

Sharps & Needlestick Policy (Including disposal and any bodily fluid exposures or inoculation injury)

		POLICY	
Reference	CPG-TW-S&NP		
Approving Body	Infection Prevention and Control Committee		
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For publication to external SFH website	Positive confirmation received from the approving body that the content does not risk the safety of patients or the public:		
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	X		
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Review Date	Feb-2028		
Sponsor (Position)	Medical Director		
Author (Position & Name)	Adam Grundy Head of Occupational Health/Lead Nurse		
Lead Division/ Directorate	Corporate		
Lead Specialty/ Service/ Department	Human Resources/ Occupational Health		
Position of Person able to provide Further Guidance/Information	Head of Occupational Health/Lead Nurse		
Associated Documents/ Information		Date Associated Documents/ Information was reviewed	

1. Source patient consent leaflet reviewed and updated with this policy (accessible on OH intranet site) Sharps injury source patient consent leaflet	March 2025
Template control	June 2020

Title: Sharps & Needlestick Policy (Including disposal and any bodily fluid exposures or inoculation injury)

Version: 3.0

Issued: April 2025

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1.0 INTRODUCTION

This policy describes the arrangements for all Trust staff regarding the management and prevention of needlestick, sharps or blood/body fluid exposure incident.

This policy is issued and maintained by the Medical Director on behalf of The Trust, at the issue defined on the front sheet, which supersedes and replaces all previous versions

2.0 POLICY STATEMENT

The most common sharps injury – that is an injury where there is risk of infection with blood borne agents via accidental inoculation – is needlestick. The organisation and arrangements made by this policy are also those to be followed after exposure to similar sources of infection via other routes, such as eye and mucous membrane contamination, or through broken skin, including bites and scratches.

This policy in particular:

- allocates clear responsibilities to individuals;
- describes the controls aimed at preventing accidents;
- describes the arrangements in place to respond following a sharps or needlestick injury.

3.0 DEFINITIONS/ ABBREVIATIONS

The Trust	Sherwood Forest Hospitals NHS Foundation Trust
Staff	All employees of the Trust including those managed by a third party organisation on behalf of the Trust
High risk bodily fluids include:	blood, amniotic fluid, vaginal secretions, semen, human breast fluids (milk), cerebrospinal fluid, peritoneal fluid, pleural fluid, synovial fluid, pericardial fluid, saliva in association with dentistry, unfixed tissues and organs, any other body fluid if visibly blood-stained, exudative or other tissue fluid from burns or other lesions.

4.0 ROLES AND RESPONSIBILITIES

- 4.1 The Chief Executive retains the overall responsibility for the implementation of this policy throughout the Trust; however he/she delegates to Line Manager/ Department or Ward Leader or Deputies the particular responsibility for ensuring that the policy, as it relates to hazards which arise during the day to day activities of the Trust, is implemented.
- 4.2 All **Directors and Divisional Managers** have responsibility for ensuring that all arrangements made under this policy are implemented appropriately. This includes:
 - 4.2.1 Setting Unit and Directorate objectives and targets concerned with the control of sharps use and injuries.

4.3 Each **Operational Manager** shall develop/implement measures to systematise compliance with the Sharps Policy and departmental procedures. In particular they shall: 4.3.1 ensure that all staff receive adequate information, instruction and supervision;

4.3.2 ensure that all necessary risk assessments have been undertaken and where appropriate the results recorded;

4.3.3 ensure appropriate compliance with the hepatitis B vaccination protocol; 4.3.4 ensure Datix incident report is made and complete any necessary further investigation into any reported accident or incident involving sharps and where appropriate produce a report.

4.4 Trends and occurrence of needlestick/sharps injuries will be monitored through the Datix incident reporting system via the Trust's **Health and Safety Manager**, the Sharps and

Splash Injury Prevention Sub-Group and through monthly audit by Occupational Health. Issues regarding the clinical practice of members of staff involved in sharps/needlestick injuries will be brought to the attention of their appropriate medical or nursing line manager (or Consultant responsible for a Junior Doctor involved), via the incident reporting system. Staff will be involved in further discussion regarding avoidance of subsequent needlestick injuries if appropriate.

4.5 The **Occupational Health Department** is responsible for:

4.5.1 providing advice on sharps matters as required;

4.5.2 assisting in the management of sharps injuries;

4.5.3 providing a vaccination service;

4.5.4 providing a monthly report to the Sharps and Splash Injury Prevention Sub-Group

4.6 The **Infection Prevention and Control Team** have an important role in controlling the risks associated with the use of sharps including:

4.6.1 advising employees on the correct use and disposal of sharps in accordance with the legislation 'The Health and Safety Sharp Instruments in Healthcare Regulations 2013'.

The UK chooses to use legislation to promote safe sharp usage to provide advice and support during the procurement of all engineered safer sharp devices in line with the EU directive (2010) Council Directive 2010/32/EU implementing the framework Agreement on prevention of sharp injuries in the hospital and healthcare sector between European Hospital and Healthcare Employers Association (HOSPEEM) and European Federation of Public Service Unions (EPSU)

4.6.2 auditing sharps management, from commencement of a process to disposal across the organisation using both external and internal sources

4.6.3 promoting a 'hierarchy of controls' to ensure the most effective measures available are used: commencing with the use of personal protective equipment; eliminate recapping needle; training and education; to promote safer devices and ultimately to eliminate the need for sharps to be used.

