



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

Reference Number: UHB 019

Version Number: 4

Date of Next Review: September 2027

**Previous Trust/LHB Reference Number:
UHB 019**

INFECTION CONTROL PROCEDURE FOR NEEDLESTICK AND SIMILAR SHARPS INJURIES

INTRODUCTION

Because of the risks of blood borne diseases caused by hepatitis B virus (HBV), hepatitis C virus (HCV), human immunodeficiency virus (HIV), and other agents, all health care workers (HCWs) must take precautions to protect themselves from contact with blood and other high-risk fluids and to follow the actions required of the staff who sustain a needlestick/sharps/contamination injury and other similar injuries.

AIM

To provide a structure and appropriate advice to staff for the management of needlestick/sharps/contamination injury and other similar injuries.

Objectives

- To provide clear guidelines on the management of needlestick/sharps/contamination injuries.
- To comply with Department of Health and Social Care and any relevant statutory Health & Safety legislation.
- To outline who is responsible for managing the exposed member of staff and the procedure to be followed for their management.
- To outline who is responsible for making a risk assessment of the source patient for blood borne viruses (BBVs) and approaching the source patient for permission to test for BBVs.

Scope

This procedure applies to all staff in all locations including those with honorary contracts, students on placement at Cardiff and Vale UHB (C&VUHB) and any staff with a contractual agreement with C&VUHB.

C&VUHB accepts its responsibility under the Health and Safety at Work Act etc. 1974 and the Control of Substances Hazardous to Health Regulations 2002, to take all reasonable precautions to prevent exposure to BBVs for patients, staff and other persons working at or using its premises.

Equality Impact Assessment

An Equality Impact Assessment has been completed. The Equality Impact Assessment completed for the policy found there to be no impact.

Document Title: Needlestick IPC Procedure	2 of 40	Approval Date: 24 09 2024
Reference Number: UHB 019		Next Review Date: 24 09 2027
Version Number: 4		Date of Publication: 24 09 2024

Documents to read alongside this Procedure	Infection Prevention and Control Transmission Based Precautions Infection Control Procedure for Infectious Incidents and Outbreaks Hand Hygiene Infection Control Procedure Infection Prevention and Control Standard Precautions Procedure Period of Increased Incidence (PII diarrhoea pack)
Approved by	IP+C Group
Accountable Executive or Clinical Board	Director of Nursing
Director	
Author(s)	IP&C Nurse, SpR Microbiology/Infectious Diseases, Occupational Health, Health & Safety
<u>Disclaimer</u> If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate.	

Summary of reviews/amendments			
Version Number	Date of Review Approved	Date Published	Summary of Amendments
2	02.10.15	23.10.15	The procedure was updated to comply with the Safety (Sharps Instruments in Healthcare) Regulations 2013, requiring implementation of the 'EU Council Directive 2010/32/EU on the prevention of sharps injuries in the hospital and healthcare sector'
3	04.09.19	03.12.2019	Updated at IPCG meeting
4	24.09.24	24.09.24	Updated at IPCG meeting

Document Title: Needlestick IPC Procedure	3 of 40	Approval Date: 24 09 2024
Reference Number: UHB 019		Next Review Date: 24 09 2027
Version Number: 4		Date of Publication: 24 09 2024

Contents Page

1	Introduction	4
2	Protocol for Needlestick or similar injuries	7
2.1	First aid	
2.2	Injury assessment	
2.3	Establishing risk status of source	
2.4	Known source patient	
2.5	Sending samples once obtained	
2.6	Managing the results of source patient test	
2.7	Unknown source	
2.8	Testing when source patient unable to give consent	
2.9	Risk assessment and testing when source patient is a child	
2.10	Management of the injured person	
2.11	Management of patients exposed to blood of HCW	
3	Resources	16
4	Training	16
5	Implementation	16
6	Further Information	16
7	Equality	17
8	Audit	17
9	Review	17
10	References	17
	Appendix 1: Source patient risk assessment Form 1	18
	Appendix 2: Source patient risk assessment Form 2	19
	Appendix 3: Contact Telephone Numbers	21
	Appendix 4: Risk that Source is HIV positive	22
	Appendix 5: Suggested form of Words for approaching Source Patient	23
	Appendix 6: Definitions and Acronyms	24
	Appendix 7: Roles and Responsibilities	25

Document Title: Needlestick IPC Procedure	4 of 40	Approval Date: 24 09 2024
Reference Number: UHB 019		Next Review Date: 24 09 2027
Version Number: 4		Date of Publication: 24 09 2024

1. INTRODUCTION

1.1 Because of the risks of bloodborne diseases caused by HBV, HCV, HIV and other agents, all HCWs must take precautions to protect themselves from contact with blood and other high-risk fluids and to avoid needlestick/sharps/contamination injuries.

1.2 Hepatitis B Virus

1.2.1 For HBV there is effective vaccination, post exposure prophylaxis (PEP) with vaccine +/- immunoglobulin for those not vaccinated, those with a Hepatitis B antibody level below 10iu/l, and post exposure Hepatitis B immunoglobulin (HBIG) for HCW's who fail to respond to the vaccine, pending a risk assessment.

1.2.2 Vaccinated HCWs who have developed immunity (have an antibody level of over 10iu/l) are at extremely low risk of developing chronic hepatitis B infection. Unvaccinated persons have a risk from a single needlestick injury or cut exposure of 6-30% (depending on viral load) to HBV infected blood. There is no risk of hepatitis B transmission where intact skin is exposed to Hepatitis B infected blood.

