



Family Nursing & Home Care

Standard Operating Procedures

Sharps Injury and/or Blood/Body Fluid Exposure Procedure

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Document Profile

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Version Control / Changes Made

Date	Version	Summary of changes made
September 2021	3	<p>Previous procedure document transferred onto new SOP template</p> <p>Content reviewed and updated where necessary, in consultation with Health and Community Services Community Infection Control Nurse.</p>

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Introduction

Sharps injuries and/or exposure to blood or body fluids have the potential to transmit infections such as Hepatitis B (HBV), Hepatitis C (HCV) and the Human Immunodeficiency Virus (HIV). This procedure must be followed if a staff member has sustained such an injury and/or exposure has occurred. It is required in the interest of staff safety.

This procedure applies to all employees who have occasion to come into contact with medical sharps and/or blood/bodily fluids including human and animal bites. It also includes specific actions that need to be taken by others and issues relevant to patients.

In the context of this Standard Operating Procedure (SOP), 'exposure' means:

- percutaneous injuries e.g. from used needles, bites and other wounds from sharp items
- mucocutaneous exposure e.g. splashes into the mouth, eyes etc., or splashes on to broken skin e.g. existing cuts, eczema etc.
- human bites that break the skin

(SofJ 2017)

Unless visibly stained with blood, exposure to low risk body fluids e.g. urine, vomit, faeces, sputum and saliva is not normally considered a risk.

"Exposure of unbroken skin to blood and body fluids has not been associated with blood borne virus transmission. Injuries with unused needles or sharps should be washed and covered with a waterproof dressing/plaster' (SofJ 2017p6).

The Source Patient is the individual whose blood/bodily fluids another person has been exposed to through injury or exposure.

SOP 1 Immediate Action

Purpose

To outline the immediate action to take following an exposure injury

Scope

This SOP applies to any employee who sustains an exposure injury

Core Requirements

Following an exposure injury, the staff member should:

- ✓ immediately wash the affected area with copious running water - where contact lenses are worn and the exposure injury is to the eye, irrigation should take place before and after removing the lenses
- ✓ put a plaster over the injury if it is still bleeding
- ✓ record the incident in the patient/client's records
- ✓ inform Operational Lead of the incident immediately (On Call Manager if out of hours)
- ✓ attend the Emergency Department (ED) at the hospital as soon as possible, ideally within one hour of exposure
- ✓ affected member of staff to complete an incident report via Assure as soon as possible following the injury

SOP 2 Further Management and Blood Tests

Purpose

To give guidance on further management post-immediate injury

Scope

This SOP applies to any employee who sustains an exposure injury

Core Requirements

At the ED, a healthcare professional will ask the member of staff about the injury – for example, how and when it happened and who had used any equipment involved, in order to assess level of risk of infection.

A blood sample will usually be taken to test for Hepatitis B, Hepatitis C and HIV. The Health & Community Services Infection Control Team will manage follow-up.

The source patient should be approached to request a blood sample, with their consent. This should be obtained in a clotted sample tube and sent to virology to test for Hepatitis B, Hepatitis C and HIV. This can be done by a FNHC colleague or the source patient's GP, who should in any case be made aware of the incident by a senior manager, at the earliest opportunity.

The staff member with the exposure injury should not take the blood sample from the source patient.

Further information about the process for completing the source patient blood test can be found at the [SofJ Needle Stick Policy](#). Alternatively, advice may be sought from the Emergency Department.

If the blood test incurs any cost to the source patient e.g. GP charges, Family Nursing & Home Care will cover these costs.

All actions taken will need to be recorded on the Assure incident report initiated by the injured member of staff.

SOP 3 Follow Up Care

Purpose

To outline the follow-up care considerations post exposure injury

Scope

This SOP applies to any employee who sustains an exposure injury

Core Requirements

The Health & Community Services Infection Control Team will advise the staff member with the exposure injury if/when they require further blood testing.

Consideration should be given to the need for counselling for the staff member who has sustained the sharps injury and/or exposure to blood/bodily fluids. The Infection Control Team at the Hospital may be able to help with any counselling requirements.

References

NHS (2021) *What should I do if I injure myself with a used needle?* Available at [What should I do if I injure myself with a used needle? - NHS \(www.nhs.uk\)](https://www.nhs.uk). Last accessed 7th October 2021

States of Jersey Health & Social Services (2017) *Needle-stick policy and actions to be taken after exposure to blood and body fluids (including HIV Post-exposure Prophylaxis)*. Available at [SofJ Needle Stick Policy](#). Last accessed 13th September 2021