Shropshire Community Health
NHS Trust

Document Details	
Title	Blood Borne Viruses Policy - First Aid of Needlestick injury including management of patients
Trust Ref No	1518-76940
Local Ref (optional)	
Main points the document covers	This policy details guidance to first aid of needle stick injury and patient placement within the Community Hospitals with a Blood Borne Virus
Who is the document aimed at?	All staff with direct patient contact
Author	Associate Director of Infection Prevention and Control
Approval process	
Who has been consulted in the development of this policy?	This policy has been developed by the IPC team in consultation with appropriate Senior Operations and Quality Managers, clinical services managers, Specialist Nurses and UKHSA
Approved by (Committee/Director)	Infection Prevention and Control Committee
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Sub Category	Infection Prevention and Control
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Amendments History		
No	**Date**	**Amendment**
1.	June 2022	Policy split into three, Prevention and management of needlestick Injuries Occupational Health Policy, Sharps safety Health and Safety Policy, Blood Borne Virus, first aid, and patient placement Infection Prevention and Control Policy
2.		

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Management of Occupational Exposure to Blood Borne Viruses

Broken Skin Injury / Exposure by:

- Used Needlestick / Sharp
- Human Bite
- Blood splash on broken skin

Recommended Immediate Actions

- Encourage the affected site to bleed
- Wash with soap under running water
  - alcohol hand gel can be used if no access to soap and water

Splash to Mucous Membrane (eyes or mouth) with:

- Urine
- Vomit
- Faeces
- Sweat

Splash / spill onto **intact** skin needs to be washed with soap and water – no further action required

Recommended Immediate Actions

Irrigate under running water 1-2 minutes

If contact lenses are worn irrigate before removal and after

Follow-up Actions:

- Inform Line Manager / Supervisor
- Report to Occupational Health (telephone number 01743 283280)
  - If Out of Hours, attend A&E

! If a member of the public or contractor, they need to be sent to A&E, staff must inform A&E that they are on their way

Is the source of injury considered to be a high HIV risk?

Consider – if source known check their status, if source unknown, are there any known high-risk patients' currently or recently in the area

YES

Contact Microbiology Consultant urgently on **01743 261000** for advice on recommended course of action / treatment

NO

Where the source patient is known, a separate staff member should:

- ☐ Explain the incident to the patient and obtain consent for blood tests (see Appendix 1)
- ☐ Obtain 5mls clotted blood (red top for SaTH) from both the injured staff member and the consented patient (if applicable) for:
  - HBV surface antigen
  - HCV antibodies
  - HIV high risk
  - Hep C risk factor
  - Hep C PCR

Needlestick injury boxes, containing all relevant forms, are located at each Community Hospital and Craven Arms

! Refer staff member to Occupational Health for follow-up of bloods and further actions

Patient placement and Management of the Environment

Patient Placement

Is the patient currently high-risk?

- e.g. oesophageal varices
- significant diarrhoea
- haematuria
- altered behaviour due psychiatric or neurological disorder
- Open wounds with non-compliance with dressings

YES

Admit to a single side-room

- Display 'Source Isolation' sign on door
- Complete 'Isolation Checklist' and submit a copy to: shropcom.ipcteam@nhs.net

NO

Admit to bay

- No restrictions required
- Continue to monitor for onset of any high-risk symptoms and manage accordingly

Management of the Environment

Any bodily fluid spills:

- Must be cleaned up promptly, wearing the appropriate PPE:
  - using the relevant spill kit, if available (blood or urine kit), and following the instructions contained within
- Spills of **Urine / Faeces / Vomit / Sputum**:
  - Chlorine releasing agents **must not** be used directly on urine spills
  - Cover the spill with disposable paper towels to soak up spillage/gross contamination
  - **Clean the area with a solution of 1,000ppm of chlorine releasing solution or Tristel Fuse**
- Spills of **Blood or other high-risk body fluid (see list below)**:
  - Apply chlorine releasing granules directly onto the spill, if available

