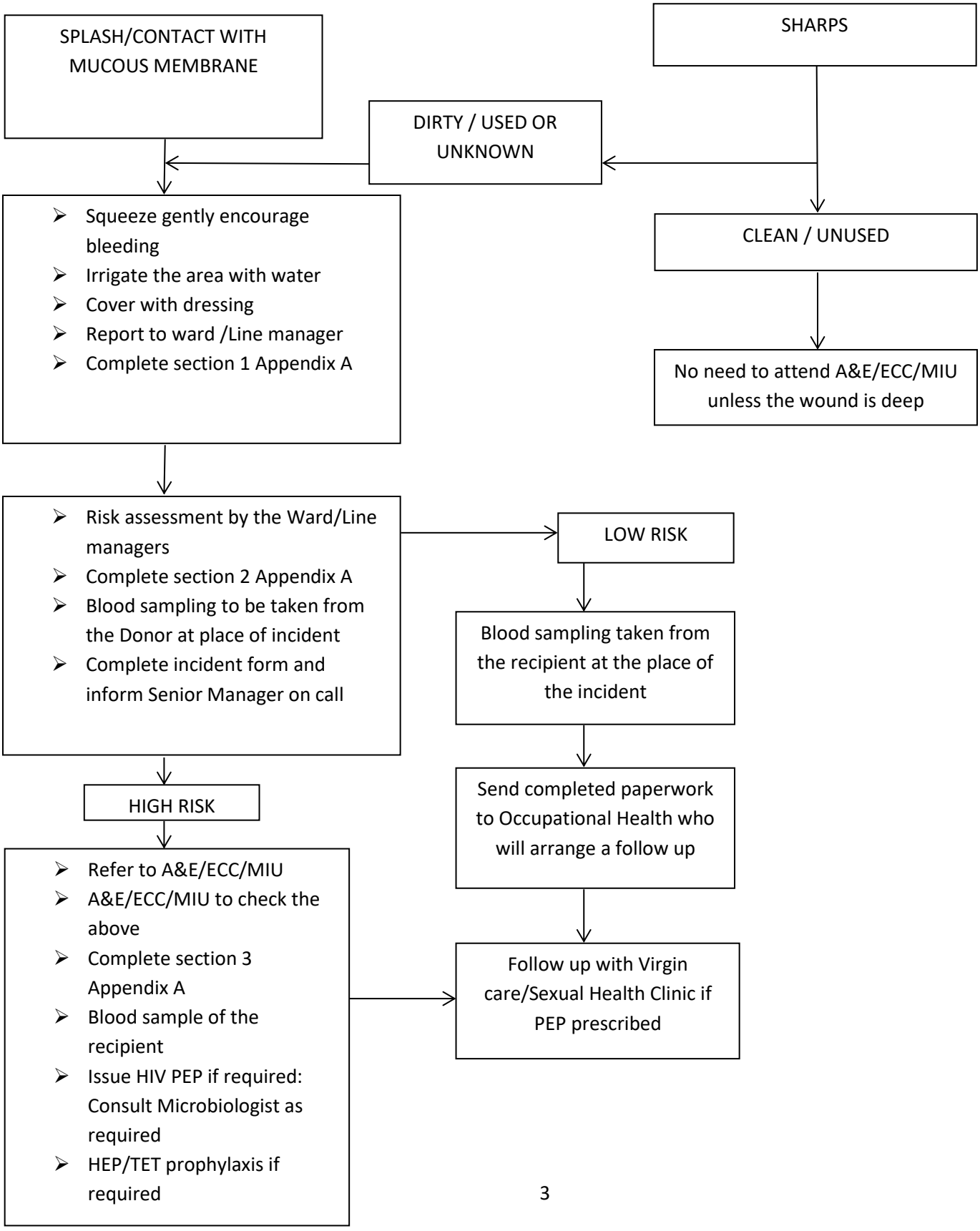
LINDSEY LODGE HOSPICE AND HEALTHCARE

Sharps Injury and Body Fluid Exposure Management Policy

Contents

SHARPS INJURY AND BODY FLUID EXPOSURE MANAGEMENT POLICY AND PROCEDURE

BODY FLUID EXPOSURE CHART



Purpose

Purpose

- Lindsey Lodge Hospice recognise that there are occasions when a patient, volunteer or a member of staff may be accidentally exposed to a body fluid via sharps inoculation injury, splash into eyes, nose, mouth or non-intact skin.
- Lindsey Lodge Hospice is committed to reducing these risks whenever reasonably practicable in order to protect all patients, staff, volunteers and visitors to the Hospice or it's premises. Therefore Lindsey Lodge will provide healthcare workers with safety-engineered devices in line with the EU Sharps Directive (2010) and the Health and Safety Executive (Sharps Injuries in Healthcare) Regulations (2013)
- The provision of robust, safe working practices including standard infection prevention and control precautions and a preventative vaccination programme are essential in managing the possible risk of blood borne virus transmission.
- Lindsey Lodge Hospice acknowledges its responsibility to provide appropriate advice and post-exposure treatment to professionals and other individuals outside the organisation who have been significantly exposed to a blood borne virus. Therefore this policy aims to ensure staff members are aware of the correct action to take in the event of an exposure incident.
- Lindsey Lodge Hospice recognises that significant occupational exposure to known or possible sources of HIV constitutes a medical emergency and there is a requirement for very prompt treatment, preferably within 24 hours, to prevent serious consequences of HIV seroconversion.

