Public – To be published on the Trust external website

Title: Accidental Inoculation

Ref: IPC-0001-001-v5.1

Status: Published pending retrospective approval
Document type: Procedure
Overarching Policy: Infection Prevention and Control Policy

Contents

1 Introduction

Exposure to blood or other potentially infectious body fluids may result in the transmission of blood-borne viruses (BBV's), including HIV, hepatitis B virus (HBV) and hepatitis C virus (HCV). This procedure addresses and provides guidance for the specific aspects of accidental inoculation treatment and provides relevant risk assessment to be completed following exposure of staff, patients or visitors.

This procedure supports Our Journey to Change as set out in the overarching Infection Prevention and Control Policy.

Accidental inoculation injuries and BBV's exposure risk are a well-known risk in the health and social care sector. Transmission of BBV infection most commonly occurs after a needlestick or other sharp injury with exposure to blood or other body fluid. Not all patients with BBV's have had their infections diagnosed. Therefore, all blood, body fluids and tissues are regarded as potentially infectious, and staff should scrupulously avoid contact with them in all circumstances by following Standard Precautions. This is a key part to ensuring that we deliver outstanding and compassionate care which is appropriate for the individual person, ensuring that staff feel competent and supported in carrying out the requirements of the procedure will ensure that they feel well managed and understand why this work is meaningful.

2 Purpose

Following this procedure will help the Trust to:-

- Ensure that all staff are aware of the risks of infection as a direct result of a sharps, splash or bite injuries that breaks the skin
- Implement control measures informing staff how to manage and report such injuries
- Comply with Local and National Guidance

3 Who this procedure applies to

This procedure applies to all healthcare professionals and employees working in all areas, departments, wards and services of TEWV NHS Foundation Trust. Consideration should be given to patients and visitors who may sustain an inoculation injury in the workplace, or who may have to assess or treat a member of staff having suffered an inoculation injury. This includes human bites that break the skin and scratching or blood and body fluid splashes.

The procedure ensures that the document content aligns to the Trust values, so any person affected are treated with compassion, respect and responsibility.

3.1 Roles & Responsibilities

Role	Responsibility
Line manager	• Ensuring the exposed person reports and responds to the inoculation or exposure incident immediately • Making urgent arrangements to allow the exposed person to attend the occupational health service or Accident and Emergency department • Ensuring that appropriate follow up takes place as necessary, working collaboratively with Occupational Health, including completion of risk assessments • Ensuring that learning from incidents is shared • Report any potential RIDDORs to the Health and Safety Team • To complete risk assessment (appendix b)
All Trust employee's	• All staff have a responsibility to ensure they are aware of the contents of this procedure and to follow the guidelines in the event of an inoculation injury • To report all inoculation and exposure incidents to an appropriate line manager immediately and follow the advice given to them • To contact the Trust's Occupational Health service -Optima Tel No: Core hours number (9-5) 01618 319701 • Out of hours number 0330 008 5969 or Accident and Emergency department if the injury is from a known HIV positive source and/or PEP is indicated due to patient risk factors • If staff are advised to take PEP, it is their responsibility to complete the course prescribed. • Complete Inphase incident form
Responsible Clinician	• Give advice on informed consent (appendix d) and take blood samples from source individual after gaining patient consent or contact on call Consultant Microbiologist for advice.
Nursing / Medical Team	• will guide and support the affected staff member and source individual through the risk assessment process. • Complete the risk assessment (appendix a)

Role	Responsibility
	• Contact Occupational Health Core hours number (9-5) 01618 319701 • Out of hours number 0330 008 5969 • Explain to the source what has happened while maintaining recipients confidentiality; • Explain that it is Trust policy to ask permission to test the source involved in exposure incidents for HIV, HBV and HCV; • Explain the reason for this i.e. emergency treatment is available to the recipient and may need to be given immediately; • Tell the source that they have the right to refuse a blood test; • Inform the source that the result is confidential; • With the source's agreement, the ward/unit doctor will take a blood sample and label • following standard practice. • Complete the microbiology request and state on it: • Urgent – Contamination injury, take patient bloods Please test for HIV Ab, HepBsAg, HBV and HCV • Send the sample to the nearest microbiology laboratory. • If there is a risk of the patient being HIV positive, then the Occupational Health Optima must be informed; • If the source is known to be Hepatitis C positive, these incidents can be followed up in the Occupational Health local clinic as antiviral therapy is only considered four weeks post exposure if the recipient has acquired the Hepatitis C virus. • Notify Health and safety team of any potential RIDDORS • If the patient lacks the capacity to consent. Decisions about testing the infection status of incapacitated patients, after a needlestick or other injury to a healthcare worker. Current law does not permit testing the infection status of an incapacitated patient solely for the benefit of a healthcare worker