  Or
  - Cover the spill with paper towel towels, to contain the spill
  - Apply a solution of 10,000ppm of chlorine releasing agent (neat Milton) or Tristel Fuse to the towels – allow 3 minutes contact time
  - Clear away the soaked paper towels, placing in the clinical waste

  Then
  - Clean the area with detergent and warm water, then dry or allow to air dry

PPE

Gloves and **apron** must be worn where a risk of contact with blood or body fluids is anticipated (*Standard Precautions*)

Eye protection must be worn where there is a risk of splashing

Linen

No special precautions are required unless soiled with a bodily fluid, when the item must be placed in a red alginate bag and then into a clear linen bag

High-risk Body Fluids

- Cerebrospinal fluid
- Peritoneal fluid
- Pleural fluid
- Synovial fluid
- Amniotic fluid
- Semen
- Vaginal secretions
- Breast milk
- Any other body fluid with visible blood (excluding urine)

1 Introduction

Accidents with blood and body fluids may occur within healthcare or community settings and may be associated with a small but significant risk of transmission of one of the BBVs such as Hepatitis B (HBV), Hepatitis C (HCV) or Human Immunodeficiency Virus (HIV). The risk of seroconversion is low but a great deal of anxiety can arise from involvement in a needlestick injury, other inoculation incident or body fluid exposure incident. Such anxiety is often disproportionate to the actual risk but the individual should be dealt with promptly and sympathetically. The rights and wellbeing of the patient who was the potential source of the infectious material also need to be considered, particularly in relation to counselling before testing for HIV.

2 Purpose

The policy provides guidance and advice on how to perform first aid following an inoculation injury, PPE required and safe management of patients within the Community Hospitals who have a confirmed BBV.

This policy applies to all services directly provided by the Shropshire Community Health NHS Trust (SCHT) and all clinical staff should familiarise themselves with the policy.

3 Definitions

Exposure to BBVs may occur wherever an individual is exposed to blood or body fluids where transmission is possible, for example, sharps injuries, bites, splashes of blood or body fluids into the eyes or mouth; or contact with blood or body fluids with broken skin.

Needlestick or other sharps injuries involve needles, sharp-edged instruments, razors, sharp tissues such as shards of bone or teeth and other items which are likely to be contaminated in use by blood or body fluids and which may cause laceration or puncture wounds.

Body fluids implicated in transmitting blood-borne viruses include the following:

- Blood
- Cerebrospinal fluid
- Peritoneal fluid
- Pleural fluid
- Pericardial fluid
- Synovial fluid
- Amniotic fluid
- Semen
- Vaginal secretions
- Breast milk
- Any other body fluid containing visible blood, including saliva in association with dentistry
- Unfixed tissues and organs

For the purposes of this policy an inoculation incident refers to needlestick or other sharps injury, or any other exposure to blood borne viruses as described above.

Term / Abbreviation	Explanation / Definition
A&E	Accident and Emergency
AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral therapy
BBV	Blood Borne Virus

CSSD	Central Sterilising Services Department
DIPC	Director of Infection Prevention and Control
GUM	Genito Urinary Medicine
HBsAG	Hepatitis B Surface Antigen
HBIG	Hepatitis B Immunoglobulin
HBV	Hepatitis B Virus
HCAI	Healthcare Associated Infection
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
IPC	Infection Prevention and Control
IVDU	Intravenous Drug User
MIU	Minor Injuries Unit
OH	Occupational Health
PEP	Post Exposure Prophylaxis
PEPSE	Post Exposure Prophylaxis following Sexual Exposure
PCR	Polymerase Chain Reaction
PIR	Post Infection Review
PPE	Personal Protective Equipment
PRH	Princess Royal Hospital
RCA	Root Cause Analysis
RIDDOR	Reporting of Injuries, Disease, and Dangerous Occurrences Regulations
RSH	Royal Shrewsbury Hospital
SaTH	Shrewsbury and Telford Hospitals
SCHT	Shropshire Community Health NHS Trust
SENDS	Safety Engineered Needle Device Systems
TSE	Transmittable Spongiform Encephalopathy

4 Duties

4.1 The Chief Executive

The Chief Executive has overall responsibility for ensuring infection prevention and control is a core part of Trust governance and patient safety programmes.

