



TURNING POINT SOMERSET GUIDELINES FOR NEEDLE STICK/SHARPS INJURIES

Introduction

- The aim of this policy is to ensure that appropriate First Aid, assessment of risk and follow up is completed should a needle stick/sharps injury occur.
- This document should be read in conjunction with Turning Point Somerset's Safe Handling and Storage of Clinical Waste Guidelines, the primary aim of which is prevention of needle stick/sharps injuries.

These guidelines have been written in conjunction with:

- The Turning Point Health and Safety Advisor
- Somerset GU Medicine Services, Musgrove Park Hospital, Taunton
- Somerset Health Protection Unit, Wellspring Road, Taunton

Responsibilities

The Service Manager is responsible for:

- Ensuring that procedures for medical assessment and follow up from A&E and GUM clinics in Somerset and the option of follow up from Occupational Health are available to staff.
- Ensuring that they or the Locality Manager are available for consultation in the event of an incident occurring (with an agreed procedure for out of hours services).
- Ensuring that all managers are competent in undertaking a risk assessment and necessary follow up required following a needle stick/sharps injury.

Team Leaders are responsible for:

- Ensuring that they have a full knowledge of how to undertake a risk assessment and the procedure to be followed in the event of a needle stick/sharps injury.
- Ensuring that all staff and volunteers have a full knowledge of the First Aid and immediate procedure to be followed.
- Ensuring that First Aid information, Risk Assessment Guidelines and Medical Follow-up Guidelines are displayed in the needle exchange/ear acupuncture room at each service.

Staff and volunteers are responsible for:

- Ensuring that they have a full knowledge of the First Aid and the immediate procedure to be followed and an understanding of the risk assessment and follow up process so that they can follow instructions from a senior member of staff when necessary.
- Ensuring that correct procedures are adhered to.
- Ensuring that they have completed a full course of Hepatitis B vaccinations as recommended by Turning Point and that they know their immunity status.

Appendices

Appendix 1:

First Aid chart to be displayed in the needle exchange/ear acupuncture room

Appendix 2:

Risk Assessment flow chart to be displayed in the needle exchange/ear acupuncture room

Appendix 3:

Medical Follow Up Guidelines to be displayed in the needle exchange/ear acupuncture room

Appendix 4:

Disclaimer for those not wanting medical follow-up

Definitions:

Needle Stick/Sharps Injury

- Skin puncture caused by a needle contaminated by blood or body fluids. “Sharps” in this context are any sharp edged instruments, broken glassware or any other item which may be contaminated in use by blood or body fluids and which have caused a laceration or puncture wound.
- A human bite which causes bleeding or skin puncture would also be treated as a high risk exposure and dealt with in the same manner as would exposure of mucous membranes (e.g. eyes, mouth, nasal cavity) or non-intact skin to blood or body fluids. Throughout this document the terms needle stick/sharps injury or exposure are used to cover all of these incidents.

Significant Occupational Exposure

- A percutaneous (through the skin) exposure to blood or body fluids via a needle stick/sharps injury, human bite which causes bleeding or skin puncture OR exposure of mucous membranes (e.g. eyes, mouth, nasal cavity) or non-intact skin to blood or body fluids.

Non-significant Exposure

- Worker has intact skin (mucous membrane is non-intact); exposed to small amount of blood or bodily fluid (few drops); over a short period of time (few minutes).

Blood-borne Viruses

- This document covers known blood-borne viruses (BBV's) including Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV) and Hepatitis C Virus (HCV).

Turning Point Workers

- This document covers all paid Turning Point employees and volunteer workers.
- This document has been written for workers but would also apply to an incident involving a client or visitor who sustained a needle stick/sharps injury on Turning Point premises.

Donor/Source

- The individual whom the blood or body fluid has come from (whatever the exposure method is e.g. needle/nose bleed etc).
- This person may be a client, worker or visitor to the agency. The term source is also used in this context.

Training

- All managers (Team Leaders, Service Manager and Locality manager) must be aware of these guidelines and the procedure to be followed in the event of a needle stick/sharps injury.
- The Service Manager will be responsible for ensuring that this happens.
- All staff/volunteers will be given instructions on First Aid in the event of a needle stick/sharps injury and the immediate procedure to be followed.
- This will happen at induction and a record of this kept on their file (checklist: Health and Safety Induction Training – refer to Clinical Waste Guidelines).
- Team Leaders will be responsible for ensuring that this happens.

First Aid

- All staff and volunteers are responsible for carrying out their own immediate First Aid in the event of a needle stick/sharps injury.
- Other staff should assist as deemed appropriate.
- Refer to Appendix 1 for full instructions of First Aid procedures (Action to be Taken Following a Needle Stick/Sharps Injury).
- All staff and volunteers must be made aware of this procedure on induction and the information displayed in the needle exchange/ear acupuncture room.

