Management of Exposure to Blood Borne Viruses - Penetrating skin injury (needle-stick or human bite) or splash to mucous membranes with blood/saliva

If the sharp object has been in contact with blood, tissue or other body fluids before the exposure, treat as a medical emergency

First Aid

- Needlestick injury- gently encourage bleeding by massaging under warm water
  - wash with soap and water – don't scrub or use antiseptic
  - cover with impermeable dressing
- Splash to mucous membranes with blood/saliva - wash copiously with water or saline
- Eyes – use emergency eye wash- before and after removing contact lenses if worn

Report Incident

- If YOU have been exposed after you have vaccinated a patient - ensure you ask the source patient ("donor") to remain on site
- If a PATIENT has been exposed due to you pricking yourself prior to vaccinating them - ensure you ask them ("recipient") to remain on site
- Report to the lead clinician and the site manager who will escalate to Clinical Lead of the vaccine programme and speak to the patient

Role of Lead Clinician

- Assess incident for seriousness of the wound
- If a STAFF MEMBER has been exposed, they should contact Occupational Health (OH) IMMEDIATELY or if not available, they should attend local A&E
- Take the source patient's details and ask for their consent for testing for blood borne viruses (BBVs). Ask them to attend their GP as soon as possible for blood tests
- If a PATIENT has been exposed advise them to attend local A&E immediately. The healthcare worker should report the incident immediately to OH who will arrange for their blood tests. If OH is not available, they should attend A&E
- If either patient or healthcare worker is known or highly likely to be infected with a BBV, then the "recipient" should attend A&E **within the hour** as they may need to start prophylactic treatment following full risk assessment
- The exposed individual should have a serum sample taken for storage
- They will also require follow-up testing: Hepatitis C (RNA) at 6 weeks; Hepatitis B and C (antibody) at 12 weeks; further blood test at 24 weeks (anti-HCV/HIV, HBsAg)

Role of Site Manager

- Fill out accident book and incident form - send to governance manager (lis.stanford@nhs.net),caroline.baker7@nhs.net and syheartlandsccg.svoc@nhs.net

Role of Service/Governance Manager

- Report to HSE if a sharps injury occurs with known BBV contamination, the recipient seroconverts following the injury or the injury lasts more than 7 days
- Email : syheartlandsccg.sisurreyheartlands@nhs.net if contaminated needlestick injury who will send SI notification form and 72 hour report template

Management of Exposure to Blood Borne Viruses - Penetrating skin injury (needle-stick or human bite) or splash to mucous membranes with blood/saliva

Occupational Health Details

For NICS Employed Staff & CCG Redeployed staff (state NICS staff)
Medwyn Centre, Dorking
Tel: 01306 873936

Normal opening hours are 8.30-4.30 Monday to Friday so for any incidents outside these times individuals should attend their local emergency department and notify OH the next working day.

For CSH Staff:
esth.occhealth@nhs.net
Tel: 0208 296 2678

Normal opening hours are 8-4 Monday to Friday so for any incident outside these times individuals should attend their local emergency department and notify OH the next working day.

Other useful numbers:
The Health Protection Team
Public Health England South East
Tel: 0344 225 3861