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NHS
Avon Partnership
Occupational Health Service

Clinical Standard Operating Procedure (SOP) for APOHS

MANGEMENT OF CONTAMINATION INJURIES

SETTING Occupational Health

FOR STAFF Registered Nurses managing Contamination injury hotline

STANDARD OPERATING PROCEDURE

GUIDANCE

The service is run by the Lead Occupational Health Consultant, with support from Public Health England Virologists, Microbiologists and the local Trusts Emergency Departments.

The Contamination Injury hotline (NSI) is managed by a Registered Nurse (RN) between the hours of 8.00 – 17.00, Monday-Thursday and Friday 08.00 – 16.30. Calls are directed to the hotline via the Occupational Health Telephone Operator. The service covers University Hospitals Bristol, North Bristol Trust, Weston Hospital and other payable, private contracts.
Outside of these hours, contamination injuries are managed by the duty Clinical Site Manager, who will complete a risk assessment and advise the Health Care Worker (HCW) of any action required. A completed contamination injury form is then faxed/ emailed to Occupational Health the next working day for follow-up. Any urgent/ high risk incidents are directed to the local Emergency Department.

1. RN to liaise with Telephone Operator regarding availability and preferred method for contact e.g. Office Communicator or telephone for referrals/ advice.

2. RN to note any outstanding jobs from the previous day that require completion.

3. On taking a referral, the RN must advise the recipient, that the reporting procedure will take approximately 10-15 minutes to complete. During this time, questions pertaining to the incident are taken directly from the Contamination Injury Form. A mutually convenient time must be arranged if the recipient is unable to conduct the telephone call.

4. RN to perform a risk assessment when taking the referral. Any incidents denoting minimal/ negligible harm (e.g. splash to intact skin) to be discussed with a senior colleague first, prior to the referral being declined. This telephone call must then be documented under 'contacts' in the recipient's file on eOPAS. The HCW must be advised to complete an online incident form specific to their Trust or place of work e.g. Datix.

5. In the event of a high risk +/- source patient known to be positive to a Blood Borne Virus (BBV), then an OH Consultant must be contacted immediately and the incident escalated.

6. If the source is known at time of the incident to be positive to a BBV then a RIDDOR incident report must be raised to Trust Health and Safety Department. (See individual SOP on how to action)

7. If the source is known to be positive to a BBV or found positive on testing a Colindale report must be raised. (See individual SOP on how to action)

8. An electronic Contamination Injury Form must be fully completed for every (accepted) referral, on eOPAS. The excel spreadsheet referral 'log' (on the occupational health s-drive) must also be completed.

9. The incident must be documented on eOPAS under a new episode 'Contamination Injury Incident' and the events completed.

10. Follow-up dates must also be entered if the source is unknown or unable to consent for testing. The 'report' event must include:

    - Date and time of injury
    - Location of injury e.g. Ward/ Department
    - Contact details of recipient
    - Demographics of both recipient and source patient (if known)
    - Summary of the incident
    - Any known risks of the source patient
    - Hepatitis B immunity of the recipient
    - Action/ Plan e.g. recipient requires Hepatitis B booster/ storage bloods to be taken etc.

11. RN to advise HCW regarding management of the incident. If the source patient is *known* and has capacity to consent, then bloods should be taken from that individual for Hepatitis B surface antigen, Hepatitis C antibodies and HIV 1+2 antibody/ antigen. The informed consent must be obtained by the source patient's medical team. If the source patient is *unknown* or does not have capacity to consent (brain injury or disease, confusion, intra-operative) then the HCW must be followed-up for testing at 6-weeks, 12-weeks and 24-weeks. In either event, the HCW must attend Occupational Health to have blood taken for storage within 7 days of the incident. This is a medico-legal sample that is not tested unless the HCW becomes unwell within a two year period and which is thought to be attributable to the incident. N.B. The recipient can have their storage bloods taken in their place of work if more convenient and the RN must advise on the process for this.

12. In the event of a high risk incident, efforts must be made to consent the source patient for testing. RN must contact Virology at Public Health England, Bristol to process the bloods as urgent, be responsible for checking the results and informing the OH Consultant promptly. OH Consultant will advise on PEP (Post Exposure Prophylaxis) for the recipient following a risk assessment. PEP must be administered as soon as possible after the incident and *no later* than 72 hours. Emergency Departments stock a 3-day supply of HIV PEP and Hepatitis B immunoglobulin (HBIG) can be ordered urgently from a Trust pharmacy department. Thereafter, OH Consultants can prescribe continuation of the 4-week HIV PEP course; however the HCW must be closely monitored for side effects and any derangement in their liver function or full blood count. HIV testing of the recipient must then be 6-weeks following completion of PEP. The OH Consultant will discuss management/ treatment with the recipient by telephone or in person after the initial referral taken by the RN.