Role	Responsibility
	involved in the patient's care. Concerns about how best to care for healthcare workers who may have had high risk exposure to a serious communicable disease, where the patient's infection status is unknown, should be raised with occupational health, and legal advice sought where necessary.
Infection Prevention & Control (IPC) Team	• To deliver training on the prevention and management of accidental inoculations as part of routine IPC training. • Support staff member with further training/advice if required • Duty nurse on calls will review InPhase forms sent from H & S to initiate any support / advice • Review incidents of all inoculation injuries at the IPC Committee. Agree any lessons learnt or shared learning events.
Health & Safety Team	• Escalate RIDDOR incidences to H & S executive • Send any completed InPhase to IPC team to review. • Offer support to IPC team as and when required.
Occupational Health – Opitma	• Assessment and follow up of all inoculation injuries of employees of TEWV NHS • The auditing and monitoring of inoculation injuries and presenting audit details to the IPCC on a regular basis • The support of staff who have sustained an inoculation in jury • Reporting Injuries, Diseases and Dangerous Occurrences in Health and Social Care

4 Related documents

This procedure describes what you need to do to implement the accidental inoculation section of the Infection Prevention and Control Policy.

The Standard (Universal) Precautions for Infection Prevention and Control defines the universal standards for IPC which you **must** read, understander and be trained in before carrying out the procedures described in this document.

This procedure also refers to: -

- ✓ BBV Blood Borne Virus Procedure
- ✓ Health and Safety (Sharp Instruments in Healthcare) Regulations 2013
- ✓ Sharps – Safe use and Disposal

5 Bodily fluids which pose a risk of Blood Borne Virus (BBV) infection

- ✓ Amniotic fluid;
- ✓ Cerebrospinal fluid;
- ✓ Human breast milk;
- ✓ Pericardial fluid;
- ✓ Peritoneal fluid;
- ✓ Pleural fluid;
- ✓ Saliva in association with dentistry;
- ✓ Synovial fluid;
- ✓ Unfixed human tissues with organs;
- ✓ Any bloodstained body fluid;
- ✓ Exudate or tissue fluid from burns or skin lesions.

6 What is an Accidental Inoculation Injury

An Accidental Inoculation injury can be defined as includes:

- **Percutaneous injury:** a breakage of skin from used needles, scalpel blades and other sharps contaminated with blood, and injuring and drawing blood from the exposed person. Sharps which are unused or not contaminated with blood are **not** a risk for transmission of BBV;
- **Mucotaneous injury:** Splashes of blood including heavily blood stained mucus into eye, nose or mouth;
- Contamination of diseased or damaged skin with blood;
- Human bites drawing blood or leaving visible puncture marks.
- Human spit that is blood stained and hits the recipients face.

There is no evidence of transmission of BBV infection after non-significant exposures such as: -

- Exposure of intact skin
- Exposure to vomit, faeces or urine (unless visibly blood stained)
- Exposure to sterile or uncontaminated sharps

7 Preventing Accidental Inoculation Injury

Sharps

All persons are responsible for ensuring that they use and dispose of needles and other sharps responsibly and in accordance with the Trust procedure, Sharps - safe use and disposal. Unprotected medical sharps must have integral 'safer sharp feature' where it reasonably practicable to do so (HSE, 2013).

Human Bites

Human bites drawing blood or leaving visible puncture marks is difficult to avoid. If biting is anticipated, then suitable bite guards should be worn to protect arms and/or hands. Bite resistant clothing reduces the risk of human teeth penetrating the other person's skin but does not stop the potentially painful effect due to the pressure and force being used. So, the risk of infection will be eliminated but the risk of bruising remains

Person Centred Behaviour support (PBS) approaches should be used to reduce the risk or severity of injury.