Area

This policy applies to all staff and volunteers in all Lindsey Lodge premises.

Duties and Responsibilities

Chief Executive

The Chief Executive is responsible, on behalf of the Board of Governors as a corporate body, for all health and safety issues, including those delegated to Directors and members of the Senior Management team, and for ensuring that appropriate policies, procedures and arrangements are in place to enable compliance with this policy.

Managers and Supervisors

Managers and supervisors should ensure that appropriate training is provided for their staff regarding standard infection prevention and control precautions, safe use and disposal of sharps, correct procedure for cleaning up body fluid spillages and reporting body fluid exposure incidents. Fir incidents within clinical areas the unit manager or doctor is responsible for completing section 2 of the body fluid exposure report.

Consultant Medical staff

Consultants are responsible for ensuring their junior staff read and understand this policy and adhere to the principles and actions contained within it.

On-call Managers and Directors

Managers who are on call are responsible for providing senior and executive leadership to ensure implementation of this policy, and for ensuring infection risks are fully considered and documented when complex decisions need to be made.

All Employees

- All members of staff are responsible for adhering to this policy and for reporting any breaches to the person in charge or their line manager.
- Employees have a duty to take reasonable care for their own health and safety and that of others who may be affected by their actions or omissions at work. They must use all work equipment safely as instructed, and undertake appropriate training.
- Members of staff sustaining a significant body fluid exposure are responsible for completing Section 1 of the Body Fluid Exposure report.

Occupational Health

The occupational health service provide recommended occupational vaccinations and advise staff regarding the management of body fluid exposure injuries and arrange appropriate blood tests following exposure.

Emergency Care Centre (ECC) or Minor Injuries Unit (MIU)

The ECC or MIU is responsible for providing individuals (including non-NHS workers) with appropriate management for high risk incidents. ECC/MIU staff is responsible for completing section 3 of the body fluid exposure report where appropriate.

Sexual Health Department

The sexual health department is responsible for providing clinical care and appropriate follow up support for staff that have sustained a high risk body fluid exposure injury whether or not they are taking post-exposure prophylaxis. It is the responsibility of the sexual health service to liaise with the Occupational Health.

Infection Prevention & Control Team (IPTC)

The Infection Control Team at Lindsey Lodge Hospice can usually provide advice to support this policy and will support staff in its implementation, and assisting with risk assessment where complex decisions are required. They are also responsible for ensuring this policy remain consistent with the evidence-base for safe practice, and for reviewing the policy on a regular basis. In cases where the Team are unavailable or unable to advise Health Protection England should be contacted.

Procedure: Members of Staff

Immediate Action following Injury

- If there has been a puncture wound, make the wound bleed by gently squeezing it.
  DO NOT SUCK THE WOUND as this creates mucus membrane exposure.
- Wash the wound site with soap and water. Do not scrub. Cover with a waterproof dressing.
- Rinse splashes to mouth, eyes or skin well with running water if conjunctivae have been exposed. Remove any contact lenses.
- Report the incident to Line Manager and/or nurse in charge as soon as possible.

- Complete **Section 1** of the Body Fluid Exposure Report (Appendix A).
- Complete Incident Report.
- Line Manager/Nurse in Charge will complete risk assessment and Section 2 of the Body fluid exposure report. If the source patient is a neonate, then the risk assessment should be based on the maternal factors.

- The member of staff will only be required to attend ECC/MIU if the risk assessment suggests **high risk exposure** (See appendices B, C & D) the affected individual will attend ECC or MIU within 24 hours with the body fluid exposure report.
- If the source patient is known HIV positive, the affected employee must attend ECC/MIU immediately as Post Exposure Prophylaxis is required ideally within 1 hour.