4.7 All **employees** are required to:

4.7.1 take reasonable care for the health and safety of themselves and of other persons who may be affected by their acts or omissions;

4.7.2 co-operate with the Trust so as to enable it to perform or otherwise comply with its statutory duties by complying with this policy.

4.7.3 not intentionally or recklessly interfere with or misuse anything provided in the interests of health, safety or welfare

4.7.4 fully comply with the arrangements laid out in Section 6 below.

5.0 APPROVAL

Following consultation, this policy has been approved via the Trust's Infection Prevention and Control Committee.

6.0 DOCUMENT REQUIREMENTS

6.1 As with many infection prevention and control policies, the assessment and management of the risks associated with the use of sharps is paramount and safe systems of work and controls must be in place to minimise any identified risks. The following precautions should be taken to minimise the risks: all sharps including hypodermic needles, suture needles, cannulae, scalpel blades etc. must be discarded directly and immediately into a sharps container **at the point of use**.

General principles include:

- Avoid the use of sharps wherever possible;
- Use needle-less intravenous devices and safer needle systems where available;
- Never pass sharps from person to person by hand, use a receptacle or 'clean field' in which to place them;
- Dispose of sharps immediately at the point of use:
 - 1' take the sharps container with you;
 - 1' never leave sharps lying around. Used sharps must never be left for anyone else to dispose of. **This is the user's responsibility.**
 - 1' keep handling to a minimum;
 - 1' do not walk around with sharps in your hands or pockets, in a receiver or tray;
 - 1' do not re-sheath a used needle;
 - 1' do not remove scalpel blades by hand, use forceps, scalpel blade removing unit or blade remover on a sharps container;
 - 1' do not bend or break needles prior to disposal;
 - 1' syringe/cartridges and needles must be disposed of intact in one unit;
- Discard cannulae and intravenous lines immediately after use. Never cut into pieces.
- Always get help when using sharps with a confused or agitated patient.
- Use single use vacuum blood collection bottles.

6.2 Transferring of blood from a syringe into a specimen bottle

In the rare circumstances that blood needs to be transferred from a syringe into a specimen bottle extreme care must be taken when removing the needle from the syringe. The needle should be discarded directly and immediately into the sharps container.

6.3 Blood gas syringe

When transporting a blood gas syringe, remove the needle using a removal device and attach a blind hub prior to transport. If the blood gas analyser is in another department, place the syringe in a closed sample bag prior to transporting.

6.4 Safety devices

Many sharps injuries can be avoided by adherence to the principles of safe practice, however it is recognised that some injuries are completely accidental. It is possible to reduce the risk of these happening by the use of safety devices. These are devices that incorporate a built-in safety feature in their design, which is intended to reduce the risk of sharps injury. An integrated safety feature is part of the basic design of the device that cannot be removed. A passive safety feature is one that does not require the user to activate it, and remains effective before, during and after use. Where provided/available safety devices must be used for venepuncture and other procedures.

6.5 Pen injectable devices

These devices are intended for self-administration of injectable medications. Healthcare workers are at risk of needle-stick injury when using these devices and wherever possible use of these devices for administering an injection to patients should be avoided. Where patients are self-administering appropriate sharps disposal facilities must be provided

6.6 Lancing devices

Lancing devices are available as disposable single-use items, intended for use by healthcare workers and for self-use (patient use). Healthcare workers must not use lancing devices intended for self-use on multiple patients as these cannot be adequately decontaminated. If using lancing devices intended for healthcare workers, the needle must be expelled immediately, and directly into the aperture of the sharps container, as needles are not fully retracted on these devices. Disposable single use devices with fully retractable needles are the preferred device.

6.7 Venepuncture

All healthcare workers who are trained in venepuncture must be accustomed to wearing gloves from the very beginning of their training. The aim should be for all staff carrying out venepuncture to wear gloves to provide personal protection.

6.8 Sharps practice within a patient's home

Always take an assembled sharps container that has the temporary closure mechanisms in place into the patient's home when sharps are to be used. If the sharps container is to be left in the patient's home for on-going treatment, ensure that the safe management of sharps containers is followed and that the container is safely stored out of access of children. Sharps containers must never be left for collection where they could be accessed by the general public. Staff who need to transport sharps containers within the community should ensure they are transported with care, the temporary closure mechanisms must be engaged, the sharps container must be secured within the boot area of the car in a way which will prevent spillage, and an unused spare sharps container must be carried in case there is a problem with the container in use.

6.9 Arrangements

Sharps must only be used by persons adequately qualified to do so. Most health care staff will be adequately qualified if they have received training in the safe use of sharps either at Sherwood Forest Hospitals NHS Foundation Trust or elsewhere.

New staff shall not be allowed to use sharps until informed of the dangers, instructed in safe use and appropriately supervised.

- Following use of a sharp instrument the person using it must immediately dispose of it properly
- needles must not be re-sheathed, where safer sharps are used the system must be used in accordance with its design
- sharps must be disposed of in approved sharps containers
- after use the temporary closure should be engaged. When two-thirds full (or to the limit line) containers shall be locked and disposed of safely and a new container provided ensuring the integral label is completed
- sharps containers shall be sited in designated areas only.

A sharps injury only includes injury where there is a risk of infection, typically from blood or other body fluids, via accidental inoculation. Exposure to similar hazards via broken skin, eye or mucous membrane contamination should be treated as a sharps injury. An injury from an unused sharp instrument is not a sharps injury for the purposes of this policy, although first-aid treatment may be necessary. If in doubt, treat as a sharps injury and consult the Occupational Health Department or The Emergency Department (E.D.) at King's Mill Hospital (KMH) or the Urgent Treatment Centre (UTC) at Newark Hospital (NH) out of normal office hours.

