

Infection Control Policy

Needlestick Injuries and Blood/Body Fluid Exposures

1. Policy

Exposure to blood and body fluids may lead to infection with several blood borne viruses including HIV, Hepatitis B and Hepatitis C. It is the practice of A. B. Dental Employment Agency to prescribe the action required following a blood and/or body fluid exposure. The organisation endeavours to provide a safe working environment that reduces the likelihood of a blood and body fluid exposure occurring. All needlestick injuries/blood and body fluid exposures will be reported and followed up according to the prescribed procedures.

2. Definitions

Affected person/Recipient

The person exposed to blood and/or body fluid.

Source

The person whose blood and/or body fluid was inoculated or splashed on to the recipient.

Known Source - when the source can be clearly identified e.g. patient/person/identifiable object

Unknown Source - when the source cannot be identified e.g. a needle in a sharps container

Sharps

Objects or devices having sharp points, protuberances or cutting edges, capable of cutting or penetrating the skin e.g. solid needles, hollow bore needles, intravenous spikes, scalpel blades, lancets and contaminated broken glass.

Needlestick Injury (NSI)

Occurs when a sharp penetrates skin or mucosa.

Blood and/or Body Fluid Exposure (BBFE)

Contact with blood, body fluids or tissues. Exposure can occur via mucosal surfaces, broken skin (e.g. cut, abrasions, dermatitis), conjunctivae, or penetration by a sharp. If an incident involving biting occurs, it will be assessed on an individual basis

3. Responsibilities

All staff should familiarise themselves with this policy.

All staff have a responsibility to know their current Hepatitis B immunisation status.

4. Procedure

All staff are to follow this procedure when a Blood and/or Body Fluid Exposure has occurred.

4.1 Exposure not significant

- Intact healthy skin exposed to blood or blood stained fluid
- Intact or non-intact skin, eyes or mucous membrane exposed to a non blood stained body fluid
- Superficial or penetrating injury with a clean sharp

First Aid

Immediately wash contaminated area or wound, rinse mouth or flush eyes with running tap water.

Report to Manager

Report the incident to the manager and complete the staff Accident/Incident Report Form.

No further action required

4.2. Exposure significant

- Superficial injury with/without bleeding involving blood stained body fluid
- Penetrating injury involving any body fluid
- Splash to mucous membrane, eyes or non-intact skin with blood stained body fluid

First Aid

Immediately wash contaminated area or wound, rinse mouth or flush eyes with running tap water.

Report to Manager

Report the incident to the Manager and complete the staff Accident/Incident Report Form.

4.3 Instructions for Principle and Associate Doctors

Write Pathology Request form for recipient

In Patient Details section write:

* recipient's name, address, DOB and contact number.

In Clinical Notes section write:

* source's name and unit record number, **state if source unknown.**

In Tests Requested/Tests Required section write:

* **NSI RECIPIENT SCREEN** (no need to specify tests).

Hepatitis B Surface Antibody (HBsAb) test will be measured on the recipient to determine the level of immunity to Hepatitis B virus infection. If the antibody level is <10IU/L and a previous HBsAb level of ≥ 10 has not been documented, the staff member will be offered a primary course or a booster dose of hepatitis B vaccine following medical consultation. The blood will also be stored, as future baseline testing may be required for other blood borne viruses.

Arrange for blood to be collected from the Recipient (usually Staff Member)

Contact the Source to arrange for blood to be collected

Give name of recipient to RMO so that this information can be included on the "Source" Request Form.

Hepatitis B Surface Antigen, Hepatitis C virus antibody and Human Immunodeficiency Virus antibody tests will be performed on Source.

NB: The recipient should not organise these tests or approach the patient for consent.

4.4. Follow-up

- One of the Managers will advise the staff member of their blood test results if they are negative.
- If any test results of the Source are positive, the Principle Doctor then refer the recipient onto the appropriate counselling and treatment services who will be responsible for the medical management of the staff member.
- The Principle Doctor will report blood test results to the Source if the Source is a patient.
- If source unknown, staff member will be required to have a 3 month post NSI check