Needle Stick Appendix

Adapted from Sheffield NHS policy

HARTLEY BROOK
PRIMARY ACADEMY
Astrea Academy Trust

INSPIRING BEYOND MEASURE

Policy and Associated Protocol for the Management of Occupational Blood and Body Fluid Exposure Incidents and the Administration of Post Exposure Prophylaxis

REQUIREMENT	ACTION
Who should be aware of the policy and where to access it.	All staff
Who should understand the policy.	All staff
Who should have a good working knowledge of the policy.	Staff supporting children who use needles for medical care
Where is the Policy available:	Website, Staff share, Paper copies from office
Process for monitoring the effectiveness of this document	Annual reviews, Governor approval
Training.	Awareness raising Mandatory Training
This Policy is subject to the Freedom of Information Act	

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SHEFFIELD HEALTH COMMUNITY

POLICY FOR THE MANAGEMENT OF OCCUPATIONAL BLOOD AND BODY FLUID EXPOSURE INCIDENTS AND ADMINISTRATION OF POST EXPOSURE PROPHYLAXIS

INTRODUCTION AND PURPOSE

This Policy sets out the procedures to be followed in the management of blood exposure incidents:

- Where a staff member is exposed to the blood or body fluids of a child, or from a contaminated sharp
- Where a child is exposed to the blood (or body fluids) of a staff member in the course of a clinical procedure ("Bleed back" incidents).

It sets out the steps required to ensure that exposed staff member (or child) is protected as far as possible from the risks of infection with blood borne viruses (Hepatitis B, and HIV) and where no prophylactic treatment is available, that early detection or seroconversion and prompt specialist referral is achieved (Hepatitis C).

This policy should be read with the accompanying document "Supporting Children with Medical Conditions".

The policy incorporates the requirements of PL/CO(2000) and HIV Post Exposure Prophylaxis; Guidance from the UK CMO's Expert Advisory Group on AIDS, 2004 and the UK Health Departments Guidance for Clinical Staff members' Protection against Infection with Blood Borne Viruses 1998. It was endorsed by Sheffield Health Authority's Medical Advisory Group on Blood Borne Viruses, and both the policy and its accompanying protocols are regularly reviewed by that group.

1 SCOPE

This policy covers the employees and pupils in **Hartley Brook Academy**

It ensures consistent practice in the management of occupational blood and body fluid exposures across the school.

It also covers the management of blood exposure incidents sustained by students, contractors, visiting health care staff and others sustained on the premises of, or as the result of the activities of the organisation listed above.

It does not cover the management of blood exposure/sharps injuries in non school settings, e.g. from discarded syringes in public places, nor does it cover occupational exposures to blood or body fluid contaminated sharps in groups of employees other than those mentioned above, which are the responsibility of their own occupational health services, e.g. police, fire, council employees.

This policy and its accompanying protocols cover:

1.1. General Principles – Definition of a Blood Exposure Incident

1.2 Roles and Responsibilities in the Management of Blood Exposure Incidents

1.3 Immediate Action to be taken in the event of a blood exposure incident :

1.3.1 First Aid

1.3.3 Manager/Supervisor Action
1.3.4 Procedure for Obtaining Blood from Source Child

Obtaining consent for testing
Special situations: children /adults without capacity
Management of refused consent
Duration of validity of consent
Laboratory arrangements
Reporting of laboratory results to Occupational Health Service and clinician
Disclosure of results to source child

1.4 Subsequent management of the Staff member sustaining a blood exposure.

1.5 Risk Assessment
Management of specific exposures
HIV – Provision of past exposure prophylaxis
Hepatitis B
Hepatitis C

2 GENERAL PRINCIPLES AND DEFINITIONS

2.1 General Principles

2.1.1 Needlestick and other exposures to blood in the health care setting are unnecessarily common at present. Many result from a failure to follow recommended procedures and from careless disposal of waste. Strict adherence to the guidance and sharps usage, safe working practice and clinical waste disposal should reduce the incidence of these exposures.

