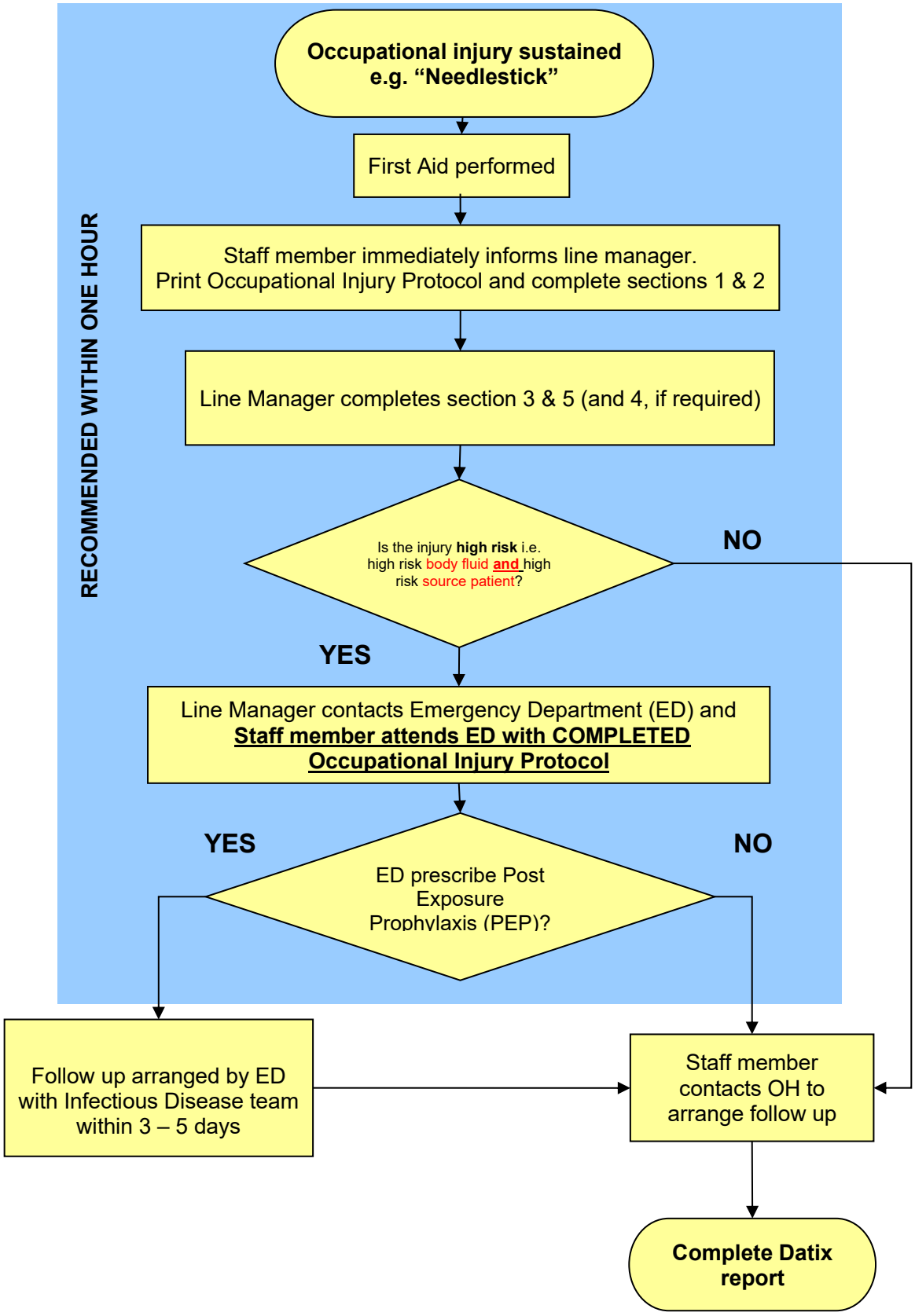
Print this form now if you have had an injury and inform your line manager immediately

**Flowchart for the assessment of occupational injuries where there is a risk of BBV transmission**



Print this form now if you have had an injury and inform your line manager immediately

## OCCUPATIONAL EXPOSURE INCIDENT PROTOCOL FOR THE IMMEDIATE MANAGEMENT AND RISK ASSESSMENT OF STAFF OR STUDENTS WHO HAVE EXPERIENCED AN EXPOSURE INCIDENT OR INJURY

### Instruction to Injured Staff Member/Manager/Clinician

Risk assessment must be undertaken at a local level. In the event a non-clinical member of staff or a student sustains a contamination injury, they will be supported to complete the risk assessment by a clinical member of staff.

