: 01392 411 611
 North Devon: 01271 322577
- During Monday - Friday Office hours contact: the **OH Service on 01752 762116**
- Microbiology/HIV/GUM physicians at the DGHs above

REFERENCES

- Hep B:** Communicable Diseases Review Vol 2 No 9 14 Aug 1992.
 (Hep B immunisation post needlestick etc.)
- Dept of Health, Immunisations Against Infectious Diseases 2006.
- Dept of Health, HSG(93)40 and EL(96)77 of 1994 and 1996.
 Protecting healthcare workers and patients from Hep B.
- Hepatitis B infected health care workers.
 Health Service Circular HSC 2000/020 dated 23 June 2000.
- Hep C:** Communicable Disease and Public Health .
 Guidance on the investigation and management of occupational
 exposure to hepatitis C.
 Vol 2 No 4 Dec 1999 258-262
- Hepatitis C Infected Health Care Workers.
 Health Service Circular 2002/010 Dept of Health 4 Aug 2002.
 <http://www.doh.gov.uk/hepatitisc>
- BMJ 1996; 312: 357-364
 A rational approach to the management of Hep C infection.
- BMA Board of Science and Education
 A guide to Hep C; 1996
- HIV:** HIV post exposure prophylaxis.
 Guidance from the UK Chief Medical Officers' Expert Advisory Group on AIDS.
 <http://www.advisorybodies.doh.gov.uk/eaga/publications.htm>
 Feb 2004 replacing PL/CO(2000)4 dated 21 July 2000.
- HIV Infected healthcare workers.
 Health Service Guidelines, NHS Executive.
 HSC 1998/226 dated 10 Dec 1998.

Other Background Information



Guidelines on pre-test discussions on HIV testing.
DoH , March 1996.

GMC - Duties of a Doctor & Serious Communicable diseases (i.e. if infected etc)

UK Health Departments - Guidance for clinical health care workers.
Protection against infection with blood-borne viruses.
Expert advisory group on Hepatitis, April 1998.

Occupational Medicine 2000 Vol 50 No 6; reviews relevant to HCW's,
Hep B, C, HIV, MDRTB etc.

Draft - DoH Jan 2003

Health clearance for serious communicable diseases: new health care workers.
Also covers TB - NOTE: Updated May 2004



**Needle-stick Injury/Contamination Incident (N&CI)
- Reporting Form**

If you have suffered a needlestick injury or contamination incident please complete both sides of this form and fax it to the OH Service without delay (preferably within 12 hours of the incident). **Fax number 01752 762117**

You will be contacted by the OH Service shortly to ensure that you are receiving appropriate follow up for the incident.

If you would like help completing this form or you would prefer to talk to one of the OH Service Team please **phone 01752 762116**

A - Your Details:

- 1. **Your Name**
- 2. **Job Title**
- 3. **Place of Work**
- 4. **Work Tel**
- 5. **Home Tel**

B - Details of the Incident:

- 1. **Date and Time of Incident**
- 2. **What happened? (Describe the type of injury, the part of your body affected, what type of injuring device [if any]). Continue on an additional sheet if necessary.**

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- 3. **What immediate action did you take? (i.e. what first aid measures were taken and to whom have you reported the incident?)**



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4. Any other information that you feel is relevant:

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**C - Details of the Source
(If the Needlestick was Contaminated):**

1. Name of Source.....

2. Date of Birth.....

3. Hospital Number (if available).....

4. Address

5. Tel. No.....

**6. Name of GP/Midwife Looking After
Source Patient**.....

**7. Have any blood samples been taken from the source because of
this incident? (If yes, please give details).**

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Thank you for completing this form.
Please fax it to the OH Service without delay – they will be in touch with you shortly
Fax Number 01752 762117



Copy of Pocket Card / Issued Aid Memoire N&CI

*Occupational Health for Primary Care
in Devon and Cornwall*



Needlestick/Contamination Injury - Key Points

If you have suffered a needlestick injury, or contamination incident (bite, scratch etc.), please follow these 4 basic instructions as closely as possible.

1. Make the wound bleed. Wash it under running water.
2. Find out about the risk posed to you. Look at the table on the reverse of this card. Ask the patient or look in his/her notes.
3. If both the Fluid (A) and the source (B) are high in the table overleaf and indicate possible exposure to HIV **ACT NOW**- contact your local A&E Dept.
 - State that you are a member of NHS staff in Primary Care and that you may have been exposed to HIV via a needlestick injury.
 - You will need to go to the A&E Department as soon as possible.

You should also attend A&E if the risk of exposure to Hep B is high and **you are not immune to Hep B**
4. Get a sample of the patient's blood (with consent) for testing and get a sample of your own blood for storage.

During office hours contact the OH Service for more detailed advice/follow up on 01752 762116.

Significant Risk Factors

Find out about the risks posed to you by answering these questions, then follow the instructions overleaf.

A. Is the FLUID...	B. Does the SOURCE/PATIENT...	C. Is the INJURY...
<ul style="list-style-type: none"> ❖ Blood? ❖ <u>Blood Stained</u> – amniotic, vaginal, Semen, breast milk, CSF, peritoneal, pleural, pericardial, synovial, burns fluid, saliva, urine, faeces, vomit 	<p>Believe s/he is infected with, or may have been in contact with others who are known to carry</p> <ul style="list-style-type: none"> ❖ HIV ❖ Hepatitis B ❖ Hepatitis C <p>Is there evidence in the medical records of infection with HIV, HBV or HCV (positive blood tests; history suggestive of clinical infection; documented concern over possible infection)</p>	<ul style="list-style-type: none"> ❖ Deep? ❖ Caused by a hollow bore needle or needle used on an artery or vein?

Within the first 24 hours after a needlestick injury;

- Inform the Practice at which you are based
- Inform the OH Service on 01752 762116

Copy of Needlestick Poster

Have You Suffered A Needlestick Or Contamination Incident?

You may be at risk of infection from a blood-borne virus. Have you suffered:

- Skin puncture
- Splashes to eyes/mouth
- Contamination of your broken skin
- Bite or scratch... with someone else's blood or body fluid?

No

There is no significant risk of infection to you. But all injuries and dangerous occurrences should be recorded.

In all cases they will advise and support you through this process - See your OH Manual for more information

Yes

First Aid

Immediately - Squeeze the wound, make it bleed, wash and rinse well.

Immediately - Contact the Practice at which you are based. Find out as much as you can about the patient/source risk factors.

Is the person:

- known or strongly suspected to be HIV positive?
- known to be Hep B positive and you are not immune to Hep B?

No

Within 24-48 Hours
Ensure incident is followed up properly (see OH manual).

Yes

Immediately - Go to A&E
(within 1 hour of incident if possible).
Say you are a member of Primary Care staff and you have received a high risk needlestick injury.



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