Actions Taken at Ward/Area level

- Doctor or senior nurse undertakes pre-test discussion with source patient (See Appendix E) and seeks written consent for blood testing.
- If the patient is under 16 years of age, the paediatrician must be consulted before parents are approached for consent.
- If the source patient refuses to give consent, then under no circumstances must blood be taken.
- If the source patient is unable or lacks capacity to consent then, blood can only be taken if it is reasonably held to be in their best interests.
- If the source patient is deceased then consent must be given from a nominated representative or a close relative of the deceased.
- If consent is given, then 4ml of clotted blood (yellow top) will be taken as soon as possible and sent to virology. The form must be marked Hepatitis B sAg, Hepatitis C and Anti-HIV and occupational health copied into the report (See Appendix E). This must not be taken by the affected member of staff.
- With the affected member of staffs consent, 4ml clotted blood should be taken from then in yellow top bottle for storage. The virology form will be marked as BFE injury, source patient is [name, date of birth, location or unknown]. (See Appendix E). The senior nurse/doctor will explain that the saved sample may be used for future reference.
- Where the risk is low or intermediate, post exposure prophylaxis is not required and the stored blood should be taken by the doctor or senior nurse in the ward/area. Following completion of the body fluid exposure report, a copy will be sent to the Occupational Health Service. There is no need for the member of staff to attend the Occupational Health Department at this time.
- If the risk is high, the affected member of staff must attend ECC/MIU where the Emergency Nurse Practitioner or Doctor will complete Section 3 of the Body Fluid Exposure Report.
- If the incident takes place outside of a clinical area, the staff member must attend ECC/MIU who will complete the Body Fluid Exposure Report.

Actions in ECC/MIU

The staff member is only required to attend ECC/MIU if:

- The risk assessment indicates the risk of blood borne virus transmission is high and Post-Exposure Prophylaxis is required.
- The risk assessment indicates the risk of blood borne virus transmission is high and vaccination is required.
- The wound requires assessment and treatment

Post Exposure Prophylaxis is required where the risk assessment suggests a high risk of HIV. Current recommendation for PEP is Truvada, 1 tablet daily and Raltegravir, 1 tablet twice daily for 4 weeks. PEP pack contains 7 days' supply of Truvada, Raltegravir and Cyclizine to allow prompt initiation of treatment. PEP should preferably be commenced within 24 hours and may be ineffective if initiated more than 72 hours post exposure. Initiation after 72 hours is therefore not recommended. Further supplies of medication and ongoing care will be provided by the sexual health service.

If a member of staff is or maybe pregnant or is breast feeding, advice on issuing PEP should be sought by the Pharmacist.

If PEP is required, the ECC doctor will complete the form 'Issuing HIV post exposure prophylaxis' (Appendix D) before prescribing. The affected individual will be given the sheet 'Information for the healthcare worker- occupational HIV PEP (Appendix E) and the opportunity to ask questions in order to make an informed decision whether to accept PEP. The affected individual will complete the form PEP for HIV (Appendix F).

Anti-retroviral medications may have potentially serious interactions with other prescribed and non-prescription drugs (e.g. St John's Wort) and therefore it is advisable to check with a pharmacist before prescribing.

All retro-viral medication has potential side effects which can be managed symptomatically. If this is not possible then sexual health service practitioner may consider substitutions.

Oral contraceptives may become ineffective whilst taking Anti-viral medication and therefore affected females will be advised to use a reliable barrier method of contraception until the medication is completed.

PEP starter packs are kept in the following locations

- **ECC Drug Cupboards Diane Princess of Wales Hospital**
- **Urgent Treatment Centre Goole and District Hospital**
- **ECC Drug Cupboards Scunthorpe General Hospital**

Refer the HCW to the sexual health clinic stating that this is a body fluid exposure from a high risk source.

Following completion of Body fluid exposure report, a copy will be sent to the occupational health service. There is no need for the member to attend at this time.

The occupational health service will review the body fluid exposure form the blood results from the source patient (where appropriate) and the member of staff's immunity status and the following action will be taken.

Where risk of blood borne virus transmission is low, an email will be sent to the member of staff nhs.net account or letter requesting that they contact the department 6 months after the incident for further blood tests. It is the individuals' responsibility to make the appointment and attend. No reminder will be sent from Occupational Health.

Where the affected individual's immunity status is incomplete, the email will be sent to invite the individual to occupational health for an immunity discussion and appropriate vaccination.

Where the source patient results suggest high risk, the affected individual will be contacted by email and telephone, on the number given on the body fluid exposure form and invited to Occupational Health for an immunity discussion, advice and support.

Monitoring Compliance and Effectiveness

Following all sharps injuries or body fluid exposures, the emergency department practitioner sends a copy of the completed forms to the Occupational Health Department.

Any issues of delayed reporting or non- compliance with this policy will be escalated by Occupational Health to the injured individuals manager.

Where the source patient is confirmed to be positive for one or more blood borne viruses after body fluid exposure the Health and Safety Executive will be notified under the Reporting of Injuries, Death and Dangerous Occurrences Regulations (RIDDOR) 1995 by the Risk Management Dept.

Analyses will include the number of staff who receive HIV PEP and outcome of each exposure as determined by follow-up blood testing.

All reported body fluid exposure incidents to Lindsey Lodge Hospice staff will be investigated by the Director of Nursing and Patient Services.

The Occupational Health dept. is responsible for anonymous reporting of significant exposure incidents from source patients with a blood borne virus to Public Health England.