Human bites drawing blood or leaving visible puncture marks could potentially result in BBV exposure risk.

Spitting

If spitting is anticipated then suitable personal protective equipment should be applied including gloves, aprons, face masks and eye protection as deemed necessary. Prevention of spitting is often difficult to achieve and Person Centred Behaviour support (PBS) approaches should be used to reduce the risk or severity of injury.

Bloodstained spit where the spit hits the recipient in the face could potentially result in bloodborne virus exposure risk:

Splashes

To prevent splashes of blood including heavily blood-stained mucus into eye, nose or mouth and contamination of diseased or damaged skin with blood you **must:**

- ✓ Utilise Personal Protective Equipment (PPE) available.

Cover any diseased or damaged skin with a waterproof, impervious plaster/dressing.

7.1 Recommendations / standards

- Gloves **must** be seam free and non-latex (powder-free);

- Appropriately fitted non sterile gloves **must** be used for undertaking venepuncture;
- Sharps containers **must** conform to the British Standard Specification 7320 (UN3291) and be available for use when required. Ensure that the container is sited in a safe and secure place not on the floor and not accessible to other patients / clients or visitor;
- Prior to disposal label sharps container stating ward/unit name and date of disposal;
- Hepatitis B vaccinations are recommended for some health care staff. Contact the Occupational Health Department for further details.
- If spit is not bloodstained and/or does not hit the recipient in the face, this should not be reported as an accidental inoculation / exposure incident.
- All clinical teams that have the potential for inoculation injuries, please print and display poster (appendix c) in clinical area to support with management of inoculation injury.

8 Management of Inoculation & Exposure Incidents

8.1 Initial management of all Inoculation Injuries

Bleed it, wash it, cover it & report it

- If the skin **is not** punctured and there is no visible bleeding complete InPhase incident report and then no further action is required;
- If the skin is broken you **must** follow the Needlestick/bite exposure flowchart (8);
- Encourage the wound to bleed by applying gentle pressure to the surrounding skin for a few seconds.
- Gently wash the area under running water.
- Do not suck the wound.
- Do not scrub the wound
- Cover wound with a waterproof dressing;

If splashes into the nose or mouth occur rinse out with copious amounts of water for 1 to 2 minutes. If into the eye, remove contact lenses if necessary and rinse with saline eyewash if available or warm water;