6.10 Following any sharps injury, the injured person shall:

- allow bleeding but do not squeeze, suck or lick the wound;
- wash and clean the wound using soap and water only (for eye and mucous membrane contamination wash with water only) if contact lenses in place wash with copious amounts of water first with lenses in place and then with them removed.
- if further treatment is required, attend ED (KMH) or UTC (NH);
- report the injury to the Occupational Health Department immediately (or to ED/UTC outside of normal office hours), and subsequently inform their Manager/Department or Ward Leader or Deputy and ensure a Datix incident report form is completed.
- In all instances, Occupational Health must be informed of the injury the next working day, even if the initial injury has been treated in ED/UTC.

6.11 Following report of a sharps injury, the Manager/Department or Ward Leader or Deputy to whom reported shall:

- Ensure the injured person carries out the procedure detailed above;
- Give the injured person a copy of the guidance contained in [Appendix A](#); (Printed copies of this information sheet are available from Occupational Health)
- Ensure that a risk assessment is carried out. Where a known source patient is involved, the risk assessment should normally be conducted by the most senior available member of the medical/nursing team treating the patient at the time of the injury. This would normally include the source patient's blood being tested for blood borne viruses with their consent using the [Sharps injury source patient consent leaflet](#). If the source patient does not have the capacity to consent/ does not consent, the blood sample cannot be taken and the risk assessment will need to be based on information contained in the patient's clinical records. All patients are presumed to have capacity unless they are assessed as not having capacity using the two stage test. Further information concerning assessing patients who do not have mental

capacity to consent to examination, treatment or care can be found within local policies.

- Further guidelines for risk assessment and further action following a blood/body fluid exposure can be found at [Appendix B](#) and [appendix E](#).
If the source patient is a known carrier (or at high risk of being a carrier) of HIV refer immediately to the [policy for HIV post exposure prophylaxis \(PEP\) following occupational exposure to HIV in the healthcare setting](#)
- Ensure an Datix incident form is completed
- Carry out any further investigation/action as necessary.
- Sharps injuries must be reported to HSE under RIDDOR:
 - when 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;
 - when the employee receives a sharps injury and a BBV acquired by this route sero-converts. This is reportable as a disease.
 - if the injury itself is so severe that it must be reported.
 - if the sharp is not contaminated with a BBV, or the source of the sharps injury cannot be traced, it is not reportable, unless the injury itself causes an over seven-day incapacitation of the worker. If the employee develops a disease attributable to the injury, then it must be reported.

6.12 Following reporting of a sharps injury, the Occupational Health Department (or ED (KMH) / UTC (NH) out of working hours) shall:

- Confirm the risk assessment has been carried out
- Advise the injured person of appropriate further action

Summary

- 6.13** It is the 'sharps' user's responsibility to risk assess and utilise the hierarchy of control ([Appendix F](#)) to identify the safest way to manage a process involving sharps, including using specifically engineered devices where available.
- 6.14** A flow chart summarises the procedure to be followed by management and health care workers following blood body fluid exposure incident ([Appendix C](#))
- 6.15** A [guidance poster](#) is available on the H&S intranet site showing the essential immediate action to be taken by members of staff who suffer a sharps injury. This sheet should be displayed prominently in all clinical areas (e.g. next to sharps containers)

See also [Appendix D](#) for the discovery of sharps in waste.

7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

Minimum Requirement to be Monitored (WHAT — element of compliance or effectiveness within the document will be monitored)	Responsible Individual (WHO — is going to monitor this element)	Process for Monitoring e.g. Audit (HOW — will this element be monitored (method used))	Frequency of Monitoring (WHEN — will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results (WHERE — Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Reporting of sharps/body fluid exposure injuries	H&S Manager	Audit via incident reporting system (Datix system)	Annually	Sharps and Splash Injury Prevention Sub-Group and IPCC (formal report from safer sharps group)
Reporting of sharps/body fluid exposure injuries to OH	Head of Occupational Health/Lead Nurse	Audit via OH database (Civica G2 system)	Monthly	Sharps and Splash Injury Prevention Sub-Group and IPCC (formal report from safer sharps group)
Sharps container usage	IPCC Nurse	Audit	Monthly	IPCC (formal report)

8.0 TRAINING AND IMPLEMENTATION

Awareness training covered at induction and mandatory training.

9.0 IMPACT ASSESSMENTS

- This document has been subject to an Equality Impact Assessment, see completed form at [Appendix G](#)
- This document is not subject to an Environmental Impact Assessment

10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

Evidence Base:

- Health and Safety Executive (2013) *Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 - Guidance for employers and employees* <http://www.hse.gov.uk/healthservices/needlesticks/eu-directive.htm>
- EU Journal (2010) COUNCIL DIRECTIVE 2010/32/EU of 10 May 2010 implementing the Framework Agreement on prevention from sharp injuries in the hospital and healthcare sector concluded by HOSPEEM and EPSU <http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52009PC0577&rid=5>
- Public Health England (2020) Eye of the Needle Report Surveillance of significant occupational exposures to bloodborne viruses in healthcare workers in the United Kingdom - update on seroconversions [Eye of the Needle Report \(February 2020\) \(publishing.service.gov.uk\)](http://publishing.service.gov.uk)