2.1.2 There will remain occasions where exposure occurs despite careful attention to the correct procedures. All exposure incidents will be reviewed to consider how recurrence might be prevented.

2.1.3 All employees likely to be exposed to blood or body fluids, or sharps injuries will be informed and educated about the possible risks from occupational exposure and should be aware of the importance of seeking urgent advice following any needlestick injury or other possible exposure. Training will be given to ensure that all staff know how and to whom to report and that confidentiality is guaranteed.

2.1.4 Although the risk of acquiring blood borne virus infection through occupational exposure is low, the consequences can be serious. Occupational exposure to known or suspected blood borne virus infected material is always stressful and, for some, extremely so and appropriate support will be provided.

2.1.5 Staff members or any other person in the health care setting exposed to Hepatitis B or HIV infected blood or body fluids will be advised to attend A&E for appropriate post-exposure prophylaxis. Staff members particularly at risk of exposure to HIV will be encouraged to consider in advance whether, in the event of an occupational exposure to HIV, they would wish to take prophylactic drugs.

2.1.6 At present, there is no effective post-exposure prophylaxis against HCV infection but all such exposures will be followed up carefully to allow early referral for consideration of treatment in the event of seroconversion.

3.2 Definition of an Exposure incident

In this policy and its accompanying protocols the term “blood exposure incident” is used to cover all the following :

3.2.1 Percutaneous exposure (needlestick or other contaminated sharp object causing injury, a bite causing visible bleeding or other visible skin puncture).

3.2.2 Mucocutaneous exposure, including the eye.

3.2.3 Contact of broken skin, e.g. abrasions, cuts, eczema.

3.2.4 Human bites.

with either

- Blood or material visibly contaminated with blood.

3.2.5 Body fluids which may pose a risk of transmission of blood borne viruses if significant occupational exposure occurs :-

- Amniotic fluid
- Cerebrospinal fluid
- Human breast milk
- Semen
- Vaginal secretions
- Pericardial fluid
- Pleural fluid
- Peritoneal fluid
- Saliva in association with dentistry (likely to be contaminated with blood, even if not visibly so).
- Synovial fluid
- Unfixed human tissues and organs
- Exudative or other tissue fluid from burns or skin lesions

4. ROLES AND RESPONSIBILITIES

4.1 Head Teacher

Is responsible for ensuring that a 'Policy and associated protocol for the management of occupational blood and body fluid exposure incidents and the administration of post exposure prophylaxis' is in place and that all staff working in the school are aware of, and operate within the policy and related procedure.

Is responsible for ensuring that all school staff are aware of and operate within the policy and related procedures.

Is responsible for ensuring mechanisms are put in place to ensure staff are aware of and comply with the requirements of the policy and related guidelines.

4.2 Assistant Head Inclusion

Is responsible for receiving data in relation to incidents involving sharps injuries. The Assistant Head will review, development action plans and monitor these action plans as described in section 12. The Assistant Head is responsible for providing the Governors and Head Teacher with data relating to sharps injuries.

4.3. The Governors

(Please see appendix 2)

The responsibilities of the Governors are:

4.3.1 To review periodically existing policies on infection control within the Trust and make recommendations where indicated.

4.3.2 To identify needs and recommendations for the education and training of all staff in infection control.

4.3.3 The Governors will approve and ratify the annual report produced by the Assistant Head Inclusion, which will be presented to the Trust Board.

4.3.4 The Governors will approve and ratify a rolling programme of activities, which will be submitted to the Trust Board for information.

4.4 Each Employee

Every member of staff who provides healthcare to pupils has a duty to be aware of and work within the confines of the policy and procedure. It is the responsibility of all staff to use and dispose of sharps correctly. Training on guidance on the safe use and disposal of sharps will be given annually through training providers such as Diabetes Nursing team.

4.5 The Occupational Health Service

The Occupational Health Service is responsible for:

4.5.1 The Occupational Health Service will have designated responsibility for the management of school employees and others sustaining blood exposure incidents. The Clinical Director of the Occupational Health Service will have overall clinical responsibility for the service, but may delegate day to day responsibility for the management of these incidents to other medical and nursing staff within the Occupational Health Service.