8.2 Guidance following initial management

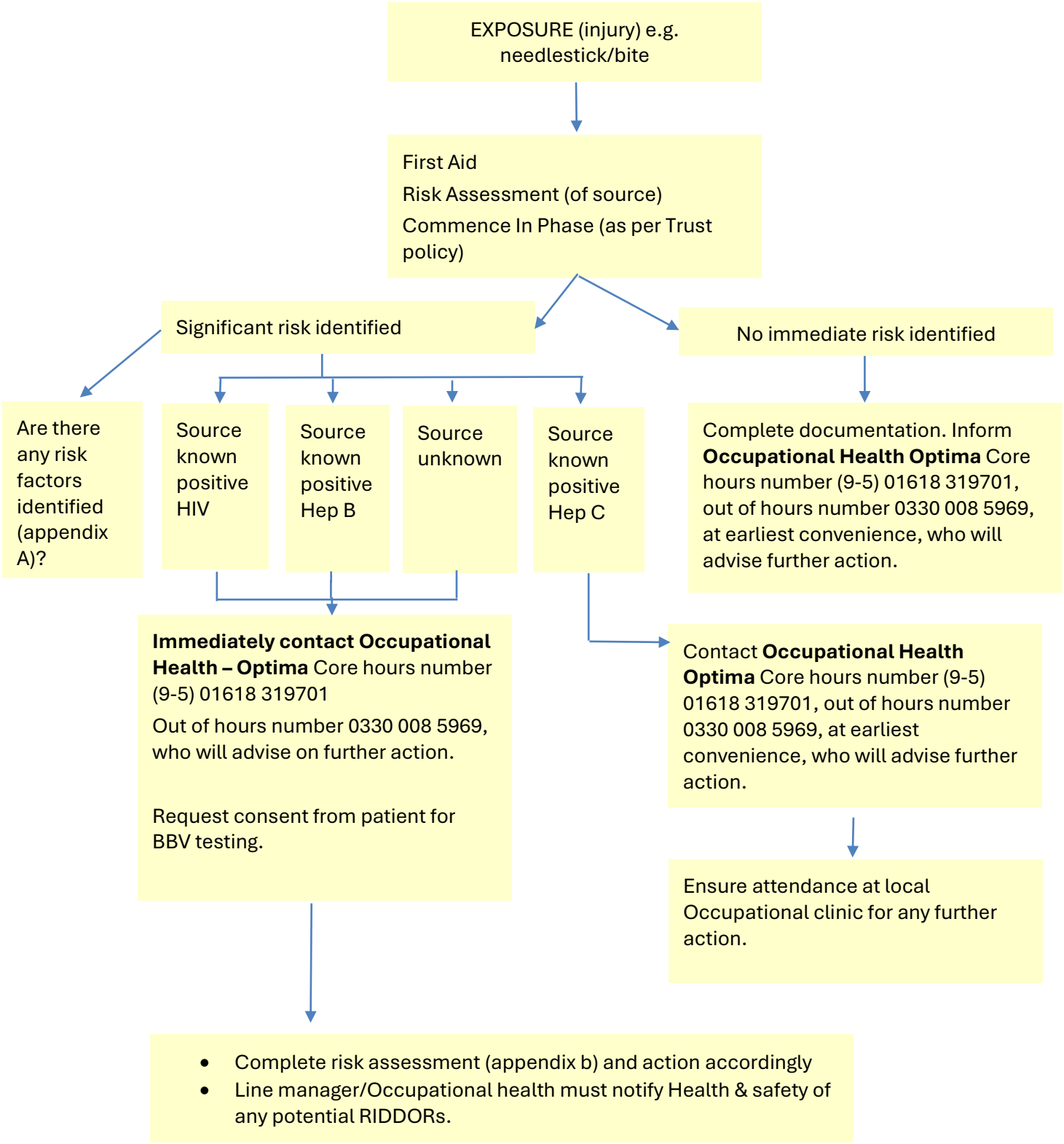
- Report to line manager immediately
- Contact **Occupational Health Optima** immediately on. Core hours number (9-5) 01618 319701. Out of hours number 0330 008 5969

- Alternatively, you can attend A & E. In the case of a source individual being infected with HIV, Post Exposure Prophylaxis (PEP) should be given as soon as possible after the incident. Maximum efficiency is within 72 hours of an injury.
- Injured party/line manager to complete an incident report form
- Undertake the necessary risk assessment (appendix A & B)

8.3 Management if a patient has an inoculation incident

- Report to line manager and ward doctor
- Conduct risk assessment from the source (appendix a)
- Obtain relevant consent and arrange for necessary blood tests. The patient will be managed according to the results of the blood tests.
- If there is a high risk of BBV following the risk assessment contact infectious diseases (appendix 3) to discuss necessary PEP.

9 Needlestick / bite exposure flowchart



10 Source known flowchart

Complete Risk Assessment (appendix a)

- High Risk Exposure Incident Percutaneous e.g. Needlestick/scratch/sharp. Mucotaneous e.g. Bodily fluid on broken skin or on mucos membrane
- High Risk Bodily Fluids: Blood, Amniotic fluid, human breast milk, Pleural, pericardial pericardial peritoneal. Synovial fluid, salvia associated with dentistry, semen / vaginal secretions, unfixed tissue/organs, vomit, faeces, urine (only when contaminated with blood).
- Known Hepatitis status
- Known HIV positive
- Risk factors for HIV e.g. A known history for practicing anal intercourse, prostitute contact, sexual contact with a partner from an area with a high prevalence for blood borne viruses. Patients from parts of the world where HIV and other BBV are endemic. IV drug user, unprotected sex with HIV positive partner, blood transfusion in the UK before 1992, received plasma products prior to 1985 in the UK.
- Action for **any high risk factors** identified in the assessment contacted A & E to discuss appropriate post exposure prophylaxis (PEP) and further management.

10.1 Source Unknown

Possible HIV, HBV and HCV risk following exposure to blood and body fluids

Risk assessment involves assessment of the type of patient and nature of the injury;

- High risk patients include:
  - Intravenous drug users (current and past users);
  - A known history for practicing anal intercourse, prostitute contact, sexual contact with a partner from an area with a high prevalence for blood borne viruses?
  - Patients from parts of the world where HIV and other BBV are endemic.