4.2 Director of Infection Prevention and Control

The Director of Infection Prevention and Control (DIPC) is responsible for overseeing the implementation and impact of this policy, challenge inappropriate infection prevention and control practice and delegates to the Associate Director of Infection Prevention and Control.

4.3 Associate Director of Infection Prevention and Control

The Associate Director of Infection Prevention and Control (Deputy DIPC) is responsible for overseeing the implementation and impact of this policy, make recommendations to the DIPC for change, challenge inappropriate infection prevention and control practice and highlight any concerns to the DIPC.

4.4 Infection Prevention and Control Team

The Infection Prevention and Control (IPC) team is responsible for providing specialist advice in accordance with this policy, for supporting staff in its implementation, and assisting with risk assessment where complex decisions are required.

The IPC team will ensure this policy remains consistent with the evidence-base for safe practice, and review in line with the review date or prior to this in light of new developments.

4.5 Managers and Service Leads

Managers and Service Leads have the responsibility to ensure that their staff including bank and locum staff etc. are aware of this policy, adhere to it at all times and have access to the appropriate resources in order to carry out the necessary procedures.

Managers and Service Leads will ensure compliance with this policy is monitored locally and ensure their staff fulfil their IPC mandatory training requirements in accordance with the Trust Training Needs Analysis. This compliance will include risk assessment related to sharps, and the provision of safer sharps where the assessment indicates it will reduce the risk.

4.6 Staff

All staff have a personal and corporate responsibility for ensuring their practice and that of staff they manage or supervise comply with this policy, ensuring staff fulfil their mandatory IPC training including the sharps handling and inoculation injury element.

4.7 Duty to Prevent Needlestick/ Inoculation Injuries

The Trust has a duty to reduce the risk of transmission of blood-borne viruses to staff at work under the Control of Substances Hazardous to Health Regulations (COSHH) 2002 and in accordance with the Trust's Health and Safety policy.

4.8 Responsibilities of Individuals in the Event of an Inoculation Injury

The following sets out key responsibilities of individuals in the event of an inoculation injury, injury with a sharp object contaminated with blood or high risk body fluid, splashing of blood or body fluids onto mucus membranes or a break in the skin, a bite or scratch where the skin is broken.

4.9 Affected member of staff

- Perform first aid or seek assistance
- Seek prompt advice from Occupational Health (OH) working hours Monday to Friday 08:30-16:30, Department or Accident and Emergency (A&E)
- Report incident to line manager in accordance with the Trust's incident reporting procedures

4.10 Manager

- Report incident using the Trust's mechanism if this has not already been done. Report urgently to Occupational Health (OH) if individual has not done so or if external contract staff are involved
- Alert the Risk Management Team to the potential need to make a Reporting of Injuries, Disease, and Dangerous Occurrences Regulations (RIDDOR) report

4.11 Clinician responsible for patient

- Informed consent and collection of sample from patient (if known)
- If the clinician responsible for the patient is the individual injured, then another clinician should arrange consent and sample collection

4.12 A&E

- Initial assessment of staff member's immunity
- Initial Hepatitis B immunisation or dispensing of anti-HIV drugs (PEPSE), following discussion with Consultant Microbiologist

4.13 Occupational Health

- Follow-up immunisations and assessment
- Preliminary counselling

4.14 Occupational Health and Consultant Microbiologist

- Risk assessment to determine appropriate action including anti-HIV drugs. Consultant Microbiologist is available on-call outside normal working hours via Shrewsbury and Telford Hospital (SaTH) switchboard 01743 261000

4.15 Committees and Groups

4.15.1 Board

The Board has collective responsibility for ensuring assurance that appropriate and effective policies are in place to minimise the risks of healthcare associated infections.