13. A contamination injury incident can be completed when storage bloods have been taken and the known/ tested source is negative for Hepatitis B surface antigen, Hepatitis C antibody and HIV 1+2. In an unknown/ untested source, the incident can be completed when the recipient has had storage bloods and is negative for Hepatitis B surface antigen, Hepatitis C antibody and HIV 1+2 following the 24-week appointment.

14. RN to send electronic follow-up +/- completion letter to the recipient as indicated and then to amend and complete the excel contamination injury spreadsheet.

GLOSSARY

Recipient: The person who has received the injury

Source Patient: The person from whom the body fluid originated

Storage Bloods: A medico-legal sample of blood taken from the recipient at the time of the incident which is not tested

Sharps: Needles, sharp-edged instruments, broken glassware or any other item which may be contaminated in use by blood, body fluids or tissues and which may cause laceration or puncture wounds

Sharps injury: A percutaneous injury caused by a sharp penetrating the skin. This includes cuts, pinches, scratches, nicks and bites which break the skin

A contamination incident: An exposure to blood or body fluids via a sharp implement or human bite that causes bleeding or punctures the skin; or exposure of mucous membranes or non-intact skin to blood or other body fluids

PEP: Post Exposure Prophylaxis. Prophylactic treatment that may be given after exposure to Hepatitis B or HIV. In Hepatitis B, HBIG (Immunoglobulin injection) is used after exposure to give rapid protection until Hepatitis B vaccine, which should be given at the same time, becomes effective. The use of HBIG in addition to vaccine is recommended only in high-risk situations or in a known non-responder to vaccine. HBIG should be given as soon as possible, ideally within 48 hours, although it should still be considered up to a week after exposure. In HIV, PEP (in the form of antiretroviral tablets) can prevent infection after the virus has entered the body. The sooner PEP is started, the more likely it is to work; within 24 hours is best, but no later than 72 hours. After 72 hours PEP is unlikely to work. For PEP to work the drugs must be taken strictly for four weeks.

BBV: Blood Borne Virus
Hepatitis B Virus (HBV): An infection of the liver caused by a virus that is spread through blood and body fluids. Symptoms of Hepatitis B include; flu-like symptoms, loss of appetite, vomiting and diarrhoea, abdominal pain and jaundice. These symptoms will usually pass within one to three months (acute Hepatitis B) although occasionally the infection can last for six months or more (chronic Hepatitis B). Life-threatening problems such as scarring of the liver (cirrhosis) or liver cancer can develop from this. HBV is up to 100 times more infectious than HIV and can survive for up to 7 days outside of the body.

Hepatitis C Virus (HCV): A blood borne virus that can infect the liver. If left untreated, it can cause serious and potentially life-threatening damage to the liver over many years. With modern treatments it is often possible to cure the infection (up to 50%) and most people with it will have a normal life expectancy. In the UK, most Hepatitis C infections occur in people who inject drugs or have injected them in the past. It is estimated that around half of those who inject drugs have the infection. There is no vaccine for Hepatitis C. The virus on average can remain infectious for 16 hours outside of the body but this can extend to 4 days.

HIV 1+2: Human Immunodeficiency Virus. The virus attacks the immune system, and weakens the ability to fight infections and disease. There is no cure for HIV, but there are treatments to enable most people with the virus to live a long and healthy life. AIDS is the final stage of HIV infection, when the body can no longer fight life-threatening infections. With early diagnosis and effective treatment, most people with HIV will not go on to develop AIDS. HIV is a fragile virus which normally dies quickly when outside the body.

RELATED DOCUMENTS
APOHS Occupational Health Policy dated 01.11.15. Management of blood and bodily fluids exposure incidents 4.8 (b)

http://www.hse.gov.uk/healthservices/needlesticks/

http://www.hse.gov.uk/pubns/hsis7.htm

http://www.hse.gov.uk/biosafety/diseases/bbv.pdf

http://www.uhbristol.nhs.uk/for-clinicians/avon-partnership-nhs-occupational-health-services/apohs-services/contamination-injury/

https://www.gov.uk/government/publications/bloodborne-viruses-eye-of-the-needle

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/503768/2905115_Green_Book_Chapter_18_v3_0W.PDF

SAFETY
http://www.hse.gov.uk/healthservices/needlesticks/actions.htm

QUERIES
Clinical: [redacted] (Clinical Operations Manager) [redacted]
[redacted] (Lead Consultant) [redacted]
[redacted] (Quality Co-ordinator)

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