4.5.2 A protocol for the management of blood exposure incidents will be used which will be available to all occupational health staff responsible for this activity. It will also be available to all other clinical staff (virology, microbiology, infectious diseases, genitourinary medicine) who may be involved in the management of such incidents.

4.5.3 Occupational Physicians managing staff members potentially exposed to blood borne viruses will seek appropriate advice from other clinicians including virology, microbiology, infectious diseases, genitourinary medicine and public health medicine when necessary.

4.5.4 The Occupational Health Service will advise managers and staff on the management of injuries sustained at work, e.g. needlestick injuries and in cases where entitlement to NHS or industrial injuries benefits is under consideration.

4.5.5 Information, counselling and psychological support will be made available to any employee who reports an exposure and potential risk of a blood borne virus infection. This will include encouragement to provide a baseline sample for storage and follow up samples for testing as appropriate for HIV, HBV or HCV infection, and advice about treatment. While testing earlier might be appropriate in some cases, testing six months after the exposure will usually exclude the possibility of transmission of these infections. Pre-test discussion will reflect the importance of any test procedure and the implications of the results. Discussion after the tests will provide the necessary support.

4.5.6 The designated doctors will maintain awareness of the latest developments in post-exposure prophylaxis including the use of hepatitis B immunoglobulin and hepatitis B vaccine and the use of anti-retroviral drugs following occupational exposure to HIV infection.

4.5.7 The Occupational Health Service will provide cover outside normal working hours to advise and treat staff members who sustain significant occupational exposures.

4.5.8 The Occupational Health service will monitor the effectiveness of its child management through clinical audit.

4.6 The HR and Admin Business Manager

4.6.1 Receives incident forms relating to blood and body fluid exposures

4.6.2 Forwards these on to the Head Teacher and Assistant Head Inclusion

4.6.3 Undertakes immediate action and investigates incidents if required

4.6.4 Reports to the any relevant agencies or Occupational Health teams

4.6.5 Conducts an annual audit covering the duties outlined within this policy.

5. POST-EXPOSURE PROCEDURES

Action after a staff member has been exposed to blood or other potentially infectious body fluids will take account of the interests of both the worker and the source child. The circumstances which led to the exposure will be identified and all possible steps taken to prevent recurrence.

Immediately following any exposure, the site of exposure, i.e. wound or non-intact skin, should be washed liberally with soap and water but without scrubbing. Exposed mucous membranes including conjunctivae should be irrigated copiously with water, after first removing contact lenses if present. If there has been a puncture wound, free bleeding should be encouraged gently but the wound should not be sucked.

Staff members who sustain an occupational exposure should report the exposure promptly to their manager/supervisor immediately and seek urgent advice on further management and treatment. They must report the incident on a Accident/Incident form from the Business Manager – HR & Admin.

5.1 Post Exposure Prophylaxis

5.1.1 Hepatitis B

If the staff member has been exposed to HBV infected blood, post exposure prophylaxis will be considered in accordance with guidance from the Public Health Laboratory Services (PHLS) Hepatitis Sub-committee (Communicable Disease Report, Vol. 2, Review No. 9, August 1992).

5.1.2 Hepatitis C

At present no post-exposure prophylaxis is available for HCV. Follow up of the staff member will be in accordance with current national guidance.

5.1.3 HIV

A separate policy on the provision of PEP for staff members occupationally exposed to HIV accompanies is available in the Occupational Health Department.

6. STAFF MEMBER TO CHILD EXPOSURE

These incidents are those where, in the course of clinical procedures, a staff member's blood or body fluids contaminate a child's tissues, usually where the staff member sustains a sharps injury and bleeds into the child, or more rarely, by "double needlestick" where the staff member sticks themselves with a needle, which then enters the child.
In this situation, there could be a risk of BBV infection to the child if the staff member is infected and the child may need to be given prophylaxis.