4.15.2 Quality and Safety Committee

Is responsible for:

- Reviewing individual serious incidents/near misses and trends/patterns of all incidents, claims and complaints and share outcomes and lessons learnt
- Agreeing and escalating key risks/items of concern to the appropriate Directors and/or the Trust Board

4.15.3 Infection Prevention and Control Governance Group

Is responsible for:

- Advising and supporting the IPC team
- Reviewing and monitoring individual serious incidents, claims, complaints, reports, trends and audit programmes
- Sharing learning and lessons learnt from infection incidents and audit findings
- Agreeing and escalating key risks/items of concern to the appropriate Directors and/or the Quality and Safety Committee
- Approval of IPC related policies and guidelines

5 Procedure Following Inoculation Injury

All members of the public (including contractors working on a Trust site) who have been injured by a discarded sharp or had other significant exposure to blood or body fluids should be advised to report to an A&E Department following the initial first aid of the inoculation injury on the flow chart).

Immediately after the accident all Trust staff must follow the procedure outlined below:

- Remove any blood-soaked clothes
- Encourage bleeding of the sharp or bite injured area and gently squeeze the surrounding skin for a few seconds
- Do not suck on the wound
- Wash the affected skin area gently with plenty of soap and running water alcohol hand gel can be used if no access to soap and water

- Cover the wound with a suitable dressing
- If mouth or eye(s) are exposed, irrigate with eyewash, sterile saline, or tap water for 1-2 minutes
- If contact lenses are worn, irrigation should take place before and after removing the lenses. Clean lenses in normal manner before re-insertion
- Inform a manager and during usual working hours, telephone Occupational Health. If the OH service is closed, seek advice from the local A&E department and contact the OH service on the next working day
- If the source patient is known or strongly suspected to be HIV positive, the injured person should present at A&E for risk assessment and if necessary, discussion with the Microbiologist. If prophylactic anti-HIV drugs are needed, they should ideally be given **within one hour**. Starter packs are located in the A&E departments at Princess Royal Hospital (PRH), Telford and at The Royal Shrewsbury Hospital (RSH)
- An incident report must be completed using the Trust's normal incident reporting procedures. Incident reports relating to these exposures will be dealt with confidentially

Where the source of the blood or body fluid is unknown

- Take 5ml clotted blood from the injured person and send to Virology for measurement of Hepatitis B antibody levels and storage

Where the source of the blood or body fluid is known

- Take 5ml clotted blood from the injured person and send to Virology for measurement of Hepatitis B antibody levels and storage.
- Obtain the name, hospital/NHS number and location of the patient who was the source of the needle, blood or body fluid and write this on the request form. This is important as, after testing, it enables the Occupational Health Adviser or Medical Microbiologist to assess the risk to which the staff member has been exposed.
- Contact the location to arrange for a blood sample to be taken from the patient. The blood sample may need to be taken promptly e.g. if the patient is only in the hospital for a short visit. If the patient has left the hospital, or is a community based patient, then useful information might be obtained from the clinical or nursing notes.
- The clinician caring for the source patient, or a doctor independent of any medical staff injured, should undertake a pre-test discussion with the source patient to ensure informed consent is obtained prior to obtaining blood specimens (for example see Appendix 1). The patient has the right to refuse any tests and should not be tested without giving consent. Consent does not have to be written but should be documented in the patient's notes.
- Take 5ml clotted blood from the source patient and request testing for Hepatitis B surface antigen, Hepatitis C antibody and HIV testing. Write the name of the injured staff member on the form from the patient.
- It is the responsibility of the clinician or team caring for the source patient to ensure the patient's GP is aware of the results of the blood tests when they become available.
- If staff member is working within a Community Hospital or Craven arms there are inoculation injury boxes where blood forms and bottles are kept for the patient if they consent and staff member who has sustained the inoculation injury and information charts. These are managed by the Occupational Health team.