Related SFHFT Documents:

- HIV post-exposure prophylaxis (PEP) policy following occupational exposure to HIV in the health care setting
- Personal Protective Equipment ICP: 9
- Isolation ICP: 31
- Decontamination and Disinfection ICP: 40
- Safe Linen Disposal ICP: 10
- Safe handling of blood and body fluids ICP: 4
- Infectious Outbreak/ incident including major outbreak ICP: 27
- Trust Waste Management Policy
- SFH Mental Capacity Act Policy
- Policy for the care of sharps in the perioperative environments
- Self-administration of medicines by patients or carers procedure
- Waste policy

11.0 KEYWORDS

Needle stick; HIV; Hepatitis B C; blood borne agents; accidental inoculation; contamination; eyes; mucous membrane; broken skin; bites; scratches

12.0 APPENDICES

- [Appendix A](#) – Information for members of staff following a blood/body fluid exposure incident
- [Appendix B](#) – Guidelines for risk assessment and further action following a blood/ body fluid exposure incident
- [Appendix C](#) – Blood/ body fluid exposure flow chart
- [Appendix D](#) – Sharps disposed of in bag flow chart
- [Appendix E](#) – Sharps injury guidance flow chart for Doctor/Nurse undertaking source patient risk assessment
- [Appendix F](#) – Hierarchy of control
- [Appendix G](#) – Equality impact assessment

Appendix A

Information for members of staff following a blood/body fluid exposure incident

PLEASE READ THIS INFORMATION SHEET IMMEDIATELY

You have suffered an injury in which a small amount of a patient's blood or other body fluid may have entered your body.

An Incident Form (DATIX) MUST be completed.

You should contact the Occupational Health Department as soon as possible (01623 622515 ext. 3780 or 3781 Monday-Friday 0830-1600). If the injury has occurred outside these hours you should attend the Emergency Department as soon as possible at King's Mill Hospital or the Urgent Care Centre at Newark Hospital. In certain circumstances, the incident may be reportable externally, for example RIDDOR via your manager.

The source patient whose blood or body fluid was involved in your injury will be assessed by an appropriate health care worker as to whether they are likely to be carriers of any infection which could be passed to you. This will normally include the source patient's blood being tested with their consent.

If the source patient is a known carrier (or at high risk of being a carrier) of HIV you should immediately refer to the [policy for HIV post exposure prophylaxis \(PEP\) following occupational exposure to HIV in the healthcare setting](#)

You will be asked to give a sample of blood. Your blood will be stored for up to 2 years and will be tested with your consent if you are later found to have an infection with Hepatitis B/C or HIV which may have been acquired from your exposure. Condom use is advised for vaginal, oral and anal sex, until all testing is completed and you should not donate blood until follow-up blood tests have been completed or you are advised otherwise.

There are a number of viruses that can be transmitted by a blood/body fluid exposure incident but the actual risk of you being infected is very small. Below are further details of the three main viruses that can be passed on in this way.

Hepatitis B

If you have been previously effectively vaccinated against Hepatitis B it is very unlikely that you will contract this infection. If you have not been vaccinated or the vaccination was unsuccessful and the source patient is a known carrier of Hepatitis B, you will be advised by Occupational Health about any further action required.

Hepatitis C

It is not possible to vaccinate against Hepatitis C. Similarly there is no specific preventative treatment available for people who receive blood/body fluid

exposure incidents from patients who are known carriers of Hepatitis C. Hepatitis C is less infectious than Hepatitis B and so, even if the patient is known to be a carrier of Hepatitis C, the risk of you becoming infected is low. If you are advised that the patient is a known carrier (or at high risk of being a carrier) of Hepatitis C Occupational Health will advise you further about any further action required.

HIV

It is not possible to vaccinate against HIV. Even if the source patient is a known carrier of HIV, it has been calculated that someone receiving a sharps injury from such a patient has a less than 0.5% (1 in 200) chance of becoming infected themselves. This is a much lower chance of infection than, for example, the chance of Hepatitis B or C infection. **If the source patient is a known carrier (or at high risk of being a carrier) of HIV you should immediately refer to the [policy for HIV post exposure prophylaxis \(PEP\) following occupational exposure to HIV in the healthcare setting](#)**

Further information is available from Occupational Health (Tel: 01623 622515 ext. 3780 or 3781), or Integrated Sexual Health (Tel: 01623 622515 ext. 4095 or 4090).

Appendix B

GUIDELINES FOR RISK ASSESSMENT AND FURTHER ACTION FOLLOWING A BLOOD/BODY FLUID EXPOSURE INJURY

FOR DEPARTMENT MANAGER/WARD LEADER/DEPUTY OR MEMBER OF CLINICAL TEAM CARRYING OUT RISK ASSESSMENT.

The principal concern is infection with blood borne agents such as Hepatitis B/C and HIV following accidental inoculation. The risk of acquiring such an infection by this method is difficult to assess and these guidelines are designed to assist this process. As this policy is only concerned with this type of risk, injury from a sterile instrument is not considered although exposure to similar hazards via broken skin (including bites and scratches) and eye or mucous membrane contamination should be dealt with as below.

It is important to ensure that all staff who are aware of the incident are aware that the source patient and injured health care worker are entitled to personal confidentiality.