The purpose of the risk assessment is to identify whether the contamination injury presents the risk of transmission of a blood borne virus (BBV) such as HIV, hepatitis B and hepatitis C. The treatment and follow up required is dependent upon the nature of the injury **and** whether the source patient is known to have and/or is at a high risk of having a BBV.

The assessment should be fully completed at a local level using the step-by-step guidance provided in each section. **It is vital that the risk assessment is completed in full, including details of the source patient.** Once completed it will direct the injured staff member to the appropriate care provider. A copy of the assessment should accompany the injured person so that the clinician who sees them is provided with the information they need to determine appropriate care/follow up.

**Step 1: First aid after the injury**

- Keep calm
- Gently encourage bleeding in the puncture site
- Wash the injured area with soap and water
- Do not scrub the site or use antiseptic agents
- Cover the wound with an impermeable dressing after cleansing
- In the case of mucosal exposure, wash the exposed area copiously with water or normal saline (0.9% sodium chloride)
- If contact lenses are worn, wash the eyes with water or normal saline both before and after removing the lenses

**Step 2: Inform your line manager and complete sections 1 and 2 of this risk assessment**

**Step 3: Your line manager should complete section 3 and then section 4, if required**
On completing section 1 to 4 you should know whether your injury carries a risk of transmitting blood borne viruses. If the injury carries a high risk you will be sent to the nearest Emergency Department (Perth Royal Infirmary or Ninewells Hospital, Dundee). After you have been seen, contact Occupational Health on 01382 346030 or e-mail tay.occhealth@nhs.scot as soon as possible.

**Step 4: Contact with Occupational Health**
If the injury **does not** require Emergency Department intervention contact Occupational Health by phone on 01382 346030 or email tay.occhealth@nhs.scot Occupational Health is open from 0830-1630 Monday to Friday, excluding Bank holidays.

**Ensure that you take your completed risk assessment form with you if you need to attend an Emergency Department and/or Occupational Health.**

**Step 5: Following any injury you must complete an IR1 form on Datix**
An IR1 can be found on Staffnet in Business Systems under Datix, the incident category for a needlestick injury is Accident and in subcategory there is a choice of Needlestick injuries.

OH will retain this completed form following your review. The form will remain confidential and only be used for clinical governance purposes.



Published: September 2025 Review: September 2028

Print this form now if you have had an injury and inform your line manager immediately

## Section 1 Injured staff member details

Name _____

Date of birth _____

CHI (if known) _____

Department/ward (usual workplace) _____

Position and grade _____

Contact phone number (mobile/home) _____

Date of injury _____

Time of injury (24 hour clock) _____

Location of injury (i.e. ward) _____

Last menstrual period (if applicable) _____

**Hepatitis B vaccination status** **(check with OH if you do not know this, in hours on 01382 346030)**

[ ] None or only 1 Hepatitis B vaccine dose previously received
[ ] 2 or more Hepatitis B vaccine doses previously received (Hepatitis B surface antibody level unknown)
[ ] Known Hepatitis B vaccine responder (Hepatitis B surface antibody antibody level >10)
[ ] Known Hepatitis B vaccine non-responder (Hepatitis B surface antibody level <10 post vaccination)
[ ] Unknown Hepatitis B Vaccination Status



Published: September 2025 Review: September 2028

Print this form now if you have had an injury and inform your line manager immediately