All concerns discuss with Occupational Health Department.

10.2 Risk assess the source individuals for BBV

Epidemiology of the disease must be identified by completing appropriate risk assessment (appendix A)

11 Occupational Health Information

The Trust's occupational health service is run by Optima. They provide:
•Occupational health
•Physiotherapy
•Counselling services
•Needlestick injury support
Core hours number (9-5) 01618 319701
Out of hours number 0330 008 5969

12 Terms & Definitions

Term	Definition
Accidental inoculation	Defined as a puncture/break of the skin caused by: • All penetrating sharps/needle injuries; • Contamination of abrasions or mucous membranes with blood or body fluids; • Scratches/bites involving broken skin, (i.e. causing bleeding or other visible skin puncture).
BBV	Blood-borne virus
PEP	Post Exposure Prophylaxis
Recipient	The injured person
Safety sharps	Medical sharps that incorporate features or mechanisms to prevent or minimise the risk of accidental injury
Source	The person whose blood or body fluid has come into contact with the recipient (injured person).

13 How this procedure will be implemented

1. This procedure will be published on the Trust's intranet and external website.
2. Training will be included in the IPC mandatory training package both face to face and via E-Learning

13.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training

All staff	Mand and stat training	Part of IPC training	annually

14 How the implementation of this procedure will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	InPhase reports of accidental inoculation	As received reviewed by IPC duty nurse	Feedback to IPC committee meeting quarterly
2	Incident report provided by Optima	Quarterly report reviewed by members of IPC committee	IPC Committee

15 References

Russell P (1997) Reducing the Incidence of Needlestick Injuries Professional Nurse 12 (4).

Medical Devices Agency (2001) Safe Use and Disposal of Sharps MDA SN2001 (19) MDA London

U.K. Health Departments (1998) Guidance for Clinical Healthcare Workers: Protection Against Blood-borne Viruses

British Standards Institution (1990) Specification for Sharps Containers BS7320 BSI London

The Management of Health, Safety and Welfare issues for NHS Staff (2005) Chapter 18 Blood Borne Viruses? Safer Needles Network

NHS Executive NHS 2000 (020) Hepatitis B Infected Health Care Workers

Health and Safety at Work Act (1974)

Health and safety guidance (Sharp Instruments in Healthcare) Regulations 2013. Guidance for employers and employees.

Health and Safety Executive (2013) Health and Safety (Sharps Instruments in Healthcare) Regulations 2013 Guidance for employers and employees (HSE)

HSG (93) 26 Decontamination of Equipment prior to Inspection Service or repair (DoH)

HSC 2002 / 2010 Hepatitis C Infected Health Care Workers (DoH)

HSE (2013) Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. Guidance for employers and employees

Hepatitis B: the green book, chapter 18. Public Health England 2013
Hepatitis B: the green book, chapter 18 - GOV.UK (www.gov.uk)
(Accessed 16/12/2021, 14.00hrs)

The Management of Health, Safety and Welfare issues for NHS staff (2005) Chapter 18 Blood Borne Viruses. NHS Employers

Loveday HP et al (2013) EPIC 3: National Evidence Based Guidelines for preventing healthcare associated infections in NHS England. The Healthcare Infection Society, Elsevier Ltd.

16 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval	02 May 2025
Next review date	20 October 2025
This document replaces	IPC-0001-001-v5.1 Accidental Inoculation procedure
This document was approved by	IPCC (pending formal retrospective at next meeting)
This document was approved	(pending)
This document was ratified by	n/a
This document was ratified	n/a
An equality analysis was completed on this policy on	October 2022
Document type	Public
FOI Clause (Private documents only)	n/a

Change record

Version	Date	Amendment details	Status
1.0	7 Mar 2013	New document	Withdrawn
	9 Apr 2014	Change to telephone number	Withdrawn
	Nov 2014	Changes to contact details and telephone numbers	Withdrawn
2.0	Jul 2015	Full review – no changes required	Withdrawn
3.0	May 2018	Reviewed in line with current and national guidance. Minor changes include removal of the 72 hour report sent by Health and Safety and advice regarding spitting incidents.	Withdrawn
3.1	13 Jan 2020	Occupational health contact details updated	Withdrawn
3.1	July 2020	Review date extended 6 months	Withdrawn
4	22 Oct 2021	Full review. Minor wording changes only and transferred to new template	Withdrawn
5	20 Oct 2022	Full review, list of changes here:-	Withdrawn