A staff member who may be the source of an exposure to a child must report the incident immediately to the Head Teacher and Occupational Health Service. The Occupational

Health Service will determine the risk of exposure to the child and, where appropriate, obtain a blood sample from the staff member for testing. If the staff member is infected with blood borne viruses, the Consultant Occupational Physician will liaise with the consultant responsible for the child's care to ensure that the child is appropriately informed and counselled and given prophylactic treatment when indicated.

Detailed guidance on the management of incidents where a child is exposed to the blood of an HIV infected staff member are contained in HIV Post-Exposure Prophylaxis : Guidance from the Chief Medical Officers' Expert Advisory Group on Aids, Department of Health, 2004.

The identity of the "source" staff member will not be disclosed to the child.

7. RIDDOR (REPORTING OF INJURIES, DISEASES, DANGEROUS OCCURRENCES REGULATIONS 1995) REPORTING

Definite exposures to blood borne viruses by blood or body fluid exposure as described in this policy, i.e. where the source child is known or found to be infected with a blood borne virus, are reportable to the HSE under RIDDOR as dangerous occurrences. (Regulation 2 (1) Part 1 General Section 7 – Biological Agents).

The OHS will liaise with the Business Manager to enable these reports to be made.

The Identity of the source child is not required for these reports.

If a staff member becomes infected with a blood borne virus as a result of a blood or body fluid exposure, this is reportable under RIDDOR as a disease. The report will be made to the HSE by the Occupational Health Service on behalf of the Trust. The OHS will inform the Health and Business Manager, and appropriate staff, should such a report be made.

10. TRAINING

Training on the actions to take in respect of inoculation incidents is included within the yearly training for conditions that require sharps for treatment, for example, Diabetes Type 1.

The school has in place appropriate training for staff members as identified in the schools training needs analysis Outside agencies may also provide ad hoc training outside of the annual training to meet specific requirements.

11. REPORTING ARRANGEMENTS

All occupational blood and body fluid exposure incidents as defined in 5.2 should be reported using the School's Accident/Incident form, available from the Business Manager HR & Admin.

12. MONITORING

The Head teacher, Governors and Assistant Head Inclusion will monitor the effectiveness of the policy as part of the annual policy reviews.

Feedback on the effectiveness of the training offered is received from staff feedback.

Information in connection with the management of Occupational Blood and Body Fluid Exposure Incidents will be included within the Annual Report.

Monitoring Arrangements:

Minimum requirements to be monitored	Process for Monitoring	Responsible Individual/ Committee	Frequency of Monitoring	Responsible Committee For Review of Results	Responsible Individual /Committee For Development of Action Plan	Responsible Committee for Monitoring of Action Plan
Duties	Audit	Assistant Head Inclusion	Annually	Assistant Head Inclusion	Assistant Head Inclusion	Assistant Head Inclusion
Reporting arrangements in relation to inoculation incidents	Accident/Incident forms	Business Manager – HR & Admin	Annually	Assistant Head Inclusion	Assistant Head Inclusion	Assistant Head Inclusion
Process for the management of an inoculation incident (including prophylaxis)	Accident/Incident forms Annual incident report	Assistant Head Inclusion	Annually	Assistant Head Inclusion	Assistant Head Inclusion	Assistant Head Inclusion
Organisations requirements in relation to staff training, as identified in the training needs	SLT					

13. LINKED/ASSOCIATED POLICIES

Supporting Children with Medical Conditions
Child Protection Policy

APPENDIX 1

SHEFFIELD HEALTH COMMUNITY

PROTOCOL FOR THE MANAGEMENT OF OCCUPATIONAL BLOOD AND BODY FLUID EXPOSURE INCIDENTS

1 INTRODUCTION

This protocol sets out the steps to be taken in the event of a staff member sustaining a significant exposure to blood or other body fluids which pose a risk of infection with blood borne viruses or other infections and diseases.