5.1 Assessment of the Risk of Transmission of Infection

Significant exposures include:

- Needlestick injury
- Injury with sharp object contaminated with blood or high risk body fluid
- The splashing of blood or body fluid onto mucous membrane or break in skin
- A significant bite or scratch where skin is broken

Contamination with urine, vomit, faeces, sweat or saliva (unless in dentistry) is NOT a significant risk unless it is visibly blood-stained.

Spillage of blood or body fluids on to intact skin needs to be washed off with soap and water but further action is not required.

If the incident did not risk transmission of infection e.g. contaminated body fluids, only in contact with intact skin or the needle did not penetrate the skin, no further action will be needed.

Assessment of risk is carried out via Occupational Health Needlestick Policy.

5.2 Management of a patient with a BBV within the Community

Patients with a blood borne virus who are bleeding, have a bleeding tendency or are at high risk of sudden bleeding (e.g. significant oesophageal varices) should be cared for in single rooms. This is also required where patients have significant diarrhoea, incontinence or altered behaviour due to psychiatric or neurological disease. All wounds should be covered with a dressing and changed as per care plan and when there is leakage. Please see isolation risk matrix below to include all alert organisms found in the Isolation Policy.

Patients who are adequately self-caring and do not fit into the above categories do not require isolation. They may be admitted to the open ward and allowed the same activity as other patients.

5.3 PPE requirements

GLOVES must be:

- worn when exposure to blood and/or other body fluids, non-intact skin or mucous membranes is anticipated or likely
- changed immediately after each patient and/or after completing a procedure/task even on the same patient
- changed if a perforation or puncture is suspected
- appropriate for use, fit for purpose and well-fitting
- never decontaminated with ABHR or soap between use.

NB Double gloving is NOT recommended for routine clinical care

APRONS must be:

- worn to protect uniform or clothes when contamination is anticipated or likely, e.g. when in direct care contact with a patient.
- changed between patients and/or after completing a procedure or task.

FULL BODY GOWNS OR FLUID-RESISTANT COVERALLS must be:

- worn when there is a risk of extensive splashing of blood and/or body fluids, e.g. operating theatre, ITU
- worn when a disposable apron provides inadequate cover for the procedure or task being performed
- changed between patients and removed immediately after completing a procedure or task

- sterile when worn in operating theatres and for insertion of central venous catheters, insertion of peripherally inserted central catheters, insertion of pulmonary artery catheters and spinal, epidural and caudal procedures

EYE OR FACE PROTECTION (INCLUDING FULL-FACE VISORS) must:

- be worn if blood and/or body fluid contamination to the eyes or face is anticipated or likely, e.g. by members of the surgical theatre team and always during aerosol generating procedures; regular corrective spectacles are not considered eye protection
- not be impeded by accessories such as piercings or false eyelashes
- not be touched when being worn.

5.4 Linen

To be disposed of in clear linen bags if soiled with bodily fluids or isolated with an infection such as MRSA, ESBL etc. The linen should then be placed in a red alginate bag and then a clear bag as per isolation policy.

5.5 Cutlery

There is no need for separate cutlery.

5.6 Information and Checklist for Staff

The use of Standard Precautions, including hand hygiene, use of PPE e.g. disposable aprons and gloves; care in handling blood and body fluids and careful handling of needles and sharps ensures safety in day-to-day practice. Additional PPE may be required such as wearing eye/face protection after a risk assessment has been undertaken as to the risk of splashing etc. Refer to the National IPC Manual C1636-national-ipc-manual-for-england-v2.pdf

Accidents still occur that expose staff to the risk of acquiring infection from a patient. The most common is a 'needlestick injury' when a used needle or other sharp object penetrates the skin and causes bleeding. Surgical accidents with sharps including knives, razors, needles and bone spicules also occur as does the splashing of a patient's body fluids into the eyes or mouth, or the spillage of body fluids on to broken skin and open cuts.