Immediate Procedure

- First Aid treatment must happen immediately following any incident.
- Once First Aid has been completed and any clinical waste dealt with as outlined in the Clinical Waste Guidelines a senior member of staff (Team Leader or Service Manager) must be contacted in order to carry out a risk assessment.
- If the exposure is deemed to be significant (as per the definition within this policy) and the source is known, the donor will need to be asked if they are willing to have blood tests to assess the risk of infection transmission.

Risk Assessment

- The main concern while undertaking a risk assessment will be whether Post Exposure Prophylaxis (PEP) for HIV is required.
- PEP should ideally be started within 2 hours of exposure.
- PEP will be considered when the potential risk of transmission is significant and the donor is known to be HIV positive or the source is considered to be high risk.
- Medical follow-up is recommended for Hepatitis B treatment.
- If the worker does not have immunity to Hepatitis B a rapid schedule of immunization should be started within 48 hours.

- Even if the worker has had a full course of Hepatitis B vaccinations a booster may be recommended and they should still receive medical follow-up.
- If the risk of transmission is deemed to be non-significant it is recommended that the worker's Hepatitis B status be assessed as part of the evaluation of the incident.

The above information gives a time frame for the initial assessment of risk. The main considerations are: -

- Is the exposure significant?
- Is the source known and the donor willing to have blood tests to assess the risk to the worker?
- The risk assessment must be undertaken by a senior member of staff (Team Leader, Service Manager or Locality Manager).
- In the absence of a Team Leader on site or in the event that the Team Leader sustains the injury, the Service Manager (or Locality Manager in their absence) should be contacted in the first instance.
- The initial assessment of risk may need to be undertaken by telephone and clear instructions given to the staff on site.
- A follow up/debrief session between the worker and a senior member of staff should happen within 24 hours or in exceptional circumstances as soon as possible after the incident has occurred.
- The first priority for the senior member of staff is to ascertain the exact nature of the exposure and whether it is deemed to be significant (as per the definition in this document) and whether the source is known.
- If the exposure is assessed to be non-significant the Health Protection unit at Wellspring Road in Taunton can be contacted for advice and information. (Refer to Medical Follow Up Guidelines in Appendix 3.)
- Any decision not to contact the Health Protection Unit must be unanimously agreed between the worker, the senior member of staff and the Service Manager (or Locality Manager) and clear rationale documented in the incident report.
- If the exposure is assessed to be significant and the source is unknown, the worker must be advised to receive immediate medical follow up Hepatitis B status needs to be ascertained. (Refer to Appendix 3 for Medical Follow Up Guidelines.)
- If the exposure is assessed to be significant and the source is known, a decision must be made by the senior member of staff about who is best suited to ask the donor whether they are willing to have blood tests to assess the level of risk of infection transmission.
- This must be done by a paid member of staff and ideally by a senior member of staff, although it is recognized that this may not be possible in all circumstances especially with the time constraints in mind if PEP is to be considered.
- If the donor chooses not to participate their wishes must be respected and the exposure must be treated as an unknown source.
- If the exposure is assessed to be significant and the source is known and is willing to undergo blood tests to assess the risk of infection transmission to the worker then both the worker and donor need to receive immediate medical follow up.

Access to medical follow up will be facilitated by the senior member of staff who will:-

- Contact the GUM clinic/A&E dept. to make them aware of the arrival of the worker (and donor, if involved).
- Arrange transport to the medical unit and back to the Turning Point office or other venue if deemed appropriate.
- Organize an escort to and from the medical unit whenever possible.
- If at any time the worker chooses not to proceed with the medical follow-up they must be asked to sign a disclaimer form to say that they have chosen not to follow Turning Point's recommendations (refer to Appendix 4).
- Risk Assessment flow chart (Appendix 2) and Medical Follow Up Guidelines (Appendix 3) must be displayed in the needle exchange/ear acupuncture room along with Action To Be Taken Following a Needle Stick/Sharps Injury (Appendix 1).

Confidentiality

- The confidentiality of the worker and the donor must be respected at all times.
- The Team Leader where the worker is based and the Service Manager and Locality Manager must be informed of any exposure incident and the name of the individual and Donor involved so that any leave of absence can be arranged, potential stresses monitored and an evaluation of work practices undertaken.
- Beyond the above named staff the confidentiality of the individuals involved must be maintained.