It sets out the procedures to be followed to ensure that risks are properly assessed and the staff member is appropriately managed. Key areas are:-

(i) Immediate management of the incident : first aid
(ii) Risk assessment – is there a significant risk?
(iii) Source child testing procedures
(iv) Management of the staff member

This protocol accompanies the Trust's policies "Management of Occupational Blood and Body fluid Exposure Incidents and Administration of Post Exposure Prophylaxis" and "Local Policy for the Provision of Post Exposure Prophylaxis for Staff members occupationally exposed to HIV".

The protocol sets out the actions required of the following people as follows:-

1.1 The Staff member

First aid and reporting incident.

1.2 The manager/supervisor

Initial risk assessment
Organising source child testing
Contacting Occupational Health Service
Completion of accident/incident form.

1.3 Clinician responsible for

Source child	:	source child consent and testing
Consultant	:	giving results of test to source child

1.4 Occupational Health Service :

Management of Staff member including:
Detailed risk assessment
Provision of PEP where appropriate
Follow up and support
The detailed procedure for the management of these incidents is set out in the "Blood and Body Fluid Exposure Incident Management pack".

2 DEFINITION OF A SIGNIFICANT EXPOSURE TO BLOOD OR BODY FLUIDS

The phrase "blood exposure incident" is used throughout this protocol to refer to an incident in which there is:

- Percutaneous exposure (needlestick or other contaminated sharp object causing injury, a bite causing visible bleeding or other visible skin puncture)
- Mucocutaneous exposure (splashed into the eye, mouth)
- Contact of broken skin (e.g. cuts, abrasions, eczema)
- Human bites

with either

- Blood or material visibly contaminated with blood

or

- Body fluids which may pose a risk of transmission of blood borne viruses if significant occupational exposure occurs :-

  - Amniotic fluid
  - Cerebrospinal fluid
  - Human breast milk
  - Semen
  - Vaginal secretions
  - Pericardial fluid
  - Pleural fluid
  - Peritoneal fluid
  - Saliva in association with dentistry (even if not visibly blood stained)
  - Synovial fluid
  - Unfixed human tissues and organs
  - Exudative or other tissue fluid from burns or skin lesions

3 IMMEDIATE ACTION BY HEALTHCARE WORKER

3.1 First Aid

Following a blood exposure incident, the staff member should quickly:

For a wound

Encourage bleeding by gently squeezing the site.
Wash the wound in warm running water with soap.
Dry and apply a waterproof dressing.

For a splash in the eye

Irrigate the eye copiously with water before and after removing contact lens if worn.

For splash in the mouth

Irrigate thoroughly with drinking water for at least five minutes, without swallowing this water.

3.2 Reporting

Report the incident to the manager/supervisor immediately. A Trust Incident Form (IR1) must be completed as soon as possible in accordance with the Procedure for Managing and Reporting of Accidents, Untoward Incidents and Serious Untoward Incidents (RM01).

3.3 NB Ambulant childs (primary care, outchilds, A & E etc.) should be asked to remain in the department/clinic/surgery until the initial assessment and any blood sampling are completed.

4 ACTION BY MANAGER/SUPERVISOR

The manager/supervisor or person in charge of the area where the incident occurred will:-

4.1 Check that appropriate first aid has been applied.

4.2 Complete the initial assessment form (Appendix 1of the Blood and Body Fluid Exposure Incident Management Pack) to determine whether or not a significant blood exposure incident has occurred.

If a significant exposure has not occurred, e.g. the incident is a clean sharp injury, no further action, except completion of an incident report form, is required.

4.3 If a significant exposure has occurred, ask a clinician with current responsibility for the child to complete Section 2 of the 'Initial assessment of potential blood exposure incident,' (Appendix 1of the Blood and Body Fluid Exposure Incident Management Pack) and to obtain a sample of blood from the child for testing for blood borne viruses using the appropriate consent form (see Appendix 2 of the Blood and Body Fluid Exposure Incident Management Pack))

If the child is known to be HIV positive, do not wait for further information, contact the Occupational Health Service immediately.

