

Title: Dealing with a needle-stick or mucous membrane exposure to blood or body fluids in NHSG CRF

Effective Date: 30-10-23

Review Date: 30-10-26

Author: Mariella D'Alessandro, CRFs Manager

QA Approval: Richard Cowie, QA Manager

Approver: Prof Seshadri Vasan, R&D Director

Document History

Version	Description of update	Date Effective
1	New SOP	5-11-20
2	Amended guidance to match OHS flowchart at 3.2, 3.3 and 5	18-11-20
3	SOP 3 yearly review, no changes required	30-10-23

1. Scope

- 1.1 To minimise the risks of exposure to blood or body fluids.
- 1.2 To ensure that all NHSG staff, who experience a needle-stick injury or have a mucous membrane exposure to blood or body fluids, are aware of the correct action to deal with the situation appropriately.

2. Responsibilities

Line Manager	Ensure that individual staff members are trained and competent.
	Ensure that staff are offered immunisations, before dealing with human samples.
Research Staff	Individual staff members shall be trained and competent in any procedure where obtaining samples is required, such as venepuncture. It is the responsibility of the individuals who have sustained a needle-stick injury or mucous membrane exposure to blood or body fluids to ensure that they take the necessary actions.

3. Procedure

- 3.1 Good working practices and preparation of work areas reduce the risk of exposure to human bodily fluids but some risk remains. A percutaneous injury occurs when a needle or another sharp instrument accidentally penetrates the skin. A mucous membrane injury occurs when blood or other body fluids splash into the eyes, nose or mouth, or onto broken skin. Other potential routes of exposure to blood, or other body fluids, are bites or scratches.
- 3.2 The standard safety procedures adopted in the UK for the prevention of needle-stick injuries are known as standard or universal precautions, where all blood and body fluids, regardless of their source, are considered to contain infectious agents and are treated as such.

3.1 Measures to avoid exposure to blood-borne viruses

- Immunisation against hepatitis B.
- Wearing of appropriate Personal Protective Equipment (PPE); plastic aprons, gloves, masks, eye protection (visors, goggles or safety spectacles).
- Hand washing before and after each patient contact, and after contact with blood or body fluids.

Uncontrolled when printed. Please ensure that you are working on the most up to date version of this SOP.

Key to symbols ⓘ = Important point to note ⚠ = Warning

- Covering of any pre-existing cuts or abrasions with waterproof plasters.
- Safe handling of sharps (needles must **never** be re-sheathed).
- Immediate and safe disposal of sharps into appropriate, puncture-proof sharps bins.
- Safe use and disposal of sharp bins, including avoiding overfilling.

The administration of first aid action will depend on the nature of the exposure and the type of body fluid, but as a rule the following action should be taken:

3.2 For a needle-stick injury

- If skin is punctured, gently squeeze the wound to encourage bleeding (**do not** suck the wound).
- The wound should be washed with soap and water. **Do not** scrub the wound.
- Cover the wound with a waterproof dressing.
- Arrange follow up in OHS within **36 hours** of recording the incident.
- Identify source patient if possible*.

3.3 For mucous membrane exposure

- Rinse the exposed area with warm water. **Do not** swallow water.
- Arrange follow up in OHS within **36 hours** of recording the incident.
- Identify source patient if possible*.

3.4 Accident Reporting Procedure

- The accident must be reported immediately to the line manager and to GO Health Service on 01224 553663 or gram.ohs@nhs.scot and an Incident Report (DATIX) should be completed. Accident and Emergency should only be involved where there is a significant injury occurring out of hours, or an exposed employee cannot be seen in Occupational Health within 36 hours. Comply with advice given by Occupational Health.

3.5 Follow-up of Potentially Exposed Staff

- If a member of staff has been exposed to any blood/fluid borne virus, a blood sample from the exposed person should be sent to Virology for serum storage, clearly labelled 'for OHS storage only, not for testing'. The purpose of this sample is to be able to show that, in the unlikely event of subsequent seroconversion, the member of staff was not infected at the time of the exposure, and therefore the infection was occupationally acquired.
- Follow-up any blood tests to confirm that occupational blood-borne virus transmission has not occurred. Confidentiality should be assured throughout.

*Prophylactic therapy must be offered to exposed employee if possible within one hour of contact. Advice can be sought from Infection Unit Consultant (0345 456 6000).

4. Abbreviations and definitions

CRF	Clinical Research Facility
PPE	Personal Protective Equipment

5. Related documentation and references

SOP-CRF-7 What to do in the Event of Spillage of Bodily Fluids and/or Specimens in NHSG CRF

NHSG Occupational Health Service – Exposure to blood and body fluids (Needle Stick Injury)

<http://nhsgintranet.grampian.scot.nhs.uk/depts/Occupational%20Health%20Service/Pages/ExposuretoBloodBodyFluids.aspx>

ICH/GCP Guidelines <https://www.ich.org/page/efficacy-guidelines>

Uncontrolled when printed. Please ensure that you are working on the most up to date version of this SOP.

Key to symbols ⓘ = Important point to note ⚠ = Warning