The designated doctor or other practitioner should first assess if the exposure reported by the health care worker was significant – i.e. with the potential to transmit HIV in order for PEP to be prescribed promptly. There are three types of exposure in health care settings associated with significant risk. These are:

- percutaneous injury (from needles, instruments, bone fragments, significant bites which break the skin, etc)
- exposure of broken skin (abrasions, cuts, eczema etc)
- exposure of mucous membranes including the eye.

If the source patient is a known carrier (or at high risk of being a carrier) of HIV the [policy for HIV post exposure prophylaxis following occupational exposure to HIV in the healthcare setting](#) SHOULD BE IMMEDIATELY REFERRED TO

Note - the history and examination may highlight the need to institute other prophylactic and investigative regimens e.g. antibiotic therapy, Hepatitis B immunisations.

Some health care workers may have had occupational exposures which, after careful assessment, are not considered significant - i.e. they do not have the potential for HIV transmission. Such workers should be advised that the potential side effects and toxicity of taking PEP outweigh the negligible risk of transmission posed by the type of exposure because it is considered insignificant, whether or not the source patient is known or considered likely to be HIV infected. This does not exclude a potential risk of other blood borne viruses.

The person undertaking the risk assessment must discuss the outcome with those involved in the care of the staff member.

1. Injury from an instrument used on a known patient.

NB Where a known source patient is involved, this risk assessment should normally be conducted by a member of the medical/nursing team treating that person.

- a) If the patient has a **known** infection that presents a significant risk of transmission by inoculation (i.e. Hepatitis B/C and HIV) then
 - The source patient should be asked to consent to the member of staff and those involved in care of the staff member being informed of the risk. Blood samples may be requested from them later for further testing.

- The injured person should receive information on the risks involved by either the Occupational Health Department or Integrated Sexual Health (out of hours initial assessment may take place at the Emergency Department/Urgent Care Centre but this should be followed up by Occupational Health the next working day). If the Occupational Health Consultant is not available then the staff member will be referred to Integrated Sexual Health by Occupational Health.
- Further action will be dependent on the risk and nature of the infection (e.g. post-exposure prophylaxis for HIV infection).

If the source patient is a known carrier (or at high risk of being a carrier) of HIV the [policy for HIV post exposure prophylaxis following occupational exposure to HIV in the healthcare setting](#) SHOULD BE IMMEDIATELY REFERRED TO

- b) If the patient has **no known** infection that presents such a risk then:
- The source patient should be asked to consent for a test for blood-borne viruses having received and understood information relevant to these tests and for these results to be shared with those involved in the care of the staff member.
- [Sharps injury source patient consent leaflet](#)
Two copies of this are to be given to, read by and signed by patient. One copy of the patient leaflet to be retained by the

patient and one to be filed in the patient's records. A blue microbiology form should be used and the appropriate blood tests ticked for testing (i.e. HIV antigen/antibody, Hep B surface antigen and Hep C antibody). One gold top bottle can be used for all three tests. If the source patient does not have the capacity to consent, the blood sample cannot be taken as this would not be in their best interest. All patients are presumed to have capacity unless they are assessed as not having capacity using the two stage test. Further information concerning assessing and caring for patients who do not have mental capacity to consent to examination, treatment or care can be found within local policies.

- If the assessment indicates no significant risk of infection, the injured person should be informed of this finding by the person doing the source patient's assessment/Occupational Health with the source patient's agreement. For further advice contact Occupational Health extension 3780 or 3781.
- If the assessment indicates a risk of infection, the injured person should contact the Occupational Health Department who may refer on to Integrated Sexual Health (or the Emergency Department/Urgent Care Centre out of office hours).
- When considering taking blood for testing from patients who are unable to give informed consent please refer to appropriate professional guidance.
- If a patient's medical condition prevents them from being able to consent for a test for blood born viruses a Doctor or Nurse involved in the patients care team must be contacted to assess the risk based on clinical knowledge of the patient.