4.4 Once Section 2 of the 'Initial assessment of potential blood exposure incident,' (Appendix 1 of the Blood and Body Fluid Exposure Incident Management Pack) is completed and a blood sample from the source child has been taken, the manager/supervisor should contact the Occupational Health Service who will complete a detailed risk assessment and advise on follow up.

If obtaining the blood sample may be delayed, or if the child refuses consent for testing or cannot consent, contact the Occupational Health Service.

If the source child is unknown, inform the Occupational Health Service of the incident now. The initial assessment form should be placed in an envelope marked "Occupational health – Confidential" and the manager/supervisor should ensure that it is delivered promptly to the Occupational Health Dept.

5 ACTION BY CLINICIAN RESPONSIBLE FOR THE SOURCE CHILD

Once the manager/supervisor has identified that a significant exposure has occurred, the clinician responsible for the source child will:

Complete section 2 of the initial assessment form to identify any known risks of BBV transmission

Obtain the source child's consent for blood testing for HIV, Hepatitis B and Hepatitis C.

5.1 Obtaining Consent and Blood Sample from the Source Child

The clinician obtaining consent for blood sampling from the source child should not be the person who sustained the blood exposure.

The clinician should approach the source child, preferably in an environment which would facilitate disclosure of risk factors, and explain that a member of staff may have been exposed to a small amount of their blood or body fluids and that, in this situation, the hospital/practice routinely seeks the child's consent to test their blood for blood borne viruses in order to offer appropriate treatment to the staff member.

An information sheet for the source child gives the details. (Appendix 3 of the Blood and Body Fluid Exposure Incident Management Pack)

The clinician should not disclose the identification or identifying information of the staff member concerned.

The source child should be asked to consent to testing for blood borne viruses using the standard consent form (Appendix 2 or 2A- Consent for screening for blood borne viruses following a blood exposure to a staff member contained in the Blood and Body Fluid Exposure Incident Management Pack) and information sheet (Appendix 3 'Giving consent for a blood test' in the Blood and Body Fluid Exposure Incident Management Pack) If the child requires further advice which the clinician cannot give, assistance from a more senior colleague or the Consultants in Virology, Infectious Diseases or Genito- urinary Medicine should be sought.

If the child requires further specialist advice on HIV testing, the hospital/ practice HIV testing counsellors or GUM advisers should be contacted (via Forge Centre – Telephone No. 0114 226 1142).

If the child refuses consent for testing, a note should be made on the assessment form which should be returned to the manager/supervisor for action.

If the child consents, a blood sample should be taken and sent to the laboratory. The consent form should be stored in the child's notes

The blood sample required is 2mls of clotted blood (white top tube).

Once the blood sample has been obtained, the initial assessment form should be returned to the manager/supervisor who will then contact the Occupational Health Service and send the form to the Occupational Health Service.

The clinician should ensure that the child's consultant is informed as soon as appropriate as the finalised result of the source child blood test will be given to the child's consultant (or GP in primary care settings).

5.2 Source Child Testing : Special Considerations

5.2.1 Source Childs unable to give consent

If the source child is unable to give consent, i.e. is unconscious, lacks capacity to consent or has died, the Consultant Occupational Physician or, if unavailable a Consultant in Genitourinary Medicine or Infectious Diseases should be consulted for advice about further management.

Testing without consent of the source child, including stored blood is illegal under the Mental Capacity Act 2005 and the Human Tissue Act 2004.

5.2.3 Neonates

Where the source child is a neonate, the risk assessment will need to be based on the mother's risk factors for blood borne viruses.

If antenatal screening results are not available and if the staff member has sustained a significant injury, the mother should be asked to provide a blood sample for testing for blood borne viruses. The baby's blood will not be tested.

5.2.4 Children

Children (under 16) will be tested as for adults but with the consent of the parent/guardian and the child if competent.

The consent of the treating consultant paediatrician/surgeon is required before the parent/guardian is approached.