Follow Up Procedure

- Once immediate First Aid, Risk Assessment and appropriate actions have been completed following the exposure incident the worker who sustained the injury must be seen by a senior member of staff within 24 hours of the incident (or in exceptional circumstances as soon as possible after the incident has occurred) for a debrief and information giving session.
- The debrief and information giving session is for the purpose of an initial evaluation of the events surrounding the incident, to complete documentation and to ensure that the worker has access to the appropriate follow up counselling and advice. (Refer to Appendix 3 for Medical Follow Up options.)

Documentation

- Any accident/incident that occurs needs to be recorded in the HMSO Accident Book kept in each Turning Point office and on a Turning Point Accident and Incident Record Sheet.
- These records need to be completed within 24 hours of the needle stick/sharps injury (or in exceptional circumstances as soon as possible after the incident) and signed by the senior member of staff undertaking the debriefing/advice giving session.
- Times and actions taken need to be noted as the incident is occurring in order that correct details are entered onto the documents.
- The senior member of staff dealing with the incident needs to ensure that someone is responsible for this as part of their risk assessment.

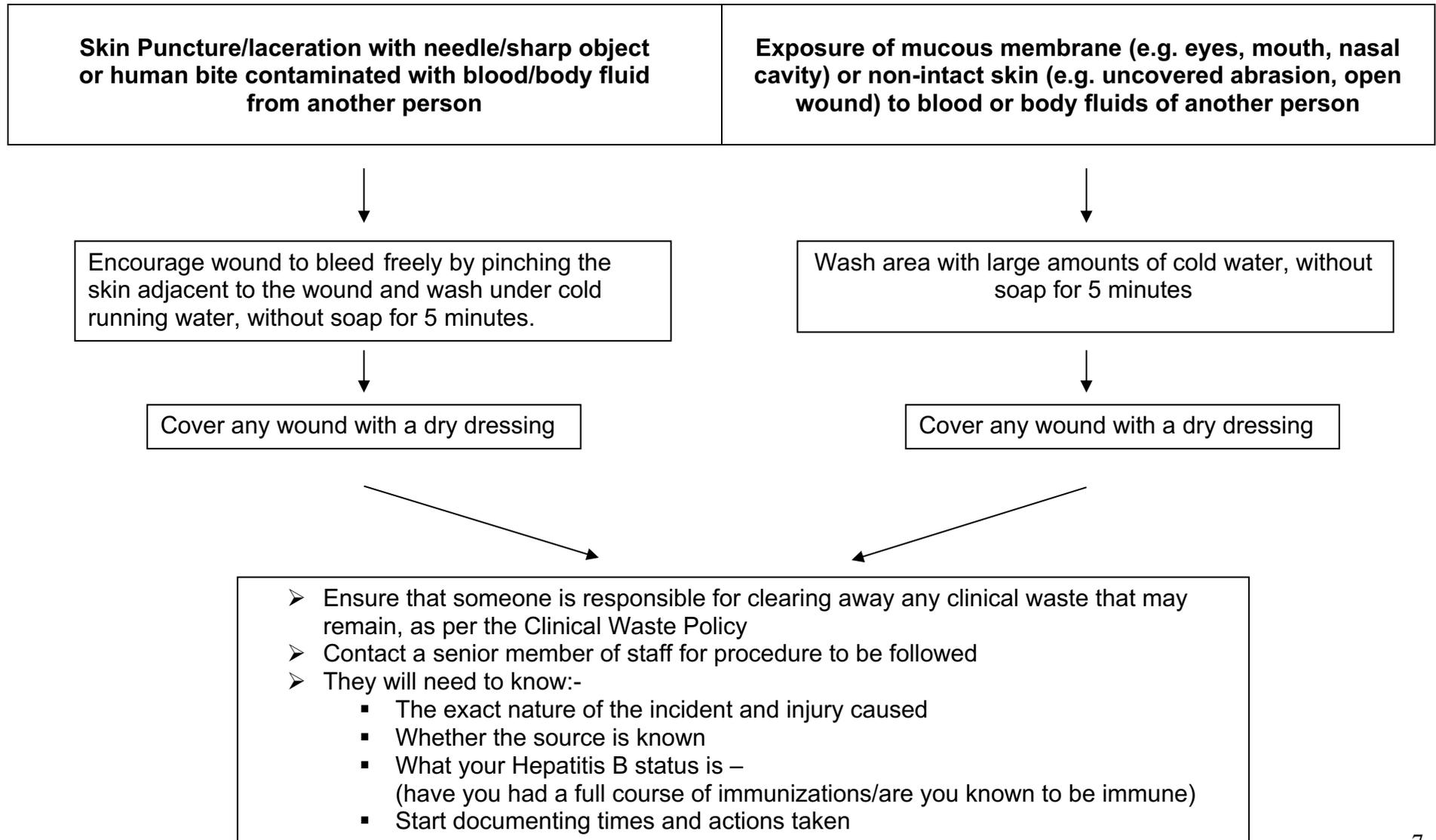
Evaluation

- An investigation into the cause of the injury and a review of the relevant risk assessment must take place after any incident or accident at work.
- The Service Manager (Locality Manager in their absence) is responsible for ensuring that this happens and deciding who should be part of this evaluation.
- A needle stick/sharps injury is only reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDORS) if an infection results.

