

**Management of Needlestick & Similar Injuries Policy
& Procedure
April 2021**

CONTROL DOCUMENT

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INTRODUCTION

1.1 BACKGROUND

- **INFORMATION FOR SOURCE PATIENT**

A healthcare worker involved in your care has been accidentally exposed to your blood or body fluids in a way which could pose a risk to their health if you are infected with Hepatitis B, Hepatitis C or HIV. In order to protect the healthcare worker from this risk, we need to test your blood to see if you are infected with these viruses. We will need a blood sample to do this test.

Hepatitis B, Hepatitis C and HIV are not common illnesses, but it is possible to be infected with them without knowing or being ill. If you are infected with these viruses it is important for you to know this as there are treatments available for these conditions.

These viruses are transmitted by exposure to blood and some body fluids, most commonly by sexual contact with an infected person or by the sharing of needles between injecting drug users.

People who are at higher risk of being infected are:

- Men who have sex with men
- Sexual partners of the above
- Injecting drug users
- Patients who have had blood transfusions or treatment with blood products

If none of these risk groups apply to you, the risk of you being found to be infected with Hepatitis B, Hepatitis C or HIV is very low. If one or more of these risk groups apply, you may have a higher chance of being found to be positive on testing.

If you know that you are infected with Hepatitis B, Hepatitis C or HIV, please tell us as we may need to act quickly to protect the healthcare worker. You do not have to tell us which group applies to you.

If you would like further information about the risk of being infected with Hepatitis B, Hepatitis C or HIV, please ask the doctor who is seeking your consent for a blood test. Specialist counsellors are also available to discuss the implications of HIV testing if you would like more information.

The standard of your care will be unaffected whether you agree or refuse to undergo this test

If you agree to a test for Hepatitis B, Hepatitis C and HIV, the results will be given to your General Practitioner and to the Commissioning Occupational Health Service who are responsible for the care of the healthcare worker. The team responsible for your care will tell you the result. If it should

show that you are infected with one of these viruses, appropriate investigation and treatment will be organised for you.

If the result is negative, your General Practitioner will discuss with you whether or not the test should be recorded in your notes.

Appendix 2

Risk Assessment Source Patient

Part A: Anonymised source patient risk assessment form: for use following sharps or similar injury	
Name of injured HCW	Location
Clinician responsible for source patient:	Contact number: Date
<p>Immediate action required:</p> <p>1 Risk assess the source patient</p> <p style="margin-left: 40px;">Undertake the source BBV risk assessment urgently.</p> <p style="margin-left: 40px;">Review case notes of source patient.</p> <p style="margin-left: 40px;">Speak to source patient’s medical team.</p> <p>2 Decide on results</p> <p style="margin-left: 40px;">Establish if source patient is known to have a BBV or is high risk for a BBV.</p> <p style="margin-left: 40px;">If the source patient answers ‘yes’ to any of the questions 4-10, they are HIGH RISK for BBV.</p> <p>3 Communicate the information</p> <p style="margin-left: 40px;">Telephone the Occupational Health/A&E clinician looking after the injured HCW with an initial report of the result and details of the source patient BBV risk assessment.</p> <p style="margin-left: 40px;">Provide details of when the source patient test results will be available.</p> <p style="margin-left: 40px;">Complete this form and forward it to A&E as appropriate by fax or by giving it to the injured HCW in a sealed envelope to take with them.</p> <p style="margin-left: 40px;">Do not delay referral of the injured HCW. (HIV PEP should be started within 1 hour)</p> <p>4 BBV Testing</p> <p style="margin-left: 40px;">Consent and test the source patient for BBV’s.</p>	

Arrange urgent BBV testing at A&E for HCW

5 Record your actions

Record in source patients case notes that assessment has been carried out.

DO NOT record the outcome of the assessment in the source patient’s case notes.