The highest risk of transmission is from the hepatitis B virus but even if the patient is found to be an infectious carrier, you can be protected by injections of immunoglobulin or hepatitis vaccine after the accident. If you have not previously been vaccinated or do not respond to hepatitis B vaccine, hepatitis B immunoglobulin and the hepatitis B vaccine course started ideally within 48 hours of the accident. The vaccine will also give you future protection. If you have had the hepatitis vaccine in the past you still need to report an inoculation injury for your level of immunity to be checked.

The risk of infection with HIV worries many people. However, the chance of acquiring HIV from a needlestick injury is extremely low because the virus is very much less infectious than hepatitis B. In the event of a high risk inoculation injury, a 4-week course of anti-HIV drugs can be offered.

Hepatitis C can also be transmitted by exposure to infected blood and body fluids. However, blood tests can be undertaken over a period of 6 weeks to 6 months to see if you have become infected and this offers the opportunity for early treatment of the infection.

Blood from you after an accident is never tested without your permission. All inoculation/exposure to BBV incidents are dealt with in strict confidence. Support, discussion and professional counselling can be arranged if necessary.

During the follow-up period, you should not donate blood, semen or any other tissue. Condoms should be used during sex to reduce the risk of transmitting infection to sexual partners.

6 Consultation

This policy has been developed by the IPC team in consultation with appropriate Locality Clinical Managers, advisors/specialists (e.g., Medical Advisor, Specialist Nurses, Medicine Management), Microbiology, Health and Safety, PHE and IPC Governance Group members.

A total of three weeks consultation period was allowed and comments incorporated as appropriate.

6.1 Approval Process

The IPC Governance Group will approve this policy and its approval will be notified to the IPC Committee.

7 Dissemination and Implementation

This policy will be disseminated by the following methods:

- Managers informed via Datix who then confirm they have disseminated to staff as appropriate
- Awareness raising by the IPC team
- Published to the Staff Zone of the Trust website

The web version of this policy is the only version that is maintained. Any printed copies should therefore be viewed as 'uncontrolled' and as such, may not necessarily contain the latest updates and amendments. When superseded by another version, it will be archived for evidence in the electronic document library.

7.1 Advice

Individual Services' IPC Link staff act as a resource, role model and are a link between the IPC team and their own clinical area and should be contacted in the first instance if appropriate.

Further advice is readily available from the IPC team or the Consultant Microbiologist.

7.2 Training

Managers and service leads must ensure that all staff are familiar with this policy through IPC induction and update undertaken in their area of practice.

Staff who handle sharps must also complete safer sharps and safe disposal of sharps Check to Protect documents found on SCHT Staff Zone (shropcom.nhs.uk)

In accordance with the Trust's mandatory training policy and procedure the IPC team will support/deliver training associated with this policy. IPC training detailed in the core mandatory training programme includes standard precautions and details regarding key IPC policies. Other staff may require additional role specific essential IPC training, as identified between staff, their managers and / or the IPC team as appropriate. The systems for planning, advertising and ensuring staff attend are detailed in the Mandatory Training Policy and procedure. Staff who fail to attend training will be followed up according to the policy.

Additional training will be required in the correct use of safer sharps.

Further training needs may be identified through other management routes, including Root Cause Analysis (RCA) and Post-Infection Review (PIR) following an incident/infection outbreak or audit findings. By agreement additional ad hoc targeted training sessions will be provided by the IPC team.

8 Monitoring Compliance

Monitoring compliance with the reporting of inoculation incidents, the process for management of inoculation incidents and the inoculation incident training element is detailed in Appendix 6.

