

BBV EXPOSURE INCIDENT QUICK REFERENCE GUIDE

After a significant Needlestick/Sharps injury or exposure incident, there is a risk of transmission of Blood Borne Viruses (BBV) from infected patients to Health Care Workers (HCWs). The viruses include Hepatitis B, Hepatitis C and HIV. All exposure injuries must be managed correctly.

The guide below is a summary of actions required by each party following an exposure incident. Please use the [exposure incident protocol](#) on Staffnet for full guidance.

<p>1 First Aid</p> <ul style="list-style-type: none"> • Must be carried out immediately
<p>2 Injured Person</p> <ul style="list-style-type: none"> • Carry out First Aid • Inform Clinician in charge of the adverse event • Complete Sections 1-2 of the "Exposure Incident Risk Assessment"
<p>3 Clinician in Charge</p> <ul style="list-style-type: none"> • Assist with First Aid • Assess if Significant Injury by completing Sections 3-4 of the Exposure Incident Risk Assessment • If on completion of the Exposure Incident Risk Assessment the injury is deemed to be HIGH risk, the employee must attend their nearest Emergency Department • Ensure the completed Exposure Incident Risk Assessment accompanies the employee • If injury is deemed LOW risk, ensure the employee contacts Occupational Health (OH) as soon as possible
<p>4 Report Adverse Event</p> <ul style="list-style-type: none"> • An IR1 form must be completed on DATIX
<p>5 Doctor/Nurse in charge of source patient</p> <ul style="list-style-type: none"> • Consent the Source Patient for BBV testing as soon as possible • If verbal consent has been gained from source patient to allow OH to access their result, ensure this is clearly documented in Section 4 • Provide the source patient with the information leaflet which can be found in the Exposure Incident Risk assessment paperwork
<p>6 Occupational Health Service/Emergency Department</p> <ul style="list-style-type: none"> • Risk assess the injury and provide any treatment required • Take blood sample for storage from the injured person • HIV Post Exposure Prophylaxis (PEP) - If source patient is known to have HIV or at high risk of HIV, the injured person must be assessed for the provision of HIV Post Exposure Prophylaxis (PEP) • If HIV PEP is required, timing is crucial and ideally it should be started within 1 hour of the injury (but can be given up to 48-72 hours), and this should be considered as a 'medical emergency'
<p>7 Further Reporting</p> <p>There is a requirement for NHS Tayside to report exposure incidents under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) where a source patient is known to be infected with a BBV, where an employee acquires a BBV following exposure or if the injury itself is so severe that it must be reported.</p> <p>NSI/sharps injuries and exposure incidents should be prevented wherever possible by appropriate use and implementation of Standard Precautions such as good hand hygiene; appropriate use of Personal Protective Equipment (e.g. gloves and eye and face masks in high risk surgery); and safe handling and disposal of needles and other sharp instruments. New HSE regulations, the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013, outline the following: the need to avoid the unnecessary use of sharps; use safer sharps which incorporate protection mechanisms; prevent recapping of needles; place secure containers and instructions for safe disposal of medical sharps close to the work area.</p>