Associated Documents (available in the Infection Prevention and Control Manual, Policies and Guidelines)

HIV Policy

Policy for safe use and disposal of sharps

Spillage policy

Infection control standard universal precautions: Policy for the prevention on BBV infections in a healthcare setting

Glove usage policy

Policy for the wearing of PPE

Policy for the safe management of healthcare waste

References

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Definitions

Hepatitis C Risk. Hepatitis C is common among injecting drug users in the UK, where more than 2 in 5 have been infected. The average risk for Hep C transmission after percutaneous (needle stick) exposure to Hep C infected blood in healthcare settings is about 1 per 30 injuries.

Hepatitis B Risk. A significant proportion of Hepatitis B infections are acquired in the UK and adulthood through sexual transmission or sharing of blood contaminated needles and equipment by injecting drug users.

In areas of high prevalence such as sub Saharan Africa, most of Asia and the Pacific Islands 10% or more of the population have chronic Hep B infection. The average risk for Hep B transmission after percutaneous (needle stick) exposure to Hep B infected blood in healthcare setting is about 1 in 3 injuries.

HIV Risk. The risk of acquiring HIV infection following occupational exposure to HIV infected blood is low. Epidemiological studies have indicated the average risk for HIV transmission for percutaneous (needle stick) exposure to HIV infected blood in healthcare settings is about 1 per 300 injuries. After a blood or high risk body fluid exposure in direct contact with broken skin, eyes or mouth the average risk is estimated at less than 1 per 1000. It has been considered that there is no risk of HIV transmission where intact skin is exposed to HIV infected blood. The prevalence of HIV in the population of North and East Lincolnshire is very low at 1 in 10,000 persons. Therefore the risk of HIV transmission after percutaneous exposure from an unknown local person is approaching zero (1 in 3 million).

Significant Occupational Exposure. An incident where there has been potential transfer of blood or other high-risk body fluids between a patient and an individual in such a way that there is the potential to transmit a blood borne virus.

High risk bodily fluids include. Blood, pleural fluid, peritoneal fluid, cerebrospinal fluid, pericardial fluid, synovial fluid, amniotic fluid, vaginal secretions, semen, human breast milk, saliva in association with dentistry, bone and dental fragment debris from high pressure drills, unfixed tissues and organs, other blood stained body fluids.

Percutaneous Injury. Where the skin of a healthcare worker or cut or penetrated by a needle, sharp instrument, or bone fragment which is contaminated by blood or other bodily fluid or a bite from a patient deep enough to draw blood.

Mucous membrane splash. Where the eye(s), or inside the nose or mouth are splashed by blood or blood stained body fluids

Exposure of broken skin. Contamination of broken skin such as abrasions and cuts that are less than 24 hours old, or patches of eczema by blood or blood stained body fluids.

HIV. Human immunodeficiency virus

PEP. Post exposure prophylaxis medication

Dissemination

This policy will be published on the Lindsey Lodge Hospice Intranet Site, the Infection Control Intranet Site and the Occupational Health Intranet Site.

Implementation

It is the responsibility of each Unit to identify relevant members of staff and to ensure that they are fully informed and competent in the practices outlined in this policy.

All Staff.

Appropriate training will be provided so all Lindsey Lodge Hospice staff are aware of:

The requirement to follow safe working practices to avoid occupational exposure to blood borne viruses.

The actions to be taken after possible exposure to body fluids, including immediate first aid.

The importance of reporting all potentially significant exposures to high-risk body fluids

The requirement for post-exposure prophylaxis for HIV and the means to access this at their Trust location.

Specific medical and nursing staff

Training will be provided for medical and nursing staff that may be called upon to manage a significant body fluid exposure and may be responsible for supplying a HIV PEP starter pack e.g. Emergency Nurse Practitioners and Doctors.

Equality Act 2010

Lindsey Lodge Hospice is committed to promoting a pro-active and inclusive approach to equality which supports and encourages an inclusive culture which values diversity

Lindsey Lodge Hospice is committed to building a workforce which is valued and whose diversity reflects the community it serves, allowing the trust to deliver the best possible healthcare service to the community. In doing so, the trust will enable staff to achieve their full potential in an environment characterised by dignity and mutual respect.

Lindsey Lodge Hospice aims to design and provide services, implement policies and make decisions that meet the diverse needs of our patients and their carers the general population we serve and our workforce, ensuring that none are placed t a disadvantage.

We therefore strive to ensure that in both employment and service provision no individual is discriminated against or treated less favourably by reason of age, disability, gender, pregnancy or maternity, marital status or civil partnership, race, religion or belief, sexual orientation or transgender (Equality Act 2010).

Freedom to speak

Where a member of staff has a safety or other concern about arrangements or practices undertaken in accordance with this policy, please speak to in the first instance to you line manager.

APPENDIX A

Body fluid exposure report

Section 1

Injured individual to complete and take to line manager / Ward Manager / Sister

If not in clinical area – complete and take to ECC / MIU

Name : …… Date of Birth: ……

NHS email: …… Contact telephone: …….