Review date: June 2007



ACTION TO BE TAKEN FOLLOWING A NEEDLE STICK/SHARPS INJURY





RISK ASSESSMENT

FIRST AID COMPLETED

- Inform senior member of staff
- Start documentation

SIGNIFICANT EXPOSURE

A percutaneous (through the skin) exposure to blood or body fluids via a needle stick/sharps injury, human bite which causes bleeding or skin puncture or exposure of mucous membranes (e.g. eyes/mouth) or non-intact skin to blood or body fluids

NO

- Inform senior member of staff
- Contact Health Protection Unit (for advice)
- Debrief session with worker within 24 hours
- Document incident
- Evaluate

YES

SOURCE

KNOWN

Client not willing to be tested

Client willing to be tested

NOT KNOWN

Worker to attend for immediate medical follow-up

- GU Clinic
- A&E if GU Clinic not available

Worker and client to attend for immediate medical follow-up

- GU Clinic
- A&E if GU Clinic not available

- Disclaimer form to be signed if worker chooses not to proceed with recommendations
- Debrief session with senior member of staff within 24hrs
- Document and evaluate

MEDICAL FOLLOW UP GUIDELINES

The Genito-Urinary Medicine Clinics at Musgrove Hospital in Taunton and Yeovil District Hospital should be the first point of contact when medical follow-up is required.

- Ring the clinic as soon as possible to let them know that someone needs to attend.
- If no one answers the phone or it is out of clinic hours try the help line number in Taunton as there is usually a health advisor there from 8.30am-5pm Monday to Friday.
- Leave a message on the answer phone if necessary and they will call back as soon as they are free.
- You need to tell them that there has been a needle stick/sharps injury and the first name of the injured person.
- Give any information known about the source or likely source and if the donor is willing to be tested (where the donor is known).
- If the donor is willing to be tested, urgent testing can be done and both the client and worker should attend as soon as possible.
- Saliva testing is available at the GU Clinic for anyone with limited venous access but at present it is not quite as accurate as blood tests.
- Blood will be taken from the worker on the first visit for storing.
- All appropriate medical treatment, follow-up counselling and support will be offered by the clinic.
- Test results and details of investigations are all confidential and this information will not be shared with anyone (including employers and GP unless the worker gives written consent).

Musgrove Park Hospital GU clinic

- Appointments: 01823 252222
- Health Advisor Help line: 01823 332182
- Clinic hours: Mon-Fri 9am-1pm Mon 4pm-6.30 and Weds 2pm-5pm

Yeovil District Hospital GU Clinic

- Appointments: 01935 384382
- Health Advisor helpline: 01935 384705
- Clinic hours: Tues 2-6pm Fri 9-12pm and 2-4pm

The Accident and Emergency departments at Musgrove Park Hospital in Taunton and Yeovil District Hospital are available for medical follow-up 24 hours a day 7 days a week and should only be contacted if the GU departments are not available. The GU department should be contacted as soon as possible after the incident.

- Musgrove Park Hospital A&E Department: 01823 342901
- Yeovil District Hospital A&E Department: 01935 384355

The Health Protection Unit in Taunton can be contacted Monday-Friday 9am-5pm for information and advice:

- Health Protection Unit: 01823 344236

Dear

Re: Medical Follow-Up Following a Needle Stick/Sharps Injury

I have been informed that you have declined to have medical follow-up following a needle stick/sharps injury in line with Turning Point's Health and Safety Policy and organisational recommendations.

We strongly urge you to revise this position as it has been acknowledged by the Department of Health UK Health Department Guidance for Clinical Health Care Workers and Protection Against Infection and Blood Borne Viruses that working with our client group puts us in a high risk environment.

A copy of this letter will be put on your file as an acknowledgement that you do not wish to have medical follow-up and that this is a fully informed choice on your part.

Yours sincerely

Janet Hucker
Service Manager Turning Point Somerset

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I have been informed of the organisational recommendations and the risk that I may incur by not having a medical follow-up following a needle stick/sharps injury.

Signed:

Printed: **Date:**