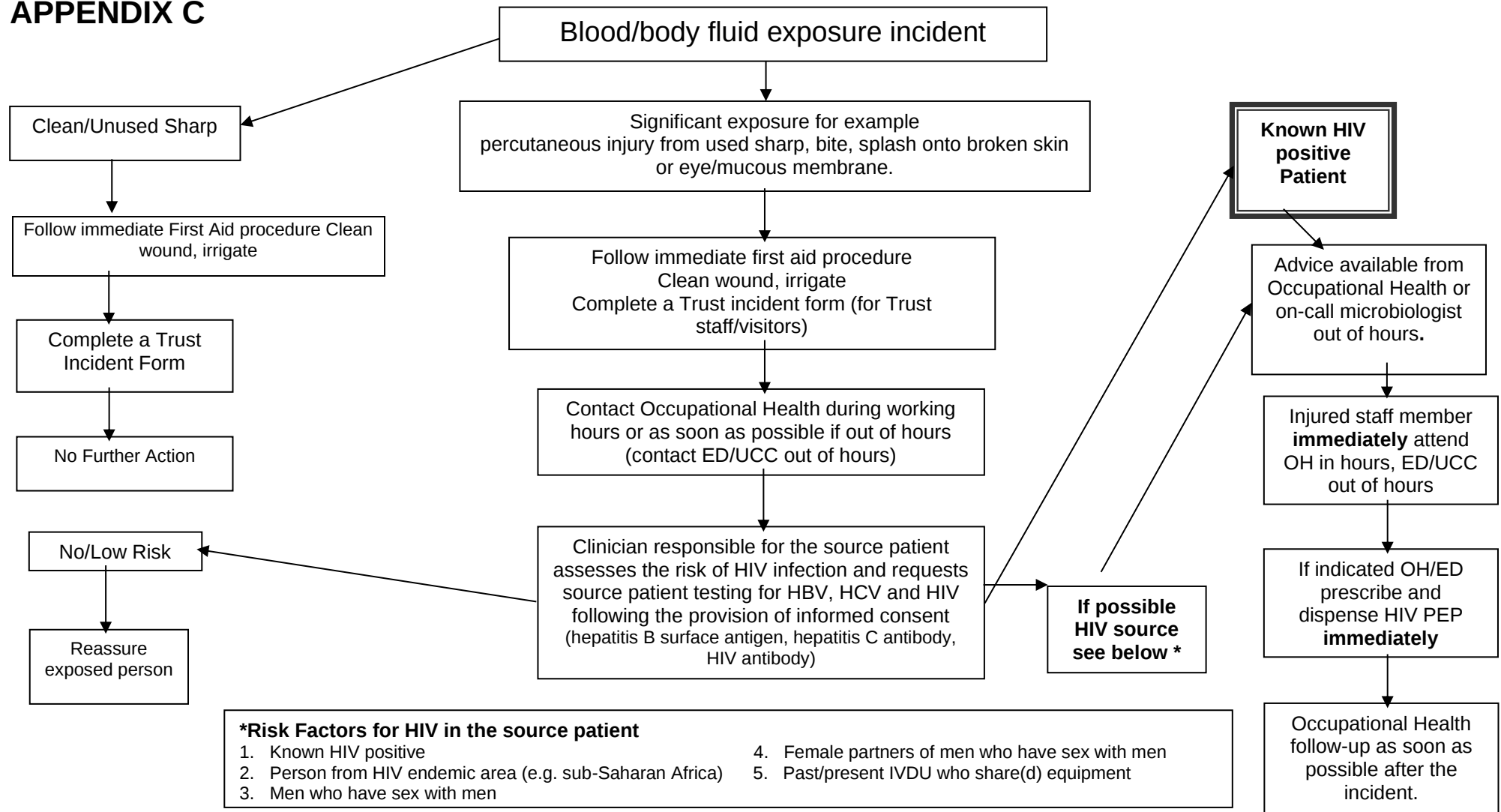
Injury from a used sharp instrument of unknown origin

- It may be very difficult to properly assess the risk of infection associated with a used sharp of unknown origin, but risk assessment should be on an individual basis.
- No specific treatment will normally be offered, however Hepatitis B vaccination should be commenced if the injured party has not already been vaccinated
- In all cases, the injured person will be advised to have a sample of blood taken for storage. Subsequent analysis will be at the discretion of the Doctor in Occupational Health and Microbiology with the informed consent of the member of staff.

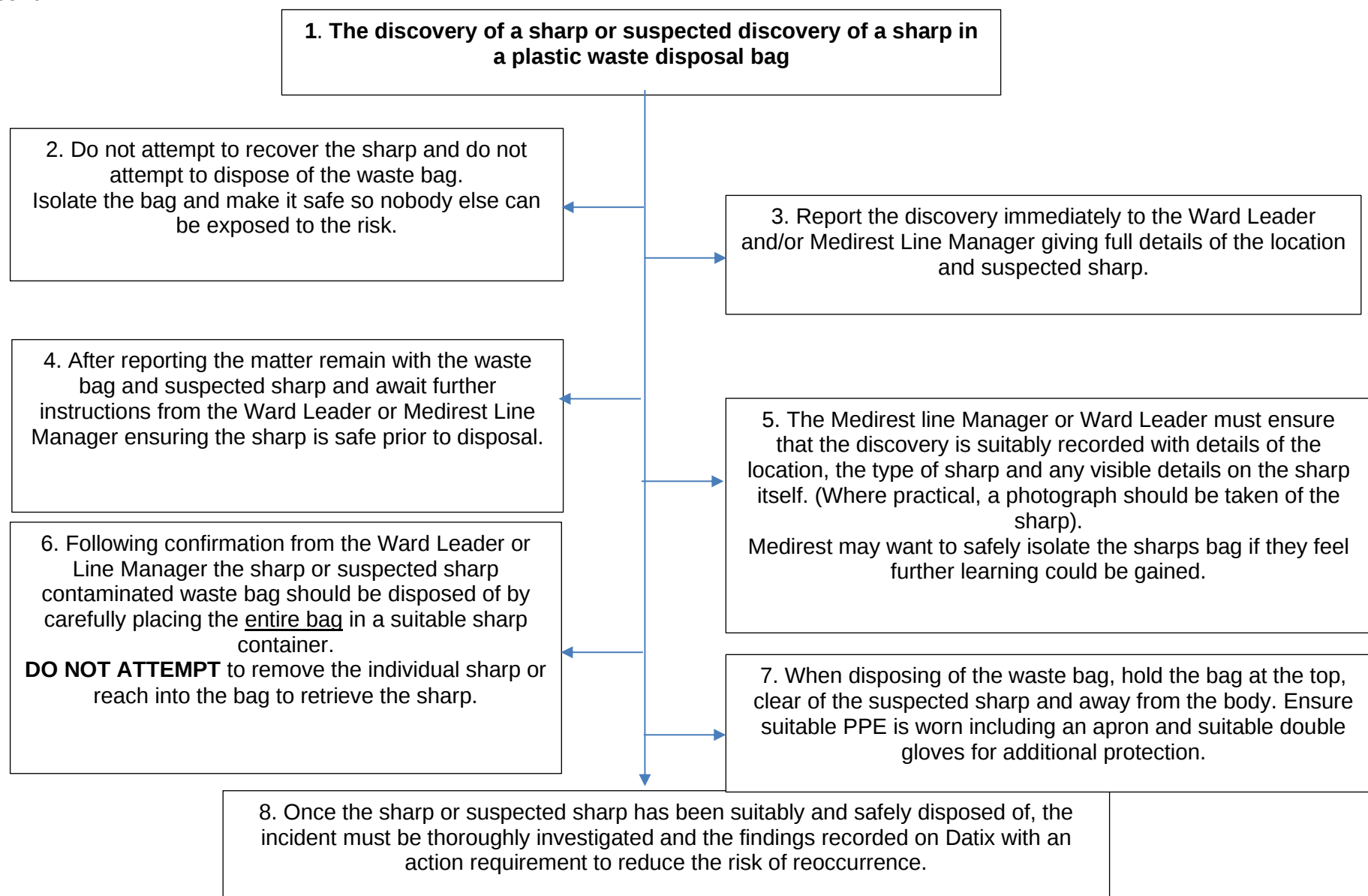
- Follow-up testing will be arranged to check if the injured person has acquired Hepatitis B/C or HIV.
- Integrated Sexual Health can provide further support around testing for blood borne viruses if required. (Tel: 01623 622515 ext. 4095 or 4090) This can also include anonymous blood borne virus testing.