5.2.5 Young Adults (16 – 18)

This age group can consent to source child testing for themselves but it may be appropriate to involve the parent/guardian in the pre-test discussion, depending on the child's wishes.

5.2.5 Management of Refused Consent

If the source child refuses consent, no testing will be carried out, even on stored blood.

Refusal to consent to source child testing will not affect the child's subsequent care and does not constitute evidence of infection.

Decisions relating to the management of the staff member in situations where source child samples cannot be obtained will be made on the basis of available information by the Consultant Occupational Physician.

5.2.7 Duration of Consent

The child's consent to be tested will only apply for the specific incident following which it is obtained.

If the same child is subsequently the source of another blood exposure, advice from the Consultant Occupational Physician or Virologist should be obtained on the need for further testing. If a further test is advised, consent will need to be obtained again.

6 ARRANGEMENTS FOR LABORATORY TESTING OF SOURCE CHILD'S BLOOD SAMPLE

NB All such requests should be accompanied by a telephone call to the laboratory or the Microbiology Biomedical Scientist (BMS) on-call otherwise urgent tests will not be done.

6.1 Arrangements between 9am to 5pm Monday to Friday

Between 9am and 5pm Monday – Friday send sample to Sheffield Virology Service at Public Health Laboratory, Northern General Hospital. The laboratory (ext. 14777, NGH) or the Medical Virologist must be contacted by telephone to alert them of the arrival of the arrival of the sample. These samples will be tested immediately and results reported as stated above. Samples arriving in the laboratory after 5pm will be passed on to the on- call Microbiology BMS.

6.2 Out of hours arrangements (source child testing only)

6.2.1 Contact the Microbiology BMS on-call via the Northern General switchboard to alert them.

6.2.2 The blood sample along with a virology request form should be sent immediately to the Haematology reception at Northern General Hospital. The on-call Microbiology BMS will retrieve the sample from there.

6.2.3 The results will be phoned by the laboratory staff or Medical Virologist on-call to the Occupational Health Physician on-call and not to the ward staff requesting the test. Please do not phone the laboratory for the result – the Occupational Health Physician will contact the staff member directly when the result is available, if necessary.

6.2.4 NB Please note the following restrictions: These arrangements apply ONLY between 5pm and 9pm Monday to Friday and 9am to 9pm Saturday, Sunday and Bank Holidays. Samples arriving in the laboratory after 9pm will be tested the following day. On Monday to Friday there will be a 'run of tests' at 9pm so please ensure that the sample is in the laboratory before then. On Saturday, Sunday and Bank Holiday an additional run during the day may be done for samples arriving in the morning.

6.2.5 Samples taken after 9pm may be delivered to the haematology reception, NGH at any time but will be tested as soon as possible after 9am on the next day. In the morning remember to telephone (ext. 14777, NGH) to alert the laboratory staff (Monday – Friday) or on-call Microbiology BMS (Saturday/Sunday/Bank Holiday) as appropriate.

If further advice on blood sampling is needed please contact the Medical Virologist or Occupational Physician (via the Northern General switchboard, if out of hours).

7 FURTHER ACTION BY MANAGER/SUPERVISOR: INFORMING THE OCCUPATIONAL HEALTH SERVICE

When information relating to known risks in the source child has been gathered and a blood sample has been obtained (or refused) the manager/supervisor should contact the Occupational Health Service as follows:

7.1 During normal working hours (Monday to Friday 08.30 to 16.30)

Contact the Occupational Health Service and arrange for the employee to go immediately there to be seen. The employee should take the assessment form with them.

7.2 Out of Hours

Contact the on-call Occupational Physician via Northern General switchboard.

The Occupational Physician will want to talk to the staff member direct, but it is often better for the supervisor to make the initial call. If the staff member is not present, the manager/supervisor should have contact details to give to the Occupational Physician.

If the source child is HIV positive and the on call Occupational Physician is not available, ask the Royal Hallamshire Hospital switchboard for the on call Consultant in Genitourinary Medicine or Infectious Diseases.