Job Title: ……

Department: ……

Site: ……

Organisation: ……

Date of Injury: ……

Time of Injury: ……

Immediate action taken:

Bleeding encourage and washed wound ☐

Irrigated eyes or mouth and contact lenses removed ☐

Wound covered with waterproof dressing ☐

Type or Exposure (Please circle)

Superficial	Puncture Wound	Deep injury
Splash to the eyes, nose or mouth	Broken skin / open eczema	Bite

Other (Please state) ……

Type of shape (Please circle if applicable)

Hollow bore needle	Solid needle / lancet	Blade

Other (Please state) ……

Were gloves worn? (Please indicate) Yes / No / Not Applicable

Injured part of body ……

Type of body fluid exposure (Please circle)

HISH RISK FLUID

Blood	Amniotic fluid	Vaginal Secretions	Semen
Human breast milk	CSF	Peritoneal Fluid	Pleural Fluid
Pericardial Fluid	Synovial Fluid	Fluids from Burns or Lesions	Blood-stained Saliva

LOW RISK FLUID

Urine Saliva Faeces Vomit Tears

Date reported to manager ……..

Date of last Hepatitis B Vaccine ……

Section 2

Ward / Department to complete (Line manager / Sister)

For non-clinical areas ECC / MIU to complete

Has there been exposure to body fluids? YES / NO

Risk Assessment: See Appendix D HIGH RISK LOW RISK

Blood taken for storage YES / NO

Source Patient

Name ……. Date of Birth ……..

Pre-test discussion taken place YES / NO

BBV blood sample taken from source patient with consent YES / NO

Comments ……

Signature …….. Date ……

SEND COPY TO OCCUPATIONAL HEALTH

Section 3

Emergency Care Centre (ECC) or Minor Injuries Unit (MIU) to complete

Section 2 complete YES / NO

Wound assessed YES / NO

Blood sample taken for storage YES / NO

Antibiotics Given YES / NO

Tetanus Vaccine Given YES / NO

Management of Blood Borne Virus risk (See appendices B &C)

Hepatitis B Vaccine given YES / NO

Hepatitis B Immunoglobulin Given* YES / NO

***Hepatitis Immunoglobulin is available via a Consultant Microbiologist**

Hepatitis C Information leaflet given YES / NO

Issuing HIV PEP (Appendices F, G H) YES / NO

HIV information and advice given* YES / NO

***Seek advice from the Consultant Microbiologist, Consultant Pharmacist, Sexual Health Clinic or Occupational Health Department if unsure of risk of action to take**

Follow up Care

Staff advised to contact Occupational Health to make appointment YES / NO

Copy of this form sent to Occupational Health and Wellbeing YES /NO

ECC staff Signature …….. Date ……

APPENDIX B

Risk assessment for PEP for HIV

Risk	Yes	No / Unknown
Source known to be HIV positive	Recommended	Not Recommended
Possible HIV-related Illness	Recommended	Not Recommended
Homosexual male source with unsafe sexual practices	Recommended	Not Recommended
Source from a high-risk country (Sub Saharan Africa)	Recommended	Not Recommended
Source has had a blood transfusion or blood products abroad	Recommended	Not Recommended
Source is an IV drug user with needle sharing	Recommended *Higher risk of Hep C	Not Recommended
Source has had unprotected sex with a high-risk partner	Recommended	Not Recommended
Source known to Hep B positive	Recommended	Not Recommended
Source known to have had Hep C positive: if recipient is not vaccinated, attend Occ Health	Recommended	Not Recommended

APPENDIX C

Hepatitis B risk assessment

Hepatitis B Status of individual	Hepatitis B positive source	Unknown source	Hepatitis B Negative source
None or 1 dose of Hep B vaccine	Give Hep B vaccination and Hep B Immunoglobulin	Give Hep B vaccination	Give Hep B vaccination
2 or more doses of Hep B vaccine and status not know	Give Hep B vaccination	Give Hep B vaccination	Give Hep B vaccination
Known responder to Hep B vaccine (antibodies more than 10mlU/ml)	If not had Hep B vaccine booster – contact OH	If not had Hep B vaccine booster – contact OH	If not had Hep B vaccine booster – contact OH
Known non-responder to Hep B vaccine (Antibodies less than 10mlU/ml)	Give Hep B Immunoglobulin* and consider a booster dose of Hep B vaccine	Give Hep B Immunoglobulin* and consider a booster dose of Hep B vaccine	Consider a booster dose of Hep B vaccine