**Section 2 Risk assessment of injury**
Please tick according to the exposure and injury you have received

| **High risk injury*** | | **Low risk injury** | | **High risk body fluids/materials** | | **Low risk body fluids/materials** | |
|---|---|---|---|---|---|---|---|
| Needle, surgical instrument or other sharp (bone spike, broken tooth) AND injury caused bleeding | | Subcutaneous or solid needle not causing bleeding | | Blood | | Tears | |
| Fluid onto broken skin | | Fluid onto intact skin | | Saliva in association with dentistry | | Urine | |
| Fluid on to mucous membrane (eye, nose or mouth) | | Bite, no bleeding | | Exudates/tissue fluid from burns or wounds | | Saliva[1] (in absence of dentistry) | |
| Human bite, injury caused bleeding | | | | Cerebrospinal fluid | | Sputum/phlegm | |
| | | | | Human breast milk | | Faeces | |
| | | | | Pericardial fluid | | Vomit | |
| | | | | Peritoneal fluid | | | |
| | | | | Pleural fluid | | | |
| | | | | Amniotic fluid | | | |
| | | | | Semen | | | |
| | | | | Synovial fluid | | | |
| | | | | Unfixed human tissues/organs | | | |
| | | | | Vaginal secretions | | | |

*Please consider whether the injury is RIDDOR reportable. See appendix 1 for guidance.

**Now, inform your line manager who will complete section 3 (and 4 if required).**

**Section 3 Line manager or responsible clinical staff member details**

Name (of Line Manager) _____

Position _____

Department/ward _____

Bleep/ext number _____

Date and time reported _____

- If the injury or the body fluid/materials are of low risk, you do not need to proceed to the next section
- If the staff member has sustained an injury where the source cannot be identified (discarded needle) you do not need to proceed to the next section
- Contact OH, in hours on 01382 346030 or via email at tay.occhealth@nhs.scot and ensure you have discussed post-exposure prophylaxis for Hepatitis B. Complete a DATIX report
- Hepatitis B Immunoglobulin (HBIG) is used after exposure to give rapid protection until hepatitis B vaccine, which should be given at the same time, becomes effective. As vaccine alone is highly effective, the use of HBIG in addition to vaccine is only recommended in high-risk situations or in a known non-responder to vaccine.

[1] Spitting, even if in contact with mucosal surfaces is low risk and does not require PEP



Published: September 2025 Review: September 2028

Print this form now if you have had an injury and inform your line manager immediately

**If the injury AND the body fluid is high risk, please proceed immediately with Section 4**

## Section 4 Risk assessment of source patient (Not to be completed by injured staff member)

Information needs to be gathered about the source patient which will influence whether PEP is required. **Patient information is confidential and can only be used for this risk assessment with the patient's consent**. The patient must only be approached by a member of the clinical team (medical or nursing) who is currently looking after them. Out of hours it is likely that the nursing staff will be the only ward based clinical staff available to approach the patient. If a patient is unable to, or refuses to give their consent to the disclosure of information then they should be assessed as high risk unless there is a clear indication that this is not the case.

**What to tell the source patient**

1. An injury has occurred that has been assessed as having the potential of transmitting infections to the staff member who was injured
2. To allow a full risk assessment some information needs to be gathered from the patient and their notes including whether they have or are at risk of having infections such as HIV and viral hepatitis
3. Their information will be dealt with confidentially but consent will be sought to share results with the Occupational Health Service to allow the correct treatment of the healthcare worker. Please ensure you document consent below
4. Questions will be asked in a non-judgemental and sensitive way. The patient's record will be checked to see if they have been previously tested for these viruses
5. When a high risk injury has been sustained all source patients with unknown blood borne virus status will be approached for their consent for HIV, Hepatitis B and Hepatitis C testing

The source patient should be offered a patient information leaflet on BBV testing following occupational injury. This leaflet can be found in appendix 2 or by following this link.

**Consent to share source patient information**

Verbal consent gained for patient information/results to be accessed by Occupational Health and in the case of injuries sustained in a Dental Practice that they have consented for OH to request the appropriate tests.