		Change 1, Roles and responsibilities reviewed and determined Change 2, Introduced risk assessment for source Change 3, Introduced risk assessment for accidental inoculation Change 4, Introduced source advice letter	
5.1	02 May 2025	Occupational Health Provider updated to new provider (Optima), including flowchart and poster at appendix C. System reference to datix amended to current system InPhase. (published pending retrospective formal approval)	Published pending formal retrospective approval.

Appendix 1 - Equality Analysis Screening Form

Please note: The Equality Analysis Policy and Equality Analysis Guidance can be found on the policy pages of the intranet

Section 1	**Scope**
Name of service area/directorate/department	Nursing and Governance/ IPC and Physical Healthcare
Title	IPC-0001-001 v5 Accidental Inoculation Procedure
Type	Procedure
Geographical area covered	Trust-wide
Aims and objectives	To comply with the HCAI code of Practice of the Health and Social Care Act 2008 To ensure Accidental Inoculation procedure is robust and adhered to by all trust staff To ensure Accidental Inoculation procedure is in line with the principles outlined within Our Journey to Change
Start date of Equality Analysis Screening	April 2025
End date of Equality Analysis Screening	April 2025
Section 2	**Impacts**
Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	All trust staff and visitors from other healthcare/ partner organisations
Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups?	• **Race** (including Gypsy and Traveller) **NO** • **Disability NO** • **Sex NO** • **Gender reassignment** (Transgender and gender identity) **NO**

	• **Sexual Orientation** (Lesbian, Gay, Bisexual and Heterosexual etc.) **NO** • **Age** (includes, young people, older people – people of all ages) **NO** • **Religion or Belief** (includes faith groups, atheism and philosophical beliefs) **NO** • **Pregnancy and Maternity** (includes pregnancy, women who are breastfeeding and women on maternity leave) **NO** • **Marriage and Civil Partnership** (includes opposite and same sex couples who are married or civil partners) **NO** • **Veterans** (includes serving armed forces personnel, reservists, veterans and their families **NO**
Describe any negative impacts	No barriers or access envisaged to implementing this procedure.
Describe any positive impacts	Adherence to the Accidental Inoculation Procedure will support the appropriate management of any exposure incidents for patients, staff and visitors
Section 3	**Research and involvement**
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	Yes - see reference section for full list of information sources
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	No
If you answered Yes above, describe the engagement and involvement that has taken place	
If you answered No above, describe future plans that you may have to engage and involve people from different groups	
Section 4	**Training needs**

As part of this equality analysis have any training needs/service needs been identified?	No
Describe any training needs for Trust staff	No
Describe any training needs for patients	no
Describe any training needs for contractors or other outside agencies	no

Check the information you have provided and ensure additional evidence can be provided if asked

Appendix 2 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

	Title of document being reviewed:	Yes / No / Not applicable	Comments
1.	**Title**		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2.	**Rationale**		
	Are reasons for development of the document stated?	Yes	
3.	**Development Process**		
	Are people involved in the development identified?	Yes	
	Has relevant expertise has been sought/used?	Yes	
	Is there evidence of consultation with stakeholders and users?	N/A	
	Have any related documents or documents that are impacted by this change been identified and updated?	N/A	
4.	**Content**		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are supporting documents referenced?	Yes	
6.	**Training**		
	Have training needs been considered?	Yes	
	Are training needs included in the document?	Yes	

	Title of document being reviewed:	Yes / No / Not applicable	Comments
7.	**Implementation and monitoring**		
	Does the document identify how it will be implemented and monitored?	Yes	
8.	**Equality analysis**		
	Has an equality analysis been completed for the document?	Yes	
	Have Equality and Diversity reviewed and approved the equality analysis?	Yes	
9.	**Approval**		
	Does the document identify which committee/group will approve it?	Yes	
10.	**Publication**		
	Has the policy been reviewed for harm?	yes	
	Does the document identify whether it is private or public?	yes	Public
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	N/A	

Appendix 3 – Further Support, Information & Advice

- **Infection Prevention and Control Team, TEWV**

  IPC Team
  Admin Office: Telephone: 0191 333 3584
  IPC team Email address: tewv.ipc@nhs.net

  Out of Hours: Contact your Duty Manager on call and email details to IPC who will respond next working day.