In the majority of cases, hepatitis B conversion would be diagnosed within 12 weeks of the initial exposure.

1.3 Hepatitis C Virus

1.3.1 There is no vaccine or PEP available for HCV but effective treatment is available for those exposed.

1.3.2 The risk of infection after a needlestick or cut exposure to HCV infected blood is approximately 1.8%. The risk following blood splashes is unknown. There is no risk of hepatitis C transmission where intact skin is exposed to HCV infected blood.

In the majority of cases, hepatitis C conversion would be diagnosed within 12 weeks of the initial exposure, however, if the source patient is viraemic, this could be extended to 24 weeks.

1.4 HIV

1.4.1 For HIV there is no vaccine available but there is PEP but this requires immediate action, which should be administered up to 72 hours after exposure if required (many cases of exposure will not require PEP).

Document Title: Needlestick IPC Procedure	5 of 40	Approval Date: 24 09 2024
Reference Number: UHB 019		Next Review Date: 24 09 2027
Version Number: 4		Date of Publication: 24 09 2024

1.4.2 The risk of HIV infection after needlestick or cut exposure to HIV viraemic blood is low at approximately 0.3%. The risk after exposure of the eye, nose or mouth is less than 0.1%. There is no risk of HIV transmission where intact skin is exposed to HIV viraemic blood. There is no risk of HIV transmission following any exposure to a person on treatment for HIV with an undetectable viral load.

In the majority of cases, HIV conversion would be diagnosed within 12 weeks of the initial exposure.

1.5 Testing Source Patients

1.5.1 Testing source patients for HBV, HCV and HIV is the most effective way of providing reassurance to those injured, because the majority of patients will be negative. A universal approach to asking source patient to agree to have BBV tests avoids the need to make difficult judgements and avoids any appearance of discrimination against people perceived as being in 'risk groups'. In practice, there has been some reluctance to seek patients' consent to be tested, yet patients have usually been found willing to co-operate if approached in a sensitive manner.

Document Title: Needlestick IPC Procedure	6 of 40	Approval Date: 24 09 2024
Reference Number: UHB 019		Next Review Date: 24 09 2027
Version Number: 4		Date of Publication: 24 09 2027

1.6 Staff Responsibilities

1.6.1 Staff should take all reasonable precautions to avoid sharps injuries. This includes avoiding the use of medical sharps so far as is practical, using safer sharps where available and correctly following protocols for sharps disposal. Further guidance on roles and responsibilities of all staff groups can be found in appendix 7.

1.6.2 Staff should advise Occupational Health (OH) if a needlestick/sharps/contamination injury has occurred in a previous occupation and follow-up screening has not been completed.

1.6.3 In the event of a needlestick or similar injury all staff should know: -

- What action to take.
- Who has responsibility to ensure proper assessment.
- Where to go for treatment of the injury and follow-up.
- How to report the incident so that future injuries are reduced or avoided.

1.6.4 The Injured Person must: -

- Immediately apply first aid.
- Report to Supervisor / Clinical Manager.
- Contact OH between 9am and 5pm.
- OH, UHW - Ext 43264
- Email: Occupational.Health3@wales.nhs.uk
- Out of hours contact: -
- UHW – Emergency Unit (EU) - Ext 48285
- UHL – Medical Emergency Admissions Unit (MEAU) –
Ext 25215/25216
- Collect Risk Assessment form 2 to take to OH/EU/MEAU.
- Complete an incident form- this must be done via Datix Cymru.

1.6.5 The Supervisor / Clinical Manager for the injured person must: -

- Ensure first aid has been carried out.
- Refer injured person to OH/EU/MEAU.
- Ensure Form 2 is completed and communicated by sending in a sealed envelope with the injured worker.

Document Title: Needlestick IPC Procedure	7 of 40	Approval Date: 24 09 2024
Reference Number: UHB 019		Next Review Date: 24 09 2027
Version Number: 4		Date of Publication: 24 09 2024

- Ensure that source patient risk assessment is carried out by liaising with the Clinical Manager covering the area of the source patient. The clinical manager should where possible: -
- Liaise with the Consultant responsible for source patient.
- In Primary Care liaise with the General Practitioner (GP) responsible for the source patient.
- Ensure that a Datix Cymru incident form is completed.
- Complete the Focused Review Section of the incident form.
- Investigate the cause of the injury and put in place any appropriate preventative measures to reduce likelihood of any further injuries.

1.6.6 The Supervisor / Clinical Manager is the Line Manager to whom the injured person is responsible at time of the injury. The Line Manager may not be in a position to carry out the risk assessment in which case it should be referred to the Clinical Manager of the area.

1.6.7 Risk assessment of the source patient is the responsibility of the Consultant or GP responsible for their care.

1.6.8 The injured party must not be involved in the risk assessment of the source patient and must not approach the source patient for permission to test for BBVs.

2. PROTOCOL FOR NEEDLESTICK OR SIMILAR INJURIES

2.1 First Aid

2.1.1 First Aid should be performed immediately after the injury occurs.

2.1.2 Skin/Tissue

- Encourage local bleeding by gently squeezing, do not suck area.
- Wash the affected area with soap and running warm water. Do not scrub the area.
- Cover area with waterproof dressing.

2.1.3 Eyes or Mouth