Record your name, grade and contact details in the patients case notes •

Destroy the source patient BBV risk assessment letter

6 Source patient follow up

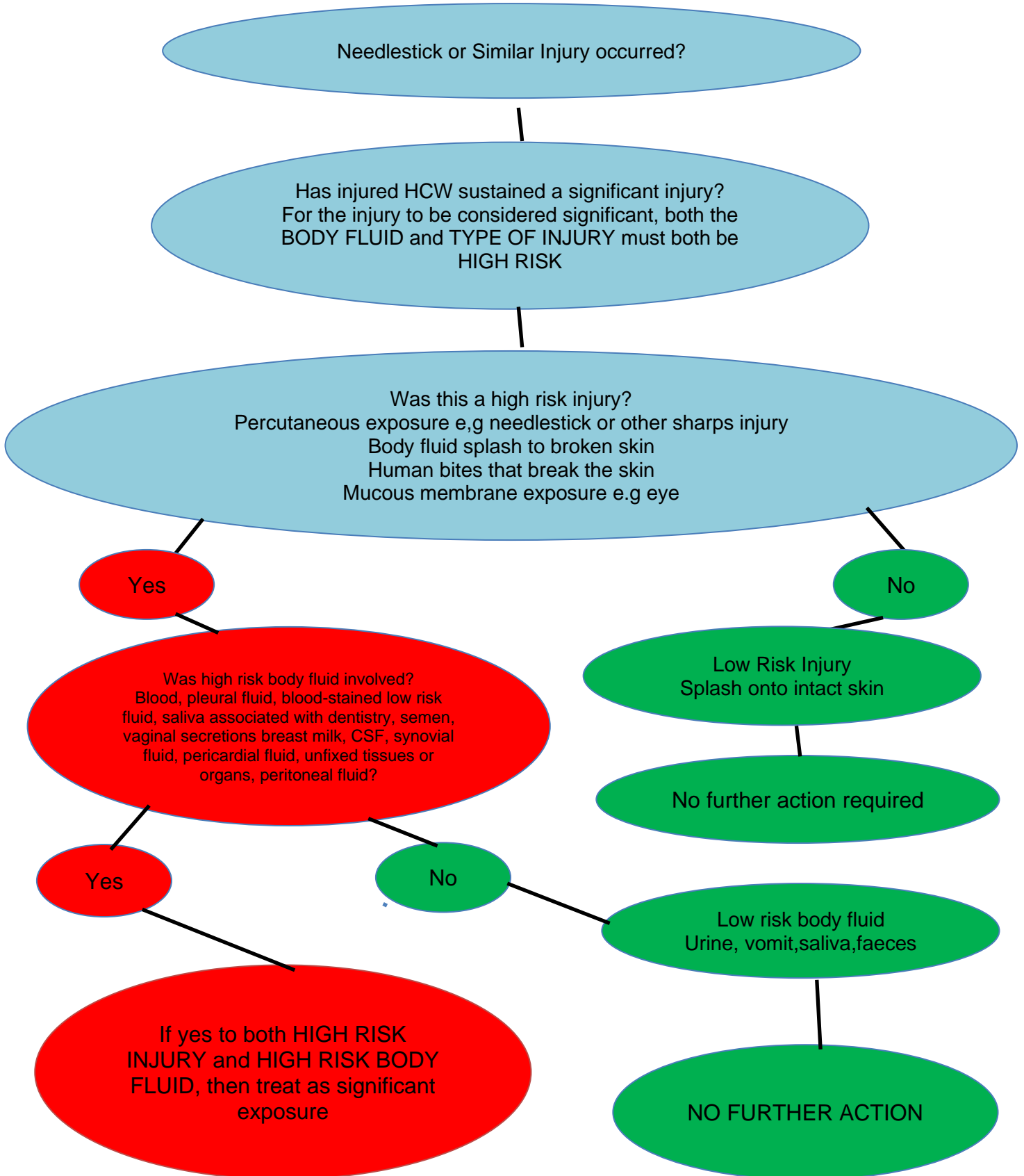
Arrange follow up for the source patient to receive the BBV test results, and if any positive results make appropriate referral arrangements as per GGC guidance.

Inform the nurse in charge and consultant of the source patient of the results/need for follow up.

PART B: To be completed by the clinician undertaking the source patient BBV risk assessment
If no approach has been made to the source patient, please state the reasons why this has not been done:

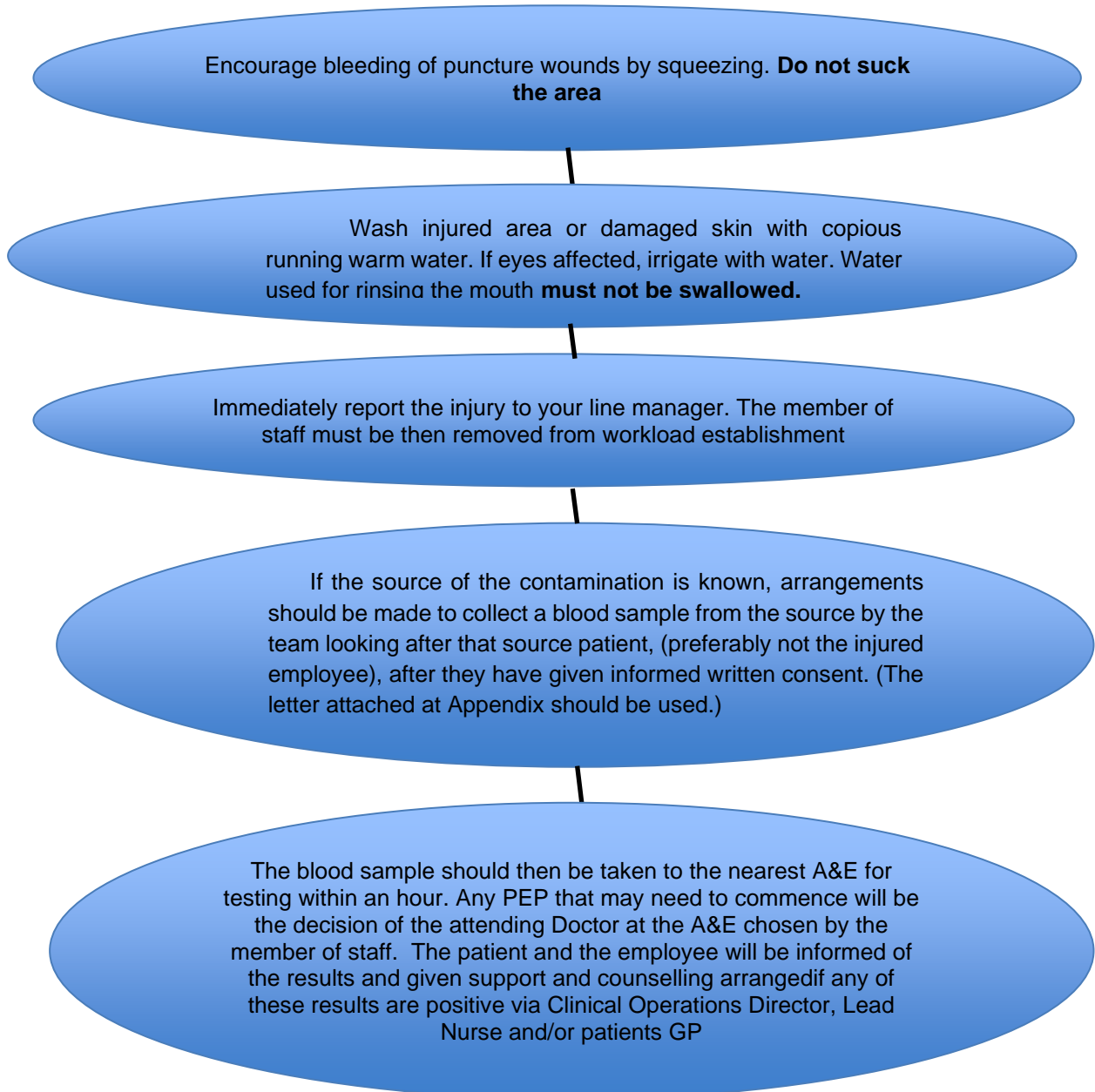
Has the source patient been diagnosed with a BBV?	Y	N
Is the patient HIGH RISK for BBV?	Y	N
Has the A&E clinician looking after the injured HCW been informed of the source risk status?	Y	N
Has consent been sought and granted for source blood to be tested for BBV	Y	N
Has follow up to give the source patient the results of BBV testing and advice been arranged?	Y	N

Appendix 3 Guidance flowchart for Needlestick or similar Injury



Appendix 4

Flowchart for initial first aid management of needlestick or similar injury



**Appendix 5
STAFF ACCIDENT REPORT FORM**

Staff are to use this form for any work related injury/illness/near miss and forward it to the Nurse Manager as soon as practicable

I am reporting a work related: (Please circle)	Injury	Illness	Near miss
Name: Contact Number: Address:			
Job Title:			
Establishment injury/illness took place:			
Date injury/illness occurred:			
Time injury/illness occurred:			
Name of person injury/illness reported to at establishment:			
Description of injury/illness (include any witnesses if appropriate)	(Please continue on the back of this form if necessary)		
Actions taken:			
Signed:			

Print:	
Date:	
For Office Use Only	
Date incident form received:	
By whom:	
Actions taken:	
Occupational Health Referral required:	Yes/No (please indicate)
Staff member's GP advised: (Obtain Staff members permission)	Yes/No (please indicate)
Follow up required: (If so, date of follow up)	Yes/No (please indicate)
Signed:	
Print:	
Date:	
Job title:	

Links to references:

[Microsoft Word - nistr_20130108_en.doc \(legislation.gov.uk\)](#)