Sharps/Contamination Incident - ED Summary Guidance

SHARPS/ CONTAMINATION INCIDENT OCCURS

FIRST AID

BLEED, WASH AND COVER INJURY IF NECESSARY

RISK FACTOR:

ASK DOCTOR OR SENIOR NURSE TO COLLECT DONOR (PATIENT) DETAILS TO ASSESS RISK AND FORWARD TO OH OF ED SO THAT AN ASSESSMENT CAN BE MADE AS TO THE RISK OF BLOOD-BORNE VIRUS EXPOSURE TO THE RECIPIENT. ASSESS THE NEED FOR HIV PEP MEDICATION — See below

CONSENT:

DESIGNATE DOCTOR TO APPROACH DONOR (PATIENT) TO OBTAIN CONSENT FOR TESTING FOR HEP B, HEP C & HIV AND RECORD IN THE PATIENTS NOTES.

DONOR BLOOD SAMPLE:

IF CONSENT HAS BEEN OBTAINED, COLLECT 1 RED TOP (GWH) YELLOW TOP (RUH) VACUTAINER SAMPLE AND COMPLETE THE SEROLOGY FORM.

IR1:

COMPLETE AN IR1or equivalent AS SOON AS POSSIBLE EITHER ELECTRONICALLLY OR PAPER COPY AND FORWARD TO HEALTH & SAFETY

INFORM LINE MANAGER

ACCESS SHARPS/CONTAMINATION INCIDENT FLOW-CHART ON WARD/DEPARTMENT, FOR DETAILS ON PROCEDURE TO FOLLOW.

OHD MUST BE INFORMED:

EVEN IF SEEN IN ED, PHONE GWH SWINDON OH SHARPS HOTLINE on (01793) 60 4472

RECIPIENT (staff member) MUST ATTEND OR PHONE NEAREST NHS OHD FOR ASSESSMENT:

08.30 – 16.30 (MON – FRI) GWH OH HOTLINE – (01793) 60 <u>4472</u> RUH Occ Health: 01225 821152 OTHER TIMES ED – (01793) 60 4104

RECIPIENT BLOOD SAMPLE:

COLLECT 1 RED (GWH) OR YELLOW (RUH) TOP VACUTAINER SAMPLE FOR SAVE SERUM ONLY AND COMPLETE SEROLOGY FORM.

ASSESS THE NEED FOR:

HEP B VACCINATION +/- OR IMMUNOGLOBULIN FOR RECIPIENT.

ALL RECIPIENTS MUST BE REFERRED TO OH FOR FOLLOW UP and OH WILL FOLLOW UP all incidents as per policy.

CALL GWH SHARPS HOTLINE (01793) 60 4472

Risk Assessment of Incident

Type of Body Fluid Involved				
High Risk	Low Risk			
Blood Amniotic Fluid Cerebrospinal Fluid Human Breast Milk Pericardial Fluid Peritoneal Fluid Pleural Fluid Saliva in assoc. with dentistry Synovial Fluid Unfixed Human Tissue and Organs Any other body fluid if visibly blood stained Exudate or other tissue fluid from burns or skin lesions Semen Vaginal Secretions	Saliva unrelated to dentistry Urine Faeces Vomit - All of above if not visibly blood stained			

Route of Exposure Significant

Percutaneous eg sharps injuries with needles, instruments, bone fragments, human bites where the skin is broken

Exposure of broken skin such as abrasions, cuts or eczema to blood or body fluids

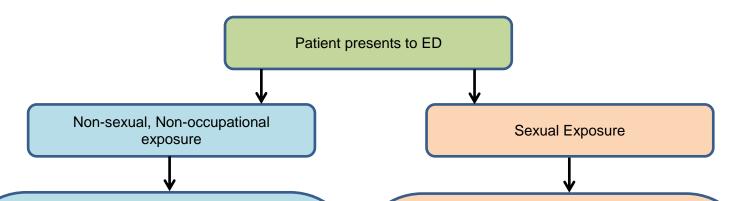
Exposure of mucous membranes such as eye, nostrils or mouth to blood or body fluids