**Yes / No** (delete as appropriate)

Consent gained by

Name _____

Position _____

Date _____

Signature _____

If consent provided, please complete source patient contact details below:

Source Name _____

Date of birth / CHI _____

Contact phone number _____

GP Practice _____



Published: September 2025 Review: September 2028

Print this form now if you have had an injury and inform your line manager immediately

**Testing the source patient**

- This should be done sensitively and tactfully, and not by the injured staff member
- The clinical team that are looking after the source patient should undertake the testing **and** are responsible for notifying the source patient of the result.
- The situation should be explained, and consent sought for a blood sample to be taken and tested for HIV, Hepatitis B and Hepatitis C
- The results of these tests will not be immediately available and will not affect what is done as part of this initial assessment
- When an injury occurs in an NHS Dental Practice, the required blood tests will be requested by Occupational Health and taken at a local Community Treatment Centre. The results will be automatically sent to the patient's GP. The GP will be responsible for notifying the source patient of the results
- Where the source patient requires to attend a Community Treatment Centre, they will be issued with a suitable appointment to their home address within 5 working days

| **Does the patient consent to BBV testing?** | |
|---|---|
| Yes | Obtain blood in gold-topped vacutainer. On ICE the 3 tests required are described as "HIV screening test" "Hepatitis B (HBsAg) infection screen" and "Hepatitis C antibody screen". Indicate in clinical details **"Needle-stick injury. Source patient. Urgent HIV, Hepatitis B and Hepatitis C testing".** The request should give the name and contact details for the responsible staff member to whom the results should be communicated. Offer information leaflet. |
| No | Offer information leaflet |
| Incapacitated | Testing for Hepatitis B, Hepatitis C and HIV should only be carried out if it is in the patient's best interests for their current clinical care |

**Has the source been previously tested and if so, can you access records to confirm the results?**

| **Blood borne virus** | **Unknown** | **Confirmed negative** | **Confirmed positive[2]** |
|---|---|---|---|
| Hepatitis B | | | |
| Hepatitis C *If HCV antibody positive, ensure a PCR test is requested to confirm active infection | | | |
| HIV *If living with HIV, is the source engaged in HIV care and their most recent viral load undetectable (sample must have been taken within the last 12 months)? | | **Undetectable VL** | **Detectable VL** |

**If the source has not been previously tested for these viruses, is there a factor that may increase the risk?**

| **Risk factor** | **Yes (High Risk)** | **No (Low Risk)** |
|---|---|---|
| Source patient from country of HIV prevalence (sub-Saharan Africa, Thailand, Caribbean) | | |
| Injecting drug use (ever) | | |
| Man who has sex with other men | | |
| Clinical illness compatible with HIV/AIDS | | |
| Sexual partner of person living with HIV with a detectable viral load | | |

[2] Where the source patient is confirmed positive, RIDDOR reporting is required. Click here for more details.

Print this form now if you have had an injury and inform your line manager immediately

If the source patient is not known to have HIV or is living with HIV but has an undetectable viral load (and is engaged in HIV care and adheres to anti-retroviral therapy), or have additional risk factors, **HIV post-exposure prophylaxis is not indicated**.

## Section 5 Onward Referral and Action

An injured staff member should only be referred to the Emergency Department for HIV post-exposure prophylaxis if ***all*** the following three criteria are met:

- **High risk injury**
- **High risk body fluid/material involved**
- **Known infected source with detectable viral load or untested high-risk source**

HIV PEP is most likely to be effective when initiated as soon as possible (within hours) and continued for 28 days. Therefore, PEP should be commenced as soon as possible after exposure if indicated using this guidance. Initiation of HIV PEP is generally not recommended beyond 72 hours post-exposure.

Phone the Emergency Department to handover the above risk assessment:

Ninewells External **01382 633904** Internal **33904**

PRI External **01738 473841** Internal **13841**

**If this assessment form is not completed the Emergency Department staff may ask you to complete it first before they can make their assessment.**

**Hepatitis B PEP will be discussed by Occupational Health.** Contact OH as soon as possible, in hours on 01382 346030 or via email at tay.occhealth@nhs.scot to discuss post-exposure prophylaxis for Hepatitis B.

Complete an IR1 via DATIX.

### Action taken

Referral to Emergency Department YES / NO

ED staff member name given handover _____

Time of handover _____

Occupational Health contacted YES / NO

Datix Completed YES / NO

Signature of line manager _____

Date and time _____



Published: September 2025 Review: September 2028

Print this form now if you have had an injury and inform your line manager immediately

**Appendix 1**

**Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)**

NSI/sharps injuries and exposure incidents should be prevented wherever possible by appropriate use and implementation of Standard Precautions such as good hand hygiene; appropriate use of Personal Protective Equipment (e.g. gloves and eye and face masks in high risk surgery); and safe handling and disposal of needles and other sharp instruments. New HSE regulations, the *Health and Safety (Sharp Instruments in Healthcare) Regulations 2013*, outline the following: the need to avoid the unnecessary use of sharps; use safer sharps which incorporate protection mechanisms; prevent recapping of needles; place secure containers and instructions for safe disposal of medical sharps close to the work area.