APPENDIX D

Examples of the risks of transmission of blood borne virus

No/Negligible risk	Lower Risk Exposures	High Risk Exposures
Blood or body fluid contact with intact skin or hair or recipient	Superficial scratches of bites	Blood or body fluid contact via a sharps injury, splash to eyes, nose, mouth or non-intact skin from a Hep C positive source or known IV drug user **1 in 30 risk**
Injured by a sharp implement or instrument that has **NOT** been in contact with blood or body fluids	Source patient not known to have a blood borne virus and has no high risk factors	Blood or body fluid contact via a sharps injury, splash to eyes, nose, mouth or non-intact skin from a HIV positive source / high viral load / terminal HIV illness **1 in 300 risk**
Blood or body fluid splash on to clothing	No visible blood on instrument or needle	Blood or body fluid contact via a sharps injury, splash to eyes, nose, mouth or non-intact skin from a Hep B positive source **(1 in 3 risk if non-immune to Hep B*)**
	Unknown source with no known associated high risk factors	Deep injury from a hollow-bore needle that has been in the source patients vein or artery
		Unknown source with associated high risk factors: e.g. hollow-bore needle recently discarded from a department with a known BBV positive patient

*Good immunity response following a full course of Hep B vaccinations should prevent the risk of transmission of Hep B to the exposed person

Risk assessment completed by …… (Name and Signature)

APPENDIX E

Pre-test discussion with source patients for BBV tests

It is the policy of Lindsey Lodge Hospice to approach all source patients involved in the body fluid exposure (Needle stick, sharp injuries, splashes) to healthcare workers, regardless of risk factors, for consent to test them for blood-borne viruses.

Pre-test discussions for HIV antibody testing should be considered part of mainstream clinical care i.e.it does not require specialist counselling, training or qualification.

Most source patients consent to testing when the policy and the tests are explained.

Checklist

The pre-test discussion should be carried out with due to sensitivity and not by the exposed member of staff

Explain:

- What has happened
- The policy for requesting consent for BBV testing from all source patients
- Check understanding of the tests which are the same as those done for blood donors
- Confidentiality
- The approach is not made on the basis or perceived risk and patients can decline permission for testing

Details of the staff should be kept confidential

Discuss the practical implications of the test and its result (positive or negative) e.g. sexual relationships, work situation, medical follow-up, long-term loans and life insurance.

I addition, the Association of British Insurance guidance stated that insurance companies should not ask whether an applicant for insurance has taken and HIV or Hepatitis B or Hepatitis C test, had counselling in connection with such a test, or received a negative test result. Doctors should not reveal this information when writing reports and insurance companies will not expect this information to be provided. Insurers may only ask only whether someone has had a positive test result, or is awaiting a test result or is receiving treatment for HIV, Hep B or Hep C.

Remember the potential stigma associated with HIV in many communities

Discuss possible routes of transmission of HIV, Hep B and Hep C. If high-risk behaviour occurred within the pending 3 months (they do not have to say what) explain the window period (usually 6 – 10 weeks from infection to the detection or measurable antibodies though it can be up to 24 weeks). Consider organizing a follow-up test after the window period.

Describe the procedure for having blood taken

Ask if the source patient wishes to know the results and if so, arrange a time to give them the results

Informed consent may be obtained verbally and recorded in the patients clinical notes.

Patients who cannot give consent

Testing of blood samples following a body fluid exposure where the patient cannot give consent is now illegal under the Human Tissue Act 2004

Under the act and associated regulations, it would be unlawful to carry out the tests for the benefit of a third party on tissue samples from a patient who lacks capacity to consent unless to do so would clearly be in the patients' best interests.

Completing the Request form

Request on the Virology Path links form:

- Hepatitis B sAg
- Hepatitis C
- Anti-HIV

Write in Clinical Details:

- Urgent
- Source patient for body fluid exposure
- Consent to release the results to OH

The duty Consultant Microbiologist need not be contacted to authorise the test, as provided the form is fully completed by the laboratory will perform the test.

Recording Source Patients Consent

An explicit note recording the sores patients has consent to the testing and disclosure should be made in the patients' records and signed by the Doctor / Nurse involved. If the source patient is unable or unwilling to consent, it may be considered an assault to take blood for this purpose, and unlawful to test a sample obtained previously.

If the source patient refuses consent, or if it would be detrimental for the patient to be approached, or there are any other reasons why the testing is not done, this should be recorded and the ECC / MIU Department informed. This will enable them to determine through the risk assessment whether HIV PEP is required and to inform the healthcare worker.

APPENDIX F

Issuing HIV PEP

PEP for HIV can only be issued after completing the following checklist

Is there a risk the individual could be pregnant YES / NO / UNSURE

Has a pregnancy test been carried out YES / NO

**If early pregnancy is suspected the BHCG test should be used*

Result: POSITIVE NEGATIVE

Is HCW breast feeding?

**If the HCW is breastfeeding do not give Truvada or Raltegravir*

Current medications (List all) :

……
……
……

Are there any contraindications to commence PEP? YES / NO

Has blood been taken from the HCW for storage YES / NO

Baseline bloods taken for FBC, U&E and LFT BEFORE PEP medication YES / NO

Have you gone through the information sheet with the HCW YES / NO

Has the HCW signed the PEP for HIV consent form YES / NO

Date PEP given: ……./……./…… Time PEP given: …… (24 hour clock)

Follow up

Referred to the sexual health clinic for the next available clinic session* YES / NO

*Inform the clinic the referral is for body fluid exposure to a healthcare worker where HIV PEP has been prescribed. Send copies of appendices C, D & F to the sexual health clinic.