As appropriate, Occupational Health Department and the IPC team will support Service Leads to undertake incident reviews which may include RCA/PIR. Managers and Service Leads will monitor subsequent service improvement plans (SIPs) and report to the IPC meeting.

Knowledge gained from incident reviews, RCAs/PIRs and IPC audits will be shared with relevant staff groups using a variety of methods such as reports, posters, group sessions and individual feedback.

9 Further advice

Occupational Health (Monday to Friday 9am to 4.30pm): 01743 283280

Microbiology Laboratory at Shrewsbury & Telford Hospital via the hospital switchboard: 01743 261000

The Consultant Microbiologist on call out of hours via the Shrewsbury & Telford Hospital switchboard: 01743 261000

Shropdoc Professional line: 01743 454903

10 References

British Association for sexual health and HIV (bash) (2021) UK Guideline for the use of HIV post-exposure prophylaxis https://www.bhiva.org/file/6074031a87755/PEPSE-guidelines.pdf

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Health and Safety Executive Reportable incidents - RIDDOR - HSE (accessed May 2022)

Health and Safety (Sharps Instruments in Healthcare) Regulations (2013) Prevention from sharps injuries. European Union Council Directive.

HIV Statistics (2018) Terence Higgins Trust https://www.tht.org.uk/hiv-and-sexual-health/about-hiv/hiv-statistics

Immunisation against Infectious Disease. (Salisbury D, Ramsay M, Noakes K, Eds).Updates available at www.dh.gov.uk/greenbook (2006) Department of Health, London

NHS Choices. HIV and AIDS (2018) https://www.nhs.uk/conditions/hiv-and-aids/

NHS (2022) National infection prevention and control manual for England C1636-national-ipc-manual-for-england-v2.pdf

11 Associated Documents

This policy should be read in conjunction with SCHT's:

- Cleaning and Disinfection Policy
- Guidelines for the administration of insulin injections by community nurses where the patient is unable to self-administer
- Hand Hygiene Policy
- Health and Safety Policy
- Incident Reporting Policy
- Mandatory (Risk Management) Training Policy and Procedure
- Needlestick Policy
- Records Management Policy
- Safer Sharps Policy
- Sharps exemption form
- SCHT Community Podiatry Sharp instrument handling Standard Operating Procedure
- Isolation Policy
- Standard Precautions Policy incorporating gloving and gowning
- Transmittable Spongiform Encephalopathy (TSE) Policy
- Waste Management Policy

12 Appendices

Appendix 1– Example of Pre Test Discussion with Source Patient

- Certain viruses like HIV, Hepatitis B and C are carried in the blood. If a member of staff is exposed to blood from an infected patient e.g. a needlestick injury, then it is possible for the infection to be passed on
- Whenever a member of staff has an injury involving a patient's blood, it is routine practice to assess the risk of infection relating to that patient and request that a blood test is taken to look for hepatitis B, hepatitis C and HIV. This is done to enable appropriate protection to be offered to the staff member but it also helps patients to identify their own risks. If you have an infection, then it is important for you to know. Beneficial treatments are available, and you will be able to help other members of your family or other close contacts

Factors to consider during the discussion:

1. Patient or their partner is known to be HIV positive
2. Patient or their partner has ever used injected drugs
3. Patient or their partner has been advised not to give blood
3. Patient or their partner has had tattoos, acupuncture or body piercing performed
4. Patient or their partner has haemophilia or a related blood clotting disorder needing clotting factor concentrates
5. Patient or their partner has been sexually active in Africa (excluding North Africa), Far East, Indian sub-continent or Eastern Europe
6. Patient or their partner has been homosexually active
7. Patient or their partner has received multiple blood transfusions or received a blood transfusion abroad

- All tests are done in strict confidence and you will be informed of the result
- You do not need to disclose negative HIV tests on applications for insurance or mortgages
- We would like, with your consent, to test your blood