- **Infection Control Medical Advice:**

Service Level agreement with Infectious Disease Consultant	James Cook University Hospital South tees Hospitals NHS Foundation Trust	01642 850850

- **Occupational Health Department**
  01254 311300 / Helpline: 0330 6600 365

- **Accident and Emergency Departments**

  University Hospital North Durham
  0191 333 2134
  Darlington Memorial Hospital
  01325 743 481
  Bishop Auckland General Hospital
  01388 455000
  James Cook University Hospital
  01642 850850
  North Tees and Hartlepool General Hospital
  01642 617617
  Scarborough General Hospital
  01723 368111
  York District General Hospital
  01904 631313

- **Sexual Health Services**

  University Hospital of North Durham
  0191 372 8700
  Darlington Memorial Hospital
  01325 743 203
  Bishop Auckland General Hospital
  0191 372 8700
  Teesside sexual health hub
  0300 3301122
  Scarborough & York teaching hospitals
  01904 721111

Appendix A – Risk assessment of source individual

Name of person completing assessment			
Contact Number			
Date		**Time**	
Ward/Department			

Question	Yes	No
1. Is this individual known to be HIV positive? If **YES,** are they on antiretroviral therapy?		
2. Is this individual a known carrier of Hepatitis B?		
2 a Is the individual fully vaccinated against Hepatitis B? Do they know their status?		
3. Is the individual a known carrier of Hepatitis C?		
4. Is there a known history of recreational intravenous drug use?		
5. Is there a known history of high-risk sexual behaviours?		
6. Has the individual had major surgery abroad where routine screening of blood products may be questionable?		
7. Has the individual been resident or worked in an area where BBVs are endemic?		
8. Has the individual received plasma products prior to 1985 in the UK?		
9. Has the individual received a blood transfusion prior to 1992 in the UK?		
10. Does the individual have a disorder that requires transfusion of blood or blood products?		
11. Has the individual consented to a specimen of blood to be taken following completion of this checklist for: Hepatitis BsAg, Hepatitis C & HIV and for the release of the results to the injured HCW?		
12. Has the specimen of blood been taken and sent?		
13. Has the individual been given the source information advice sheet? (Appendix D)		

Appendix B – Risk Assessment of Inoculation Incident

Occupational Health Optima provide inoculation Injury helpline. **Please ensure that a copy of this form is forwarded to the OHD as soon as possible (01618 319701 - core hours and 03300085969 out of hours)** to ensure that follow-up appointments can be arranged

Name			
DOB			
Dept / Ward / Home Contact Telephone			
Location of Incident			
Date and Time of Incident			
Mechanism for Reporting	InPhase		
Date and Time reported to OHD		**InPhase Received**	Yes/Awaiting

Brief Description of Incident:

Exposure: Percutaneous…….Go to A Mucotaneous……..…Go to B
(Needlesticks /Sharps/Bone) (Mucous Membrane/Broken Skin)

A. Percutaneous Injury:

Hollow Bore Needle? Y/N
Solid Needle? Y/N
Other Sharp? (Please specify)
……
Was the contaminate fresh blood? Y/N
Location of Injury ……..……..
Was the Injury 1. Superficial (surface scratch)? Y/N
2. Moderate (penetrated skin)? Y/N
3. Deep (with or without bleeding)? Y/N
Were gloves worn? Y/N

A. Mucotaneous Injury:

Mucous membrane? Y/N Area……
Broken Skin? Y/N Area……

Was contaminate fresh blood Y/N (*Please circle as appropriate*) Venous / Arterial blood / Blood stained fluid

What was the approximate volume of blood/blood stained body fluid involved? mls

Vaccination History:

Hepatitis B Covered Y/N Last booster date:

First Aid

Bled? Y / N **Washed?** Y / N **Covered?** Y / N

Has an initial blood specimen been obtained from Health Care Worker Y / N Date:

If yes, was a sample stored for future Blood Borne Viruses Y / N Date:

SOURCE INDIVIDUAL DETAILS:
(The patient whose blood or bodily fluid is involved in the exposure)

Was the source individual:

Identified Name/Hospital No ……

DOB …… Ward/Department……

What risk factors if any is the patient known to have (e.g. IV Drug User / Haemophiliac)?