Appointment arranged with sexual health clinic on: ……..

(Out of hours – injured HCW advised to contact Virgin care on (0300 330 112)

APPENDIX G

Information for HCW: Occupational: HIV PEP

HIV

HIV infection is rare in the UK, particularly in areas such as North Lincolnshire. It is most unlikely that the patient, from whom you received high-rick body fluids, either by a 'sharps' injury (needle stick) or by a splash onto a mucous membrane or broken skin, is a carrier of HIV. Therefore, the risk of you becoming infected with HIV is extremely low. If the patent is known to be HIV positive, the risk of becoming infected as a result of a 'sharps' injury has been calculated at 0.3% (1 in 300). This is a much lower risk than that for acquiring Hep B or C from known carriers. It is not possible to vaccinate against HIV; however, research has demonstrated that PEP, commenced as soon as possible (ideally within 1 hour) after the inoculation accident from a known carrier of HIV, can reduce the risk of acquiring HIV by approx. 80%. If you sustained an inoculation accident where the risk of body fluid is from a person known to be HIV positive or at high risk of being HIV positive, you will be offered the opportunity to start a course of the PEP drugs. PEP is a combination of 3 drugs known to be effective against HIV and will normally be takes for a period of 4 weeks after the exposure to the high-risk body fluids.

You can decide to take the PEP drugs for a short period of time until the results of your blood tests or the source patient (if they consent) are available or you have had the chance to discuss the matter further with health. **It is your decision whether or not to start your course of PEP drugs**

Drug information

The PEP medication in this pack contains drugs that have activity against HIV. Early use of these drugs may prevent HIV infection if you have been exposed to HIV infected body fluids. They have been licensed by the Government for use in HIV infected individuals and have been proven to be safe. For the purpose of PEP, they are not licensed, but the Department of Health recommends their use.

If you go on to the full course of HIV PEP drugs you will be taking them for 4 weeks. It is important not to stop taking the drugs unless you have discussed this with the sexual health doctor.

If you are sick and vomit the tablet within 2 hours of taking it, then take another to replace it. The HIV PEP drugs can be taken with or without food. Taking them with food may reduce the feeling of sickness that some people experience when taking the drugs through and empty stomach can increase the amount of a drug absorbed. The best advice is to try both and find the best way for you.

It is important not to miss a dose. If you miss a dose, take the capsule when you remember, but if it is nearly time for your next dose, then skip the missed one and take the next one as normal. Do not take double the dose.

If you believe that you may be pregnant, inform the person issuing the PEP medication, as it is still beneficial to take the PEP drugs that are known to be safe in pregnancy.

Truvada is the trade name for a combination of the 2 standard anti-HIV drugs, TENOFOVIR DISOPROXIL & EMTRICITABINE. Manufactures data indicates no malformation or foetal / neonatal toxicity associated with Emtricitabine and Tenofovir Disoproxil, so the use of Truvada may be considered during pregnancy, if necessary.

The components of Truvada have been shown to be excreted in human milk. There is insufficient information on the effects of Emtricitabine and Tenofovir in new-borns or infants, so Truvada should not be used during breast feeding.

They should be stored in a dry place at room temperature in the container in which it was dispensed.

RALTEGRAVIR is the approved name for one of the standard anti-HIV drugs which may be used for PEP. Its trade name is ISENTRESS.

There are no conclusive data from the use of Raltegravir in pregnant women. The potential risk of reproductive toxicity in humans is unknown. Therefore, Raltegravir should not be used during pregnancy.

It is not known whether Raltegravir is secreted in Human milk. However, it has been secreted in milk in animal studies. Therefore, breastfeeding is not recommended whilst taking Raltegravir.

This drug should be stored in a dry place at room temperature.

Common Side Effects from the HIV PEP may include:

Nausea, vomiting, abdominal pain, diarrhoea, malaise, fatigue, anaemia, neutropenia, liver disorders, pancreatitis, myalgia, allergic reactions, rash and other skin reactions, skin discolouration, insomnia, dizziness, depression, dyspepsia, raised blood sugar.

Just because a side effect is recognised does not mean you will experience it, as different people react differently to medicines. If you do experience it, then inform the Centre for Sexual Health.

For headaches take Paracetamol and if you require and anti-sickness tablet use the cyclizine prescribed with the PEP drugs. Take it twice a day as needed, at the same time as the Raltegravir.

Contraindications to prescribing HIV PEP

St John's Wort

Medications contra-indicated with Truvada are: Adefovir, Disoproxil, Lopinavir, Atazanavir, Ritonavir, Tipranavir and Telaprevir.

