Needlestick /similar injury occurred?

Has injured Health Care worker sustained a significant injury?
For the injury to be considered significant, both the BODY FLUID and TYPE OF INJURY must both be HIGH RISK.

Was this a high risk injury?
Percutaneous exposure e.g. needlestick or other sharps injury.
Body Fluid splash to broken skin.
Human bites that break the skin.
Mucous membrane exposure (e.g. eye).

YES

Was a High Risk Body Fluid involved?
Blood
Pleural fluid
Blood-stained low risk fluid.
Saliva associated with dentistry.
Semen
Vaginal Secretions
Breast Milk
CSF
Synovial Fluid
Pericardial Fluid
Unfixed tissues or organs
Peritoneal Fluid

YES

NO

If yes to both High Risk Injury & High Risk Body Fluid then treat as significant exposure

Low Risk Injury
Splash onto intact skin.
No Further Action

Low Risk Body Fluid
Urine
Vomit
Saliva
Faeces

No Further Action
Healthcare Workers Responsibilities

- Carry out first aid.
- Advise Clinician / Nurse in charge of clinical area.
- Contact Occupational Health on 0141 201 0595 within 1 hour for advice & to arrange follow up.
- Attend nearest A&E between 6pm & 8am Monday to Friday & weekends.
- Complete Datix Form

Clinician / Nurse in Charge Responsibilities

- Complete source patient risk assessment tool. Arrange to take source patients bloods for Hepatitis B, Hepatitis C & HIV if consent given.
- Please contact Occupational Health if any advice required regarding these steps.
- Arrange for bloods to be sent urgently to Virology & contact lab to inform them of sample.
- Advise Occupational Health of source patient’s bloods results as soon as possible.

Occupational Health Follow up

- Storage blood taken from injured Health care worker at the time of the injury or advice given on obtaining storage bloods within clinical area.

Initial follow up includes assessment of Hepatitis B status & arranging follow-up blood borne virus (BBV) testing as appropriate.

The need for follow up BBV testing will be based on the source patient’s blood borne virus screening results. If the source results are negative then follow up testing of the injured person can be stopped. If results are positive or no results are available, then testing of the injured person will continue. Follow up testing involves HIV testing at 6 & 12 weeks and Hepatitis B & Hepatitis C testing at 6, 12 & 24 weeks after injury.

The clinician taking the bloods from the patient is responsible for notifying Occupational Health of the results.

This is a short guide regarding the management of needlestick & similar injuries, the full policy and guidance can be accessed at the link below.