Are they known to be?

HIV Positive Negative Unknown

* If source is HIV positive, are they on antiretroviral therapy? Yes No

HBsAg Positive Negative Unknown

HCV Positive Negative Unknown

Was the status known at the time of the incident? Y / N

Source individual blood requested? Yes / No / Advised ……..

Source individual blood obtained? Yes / No / Advised ……..…

Blood should be tested for HEP B Surface Antigen / HEP C / HIV with patient's informed consent, result copied to Occupational Health.

Unidentified ***(e.g. needle from sharps bin)*** Y / N

Has the Health Care Worker started on Post Exposure Prophylaxis Y / N

ACTION REQUIRED:

Part 1 Date Client Contacted Date attended OH

OHA Appointment? Y/N …… ……
Hepatitis B booster? Y/N …… ……
Hepatitis B Titre? Y/N …… ……
Blood for storage? Y/N …… ……
Hepatitis B test due 12/24 Y/N 12wk……...
24wk……
Hepatitis C test due 6/12/24 Y/N 6wk…….. 12wk……..
24wk……
HIV (12 & 24 weeks) Y/N 12wk…….. 24wk……..
Immunoglobulin? Y/N …… ……
Counselling? Y/N ……

Part 2

HIV Post Exposure Prophylaxis recommended? Y/N

If Yes:

Counselled? Y / N
Consented? Y / N
Pregnant? Y / N
LMP? Y / N
Baseline Bloods Taken? Y / N
Urine analysis? Y / N Result……
OH Physician appt. arranged <3 days? Y / N Date……..
Commenced PEP? Y / N Date…….
Time between incident and first dose …… Hrs/Mins……..……

Follow Up and Comments

CONCLUSIONS	
Exposure / Injury	Significant / Insignificant
Hazard / Source individual	High / Low
Risk to Client	Hepatitis B: **High/Low** Hepatitis C: **High/Low** HIV: **High/Low**
Client Anxiety	High / Medium / Low
Advice given by OHD:	

Signed		**Date**	

Appendix C – Accidental Inoculation Poster

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

Be sharp
Act smart
Follow the flowchart

If you sustain a sharps injury

- Bleed it
- Wash it
- Cover it
- Report it

All accidental inoculation injuries must be reported to Occupational Health.
Please contact:

Tel: 01618 319 701 (09:00 - 17:00)
Tel: 0330 008 5969 (Out of Hours)

Appendix D – Source Individual Advice Sheet

SOURCE INDIVIDUAL INFORMATION SHEET

Accidental Exposure of Health Care Workers to Blood or Body Fluids

Unfortunately, one of our Health Care Staff has accidentally been exposed to your blood or another of your body fluids.

It is usual practice for Health Care Workers (HCW) who have been exposed in this way to have tests and treatments to ensure that they do not become infected with one of the more serious viruses such as Hepatitis B, C or HIV. The potential treatments are often complicated and can result in unpleasant side effects for the health care worker concerned over a period of several weeks.

Guidance from the Government's Department of Health recommends that in the situation described above, all source individuals are asked to give a blood sample. This request for a blood test from you is routine and is called for in all cases of accidental exposure to blood. It is not being requested from you because your doctors suspect that you have a virus infection - indeed if this were the case, they would have discussed the matter with you before now. The test is being performed to help protect the health of your HCW and help them avoid taking an unnecessary course of treatment or having to have unnecessary tests.

One of the clinical staff will discuss with you about obtaining a blood sample and will be able to answer any other questions you may have. You will be told the results of your blood test and what it means by the doctors caring for you. The results will also be made available to the Occupational Health (OH) team who are looking after the HCW involved in the accident. Simply having a blood test for Hepatitis B, C or HIV in circumstances such as these will have no effect on your ability to get life insurance or a mortgage if the result proves to be negative.

We thank you for your support.