Medications contra-indicated with Raltegravir are: Concomitant aluminium / magnesium antacids, (may lead to reduced Raltegravir plasma levels) and Fosamprenavir

Drugs which may interact with Raltegravir are: Carbamazepine, Darunavir, Famotidine, Fosamprenavir, Omeprazole, Orlistat, Phenobarbital, Phenytoin and rifampicin.

Potential for interaction with HIV PEP: Aspirin, Phenytoin, Co-proxamol, Sertraline, Dexamethasone and prednisolone. The effectiveness of the oral contraceptive may be reduced with a risk of pill failure, so alternative contraception in needed.

It is not known how the PEP drugs interact with recreational drugs such as ecstasy and alcohol, but there does not appear to be significant problem with alcohol, if taken on moderation.

Health problems which need to be considered when prescribing HIV PEP

Anaemias, Diabetes, Liver failure, Neutropenia, Renal failure

Further advice on HIV PEP can be obtained from staff at Virgin Care or a pharmacist

Appendix H

Post Exposure Prophylaxis for HIV

Name: ……

Date of Birth: ……

Address: ……..

……

……..

Job: ……..

Ward/Area: ……..

I confirm:

- I have received and read 'Information for the Healthcare worker – Occupational HIV Exposure Prophylaxis'
- I have provided a blood sample for storage and future testing for blood borne viruses
- I understand the tests for blood borne viruses will not be undertaken without my consent

I have decided:

a) I do not wish to take Post Exposure Prophylaxis medication for HIV at this time
b) I wish to take Post Exposure medication for HIV
c) I wish to await the outcome of an HIV test on the source patient before deciding whether or not to take Post Exposure Prophylaxis medication for HIV

(Please delete as appropriate)

Signed: …… Date: …… Time: ……..

APPENDIX I

ECC / MIU process for members of the public

Name …… Date of Birth ……..

Date of Injury …… Time of Injury …… (24 hour clock)

First Aid Box (Please Tick)

- Bleeding encouraged and washed wound ☐
- Irrigated eyes or mouth and contact lenses removed ☐
- Wound covered with a water proof dressing ☐
- Check Tetanus status and prescribe antibiotics if a human bite ☐

Type of Exposure (Please Circle)

Superficial Puncture Wound Deep Injury Splash to eyes, nose or mouth

Bite Broken skin / Eczema

Other ……..

Type of Sharp (Please circle if applicable)

Hollow bore needle Solid needle / Lancet Blade

Other ……

Injured part of body ……..

Type of body fluid exposure (Please Circle):

High Risk

Blood Amniotic Fluid Vaginal Secretions Semen

Human breast milk CSF Peritoneal Fluid Pleural Fluid

Pericardial Fluid Synovial Fluid Fluid from burns or Lesions Blood-stained saliva

Low Risk

Urine Saliva Faeces Vomit Tears

No Risk

No known exposure to blood or body fluids – No further action

An urgent **risk assessment** should be undertaken to establish if the exposure has the potential to transmit a blood borne virus if the source of the injury is known

Name …… Date of Birth ……..

Risk Assessment

Explain the process for testing the source patient to the injured individual as described below:

- If the source patient is thought to be or states they are HIV, Hep B or Hep C positive arrangements should be made for a blood sample to be taken in a yellow (z serum sep clot activator) bottle as well as a ETDA bottle (for viral load tests) – this must not be carried out by the injured individual.
- If not, the reasons for testing should be discussed with the patient and for their consent to be tested for Hep B surface antigen, Hep C and HIV. Refer to the pre-test discussion with source patient (Appendix B)
- If the source patient refuses consent, under no circumstance should testing be carried out, even on previously stored blood
- If consent for testing is declined or cannot be obtained, a risk assessment should be completed using the table below. Please circle the appropriate boxes below for either "YES / NO / UNKNOWN"

Risk Assessment for PEP for HIV (See appendix B & D). Follow Appendices D, E, F, G & H and attach to this document

Consider emergency contraception if sexual exposure has occurred.

Take a blood sample from the injured individual in all cases where there has been a significant exposure to a high risk body fluid and send for saving and storage in a yellow top bottle (z serum sep clot activator). The Virology form should state "BFE INJURY. Source patient is (Name, Date of Birth, Location) or source unknown". Explain to the individual that their blood is being taken for storage purposes only and may be used for future reference.

Hep B vaccine Given	YES / NO
Hep B immunoglobulin Given	YES / NO
Issuing HIV PEP (Appendices F, G & H)	YES / NO
Referred to Virgin Care Sexual Health / GP for follow-up	YES / NO

*Hep B Immunoglobulin is available via a Consultant Microbiologist

Do **NOT send a copy of this form to Occupational Health**

ECC / MIU Staff signature ……

Name ……Date ……

REFERENCES:				
Lead Author: Karen Parkes **Date of Ratification by QA sub-committee of Trustees: 17/09/19** **Review: Annually**				
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Sept 2020	January 2021	KP	QA Sub-Committee 10/02/2021	L: Policies and Guidelines
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