Hepatitis B Post-Exposure Management

		High risk incident			Low risk incident	
HBV status of person exposed	Baseline	HbsAg positive source	Unknown Source	HbsAg negative source	Continued Risk	No Further Risk
1 dose of HB vaccine pre- exposure		Accelerated course of HB vaccine* HBIG x 1	Accelerated course of HB vaccine*	Initiate course of HB vaccine	Initiate course of HB vaccine	No HBV prophylaxis. Reassure
2 doses of vaccine pre-exposure (surface antibody level not known)		One dose of HB vaccine followed by second dose one month later	One dose of HB vaccine	Finish course of HB vaccine	Finish course of HB vaccine	No HBV prophylaxis. Reassure
Known responder to HB vaccine (surface antibody level >10 miU/ml)	Save serum blood sample if known responder to HB course of vaccines.	Consider booster dose of HB vaccine	Consider booster dose of HB vaccine	Consider booster dose of HB vaccine	Consider booster dose of HB vaccine	No HBV prophylaxis. Reassure
Known non- responder to HB vaccine (surface antibody level < 10 miU/ml 2-4 months post- immunisation)		HBIg x 1 Consider booster dose of HB vaccine	HBIG x 1 Consider booster dose of HB vaccine	No HBIG Consider booster dose of HB vaccine	No HBIG Consider booster dose of HB vaccine	No HBV prophylaxis. Reassure

- HepB Vaccine should be administered, if not previously vaccinated, as soon as possible post exposure and preferably within 24hrs of exposure
- An accelerated course of HepB Vaccine consists of doses spaced at 0, 1 and 2 months. A booster dose at 12 months is given to those with continuing risk of exposure to HBV.

HIV Post-Exposure Management



Human Bites

- PEP not indicated
- Only consider if donor HIV positive <u>and</u> visible blood <u>and</u> skin broken

Community Needle Stick

- Discarded Needles PEP not indicated.
 Consider HepB/HepC
- Recently used
 - Source Known HIV +ve PEP Indicated
 - Source Unknown Status Assess Risk

Source HIV Risk Assessment

Man who has sex with men
Prev/Current IVDU or
IVFU partner from London or
Outside UK
Originates or partner from
Country of high HIV prevalence
Prev. or current HIV +ve partner
Blood transfusion, medical
Treatments in country with high
HIV prevalence

Y/N/Unknown
Y/N/Unknown
Y/N/Unknown

If YES to any – Consider PEP
If No to all – PEP Not Indicated
If all unknown – Consider starting

Partner

- Male, Female, Regular, Casual, Contactable

?Sexual Assault

Type of Sex

31		Condom Yes/No	Condom Break?	Internal ejaculation
Anal	Receptive			-
	Insertive			
Vaginal	Receptive			
	Insertive			
Oral	Receptive			
	Insertive			

Has person requesting PEP ever had HIV Test?

Source HIV Negative - PEP Not Indicated

Source HIV Positive or Unknown

- Assess Risk as below

Higher Risk	HIV
Source Community	prevalence
Homosexual man	
UK	6 %
London	13 %
Brighton	14 %
Heterosexuals	
Black African	6 %
Caribbean	2 %
Central /S. America	2 %
Injecting Drug Users	
London & Outside UK	1 %

Lower risk	HIV
Source Community	prevalence
Heterosexuals	
UK	0.3%
Rest of Europe	0.9%
North America	0.6%
East and South Asia	0.5%
(Except Thai sex workers)	
South Asia	0.3%
Australasia	0.3%
North Africa and Middle East	0.4%
Injecting Drug Users	
UK (Swindon & outside London)	0.3%

≥ 1% = High Risk < 1% = Low Risk

	HIV Stat	tus Known	HIV Status unknown		
Type of exposure	HIV Positive viral load detectable	HIV Positive viral load undetectable<200	From a higher risk group >1%	From a lower risk group <1%	
Receptive Anal Sex	Recommend	Not Recommendated	Recommend	Not Recommended	
Insertive Anal Sex	Recommend	Not Recommended	Consider	Not Recommended	
Receptive Vaginal Sex	Recommend	Not Recommended	Consider	Not Recommended	
Insertive Vaginal Sex	Consider	Not Recommended	Consider	Not Recommended	
Fellatio with ejaculation	Not recommended	Not Recommended	Not Recommended	Not Recommended	
Fellatio no ejaculation	Not recommended	Not Recommended	Not Recommended	Not Recommended	
Splash of semen in eye	Not recommended	Not Recommended	Not Recommended	Not Recommended	
Cunnilingus	Not recommended	Not Recommended	Not Recommended	Not Recommended	
Sharing injecting equipm't	Recommended	Not Recommended	Consider	Not Recommended	

Has it been less than 72 hrs since time of exposure?

Exposed person is HIV negative?

Source contact is HIV positive or high risk of being positive?

Type of exposure has placed them at risk of HIV?

- If answer to all 4 questions is "Yes" then give PEP as soon as possible
- Pregnancy test should be carried out if chance of pregnancy
- If pregnant or breast feeding then need to discuss with HIV/Sexual Health Team

More details regarding giving and prescribing PEP can be found on the HIV PEP Consultation Record Sheet.