Report under RIDDOR if required.

APPENDIX C

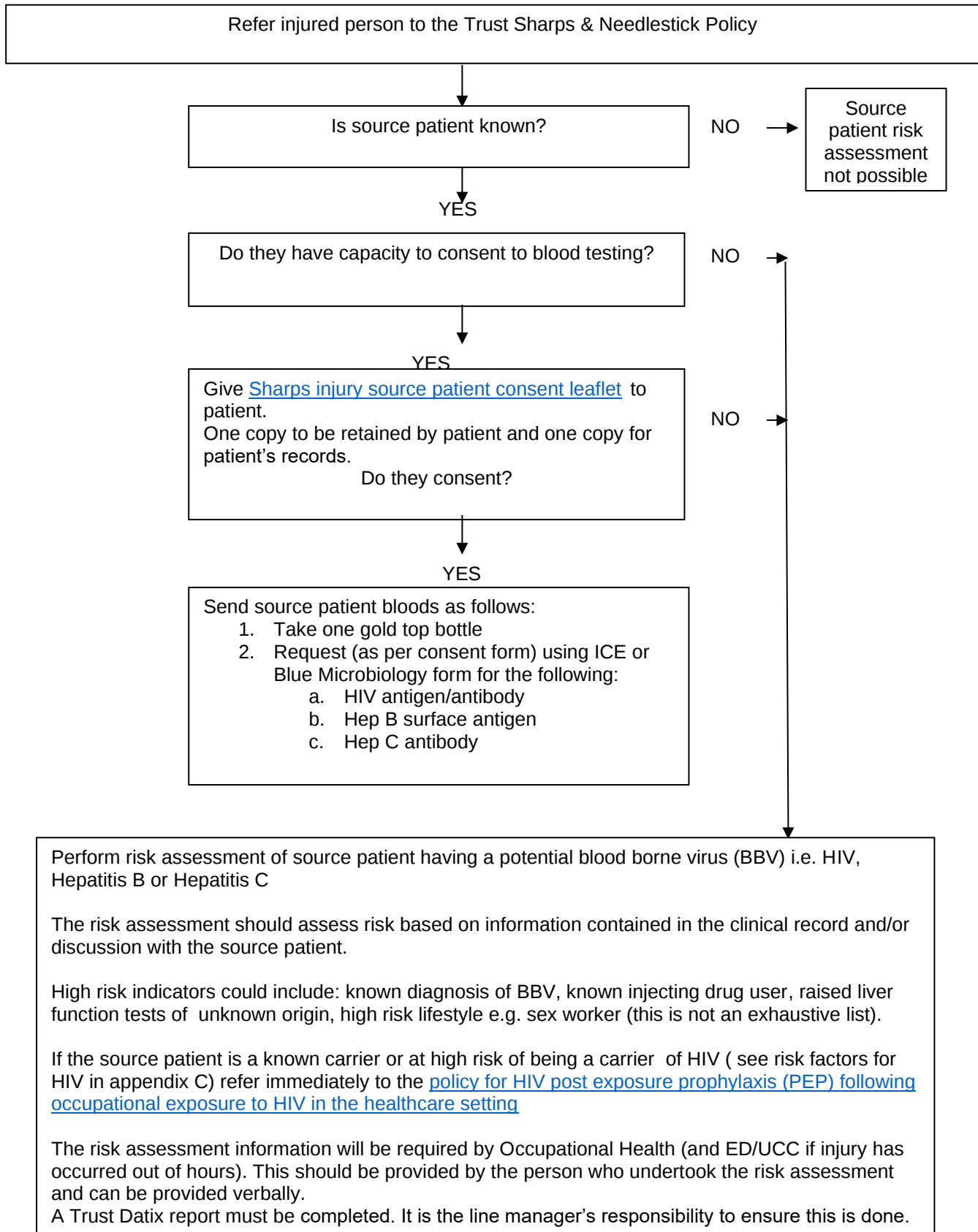


Appendix D



APPENDIX E

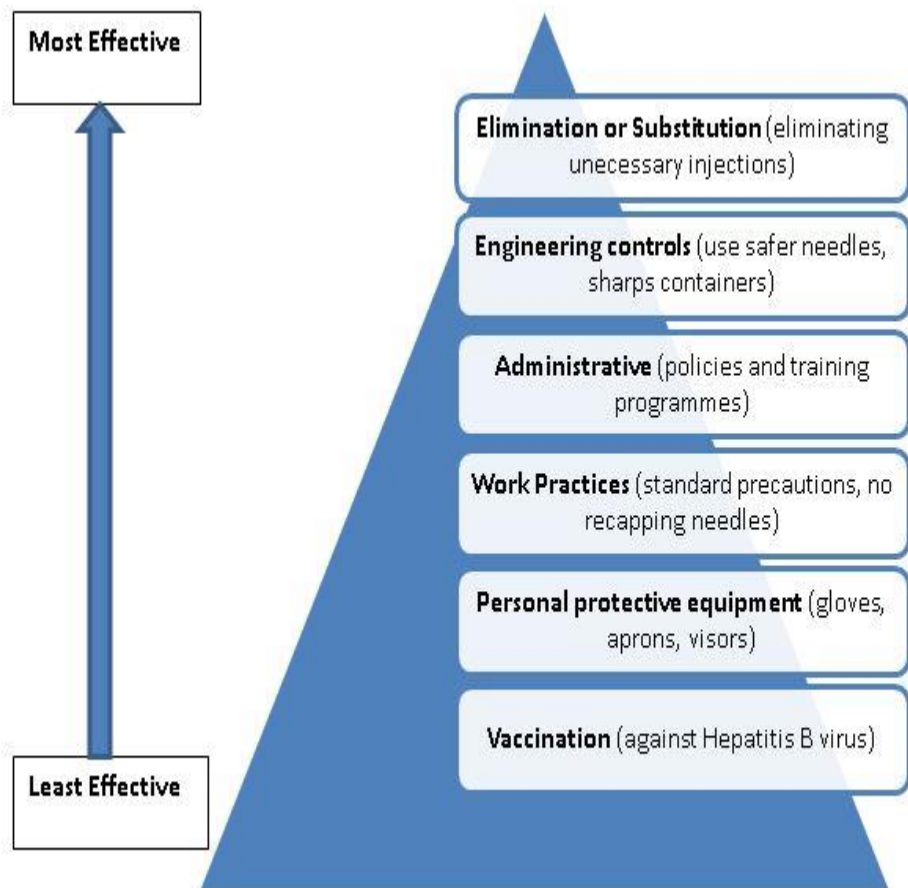
Sharps Injury Guidance Flow Chart for Doctor/Nurse Undertaking Source Patient Risk Assessment



Appendix F

Hierarchy of control

- ▶ Remove the Hazard
- ▶ Isolate the hazard – protective devices/engineering controls
- ▶ Use needles that retract, sheath or blunt immediately after use
- ▶ Work practice controls and personal protective equipment (Hep B vaccination)



APPENDIX G – EQUALITY IMPACT ASSESSMENT FORM (EQIA)

Name of service/policy/procedure being reviewed: Sharps and Needlestick Policy (including disposal and any bodily fluid exposures or inoculation injury)			
New or existing service/policy/procedure: Existing			
Date of Assessment:			
For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)			
Protected Characteristic	a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?	b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?	c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality
The area of policy or its implementation being assessed:			
Race and Ethnicity	The policy when applied correctly gives no potential for disadvantage	Clearly identifies roles and responsibilities.	None
Gender	The policy when applied correctly gives no potential for disadvantage	Clearly identifies roles and responsibilities.	None
Age	The policy when applied correctly gives no potential for disadvantage	Clearly identifies roles and responsibilities.	None
Religion	The policy when applied correctly gives no potential for disadvantage	Clearly identifies roles and responsibilities.	None
Disability	The policy when applied correctly gives no potential for disadvantage	Clearly identifies roles and responsibilities.	None
