

Health and Safety Services

Guidance on Needlestick Injuries and Incidents Involving Human Blood or Other Body Fluids

1. This information is applicable in all areas of the University where needlestick injury or contact with human blood /body fluids is likely
2. Advice on action to be taken following any incident which may pose a risk to staff/student through contact with human blood or other body fluids (including needlestick injury)

Immediate Action

1. Wash the site liberally with soap and water (without scrubbing)
 - Irrigate mucous membranes/conjunctivae with large quantities of water
 - Bleeding must be encouraged for puncture wounds (do not suck the wound)
2. Staff/Student must report the incident to their manager/supervisor/or deputy (i.e. the person in charge of the work area) at the earliest opportunity.

Using the guide at the end of this document the manager should make a risk assessment based on

- Circumstances of the exposure
- Type of body fluid
- Infectivity of the source

Incidents where the source is unknown should be subject to a risk assessment and reported appropriately.

3. On weekdays between 9:00am and 5:00pm the manager **must** report all incidents to the Occupational Health Department for appropriate action.
Telephone 0161 275 2858

Outside these hours, at weekends or on Bank Holidays:

Contact A&E Department of the nearest hospital if the staff/student is considered to be at high risk of HIV infection

Contact the duty virologist at the MRI on Tel:0161 276 1234 if the staff/student is considered to be at high risk of Hepatitis B infection.
Contact the Occupational Health Department on the next working day if the staff/student is considered to be at risk of Hepatitis C infection.

ALL INCIDENTS, WHICH OCCUR OUTSIDE WORKING HOURS, MUST BE REPORTED TO THE OCCUPATIONAL HEALTH DEPARTMENT ON THE FOLLOWING WORKING DAY.

Please ensure that all the relevant details regarding the source and staff/student are collected prior to contacting the relevant department.

A GUIDE TO RISK ASSESSMENT FOR MANAGERS/SUPERVISORS

Low Risk Exposure

Exposure of intact skin to any contaminated body fluids

Exposure, via any route, to low risk body fluids, e.g. urine, vomit, saliva and faeces (not obviously blood stained).

Exposure to body fluids from a source known to be negative to Hepatitis B, Hepatitis C virus.

For Hepatitis B virus exposure, regardless of the Hepatitis B status of the source, the staff/student is not at risk if they have shown an adequate antibody response (> 50iu/l) following vaccination.

High Risk Exposure

Exposure of body fluids involving percutaneous injury, contact with broken skin or mucous membrane.

Exposure to high risk body fluids, e.g. blood, amniotic fluid, vaginal secretions, semen, breast milk, CSF, saliva in association with dentistry, unfixed organs or tissues, pericardial, peritoneal and pleural fluids.

Exposure to body fluids from a suspect known or strongly suspected to be infected with Hepatitis B, Hepatitis C and/or HIV. In addition to a positive HIV test, the possibility of HIV infection should be considered if the source is on antiretroviral drugs, but refusing the test, is unable to give a history (unconscious, disturbed mentally), but information from family/hospital records strongly suggest HIV, has a partner with HIV infection or is a neonate of an HIV positive mother.

The possibility of HIV infection should also be considered if the source is in a high risk category (homo/bisexual man, injecting drug user, male/female prostitute, haemophiliacs who received factor VIII//cryoprecipitate prior to 1986 or from overseas, recent arrival or hospitalised in urban sub-Saharan Africa and promiscuous with persons at high risk and who has a current or remote history of acquired immune deficiency) and/or has an HIV associated tumour.

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