There is a legal requirement to report to the Health and Safety Executive (HSE), certain types of incidents. In the context of the Sharps Injuries the following could be recorded for reporting:

- an employee is injured by a sharp known to be contaminated with a blood-borne virus (BBV), e.g. hepatitis B or C or HIV. This is reportable as a Dangerous Occurrence;
- the employee receives a sharps injury and a BBV acquired by this route seroconverts. This is reportable as an Occupational Disease following diagnosis;
- if the injury itself is so severe that it must be reported e.g. sharp injury into eye

In addition to the above requirements, it is also important to recognise that the following must trigger a RIDDOR report:

- an absence of a period of 7 or more days
- inability to carry out normal duties for a period of 7 or more days e.g. alteration to duties/taken off clinical work

Full guidance can be found at:

Reportable incidents - RIDDOR - HSE

Print this form now if you have had an injury and inform your line manager immediately

**Appendix 2 SOURCE PATIENT INFORMATION**

**Who is this leaflet for?**
This leaflet is for patients of NHS Tayside during whose care, blood or body fluids have been involved in an injury sustained by a member of staff.

**What are the aims of this leaflet?**
This leaflet will help patients understand why they are being asked to have a test for HIV, hepatitis B and hepatitis C.

**What has happened?**
NHS staff often handle all types of body fluids and materials as well as sharp instruments. Occasionally injuries can occur – for example after taking blood the needle can accidentally puncture the member of staff's skin. Or blood could splash in someone's eye during an operation. These injuries are not your fault, and this process is not intended to cause you any distress.

**What is the problem?**
In very exceptional circumstances the member of staff could become infected by a virus that the patient may knowingly or unknowingly have. There is treatment that the member of staff could take to prevent some viruses however the medicine could also be harmful to them.

**What happens next?**
A staff member will speak to you to ask you some questions about whether you are likely to have an infection like hepatitis or HIV. Some of these questions are very personal but please don't be offended – everyone in this situation will be asked these. If any particular risk for infection is identified, then the injured staff member will start to take medicines to prevent HIV.

**So why should I have an HIV test?**

- If you are found not to have the virus (the test is **negative**), the injured staff member can stop taking the medicines.
- If you **choose not to have the test,** then the injured staff member will continue this treatment for 28 days. This may result in significant side-effects or complications as well as sick leave.
- If your test is **positive,** then it is good to know about it as soon as possible. You will have access to support and to treatment. People with HIV, who are on treatment and have an undetectable viral load, cannot pass the virus on to others and can expect a normal life expectancy.

**What will I be tested for?**
**Human Immunodeficiency Virus (HIV):** HIV is a virus which can cause the immune system to fail. It can be passed by sex with an infected person, from mother to child or by sharing injecting equipment.
**Hepatitis B**: Hepatitis B is a virus which can cause liver damage. It can be passed by sex with an infected person, from mother to child or by sharing injecting equipment.
**Hepatitis C:** Hepatitis C is a virus which can cause liver damage. It is usually passed by sharing injecting equipment.

**How will I get the results?**
The results will be communicated to you by the team looking after your care. These are usually available within 48 hours.

**Will my results be shared with anyone?**
Your results are confidential which means they will not be communicated to anyone without your consent or knowledge. However, the purpose of taking your bloods is to help to identify the appropriate care pathway for the injured staff member, therefore NHS Tayside's Occupational Health (OH) Service will require to access and record your results, along with this form, both of which will be held securely by OH and will not be shared with any third party.

**What if I still don't want to have a test?**
You will not be tested for HIV or hepatitis against your will. We will support your choice, and your care will not be affected by your decision. You are welcome to change your mind and have a test at any point. If you would like further information, then please ask a member of staff.


Published: September 2025 Review: September 2028