8 ACTION BY THE SPECIALIST OCCUPATIONAL HEALTH NURSE/OCCUPATIONAL PHYSICIAN

During normal working hours, the Specialist Occupational Health Nurse will manage the case initially. Out of hours, the first point of contact will be the on call Occupational Physician.

The Occupational Health Nurse/Physician will complete a detailed risk assessment of the injury/incident in accordance with the internal Sheffield Occupational Health Service protocol. Further action will depend on the detailed risk assessment and may include the provision of post exposure prophylaxis for HIV or HBV, as indicated.

8.1 Management of Source Child's Blood Test Results

The results of the source child's blood tests will initially be given by the laboratory service to the Occupational Health Service only and not to the ward/department/practice.

If any of the results are positive, the BMS will discuss this with the Consultant Virologist, who will liaise with the Occupational Physician. If the results are negative, the BMS will inform the Occupational Physician directly.

Negative source child results will be given to the Occupational Health Service in the normal working hours only. Negative source childs results on samples tested out of hours are not repeated to the on call Occupational Health Physician out of hours.

8.2 For the Staff member

On receipt of the source child's blood test results, the Occupational Health Service will contact the staff member to inform them of the results and to advise on further action.

The staff member is given this information in medical confidence: They must not disclose it to anyone else, even if the results are negative and must be particularly sensitive to the fact that the source child will not yet be aware of the results, and will not be given those results until the laboratory has confirmed them, which may take up to three working days.

8.3 For the Child

Confirmatory tests by the laboratory for positive results may take up to three working days; liaison between the Occupational Physician, treating Consultant and Consultant Virologist will be needed to ensure that appropriate information is given to the child.

If the injured staff member is the source child's consultant, it may be necessary for alternative arrangements to be made for informing the child; this will be individually determined by the clinician and the Consultant Occupational Physician.

9 ACTION BY THE CLINICIAN: INFORMING THE SOURCE CHILD

Responsibility for informing the source child of the results of their blood tests lies with the consultant responsible for them (or their general practitioner for incidents in primary care) and should not be delegated to junior staff.

The clinician informing the source child of their blood test results will:

9.1 If the result is negative

Inform the child that this is so, re-assure the child that there are no implications for long term e.g. for insurance after a negative HIV test Ask them if they want the test recording in their notes and follow their wishes

9.2 If the results are positive

Inform the child. Arrange appropriate support and counselling. Arrange referral for assessment and treatment (Infectious Diseases) Inform the child's GP, subject to the child's agreement

10 FOLLOW UP OF THE STAFF MEMBER

This is the responsibility of the Occupational Health Service and will be carried out in accordance with the Sheffield Occupational Health Service internal protocol.

AR.Protocol for Incidents

APPENDIX 2

SHEFFIELD CHILDREN'S HOSPITAL NHS FOUNDATION TRUST

INFECTION CONTROL COMMITTEE

Membership:
Director of Infection Prevention and Control (Chair)
Infection Prevention and Control Nurse
Infection Control Doctor Director of Clinical Operations and Nursing
Occupational Health Consultant Physician or Nurse
Consultant Surgeon
Pharmacist
Head of Risk Management
Director of Intensive Care Support Services Manager, Facilities
Consultant Paediatrician Decontamination Lead

APPENDIX 3

INFECTION PREVENTION AND CONTROL ANNUAL REPORT- template

(NB not every item will be appropriate for all NHS bodies but the framework is designed to help DIPCs to produce reports that are consistent across the NHS.)

1) Executive summary - Overview of infection control activities in the Trust

- Amount of children with conditions that require sharps
- Staff trained

2) Description of infection control arrangements

- Amount of needle stick injuries since last report
- Reporting line for Accident/Incident forms
- Links to any other relevant policy changes
- Links to any training updates

3) Any required budget allocation to infection control activities

- Consider staffing, training and support.

4) Audit

- Extent of audit
- Reasons for audit focus

5) Targets and outcomes

- Changes and benefits as a result of audit
- Local targets passed on from NHS/medical partners

6) Training activities