Sexuality	The policy when applied correctly gives no potential for disadvantage	Clearly identifies roles and responsibilities.	None
Pregnancy and Maternity	The policy when applied correctly gives no potential for disadvantage	Clearly identifies roles and responsibilities.	None

Gender Reassignment	The policy when applied correctly gives no potential for disadvantage	Clearly identifies roles and responsibilities.	None
Marriage and Civil Partnership	The policy when applied correctly gives no potential for disadvantage	Clearly identifies roles and responsibilities.	None
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)	The policy when applied correctly gives no potential for disadvantage	Clearly identifies roles and responsibilities.	None
What consultation with protected characteristic groups including patient groups have you carried out? Consultation with Consultant Occupational Physician, Infection Prevention and Control Committee Members, Integrated Sexual Health Consultants and Matron and Emergency Department Clinical Lead and Head of Service			
What data or information did you use in support of this EqIA? Information from within the policy			
As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments? No			
Level of impact From the information provided above and following EQIA guidance document Guidance on how to complete an EIA (click here), please indicate the perceived level of impact: Low Level of Impact For high or medium levels of impact, please forward a copy of this form to the HR Secretaries for inclusion at the next Diversity and Inclusivity meeting.			
Name of Responsible Person undertaking this assessment: Adam Grundy			
Signature: A. Grundy			
Date: 24/02/2025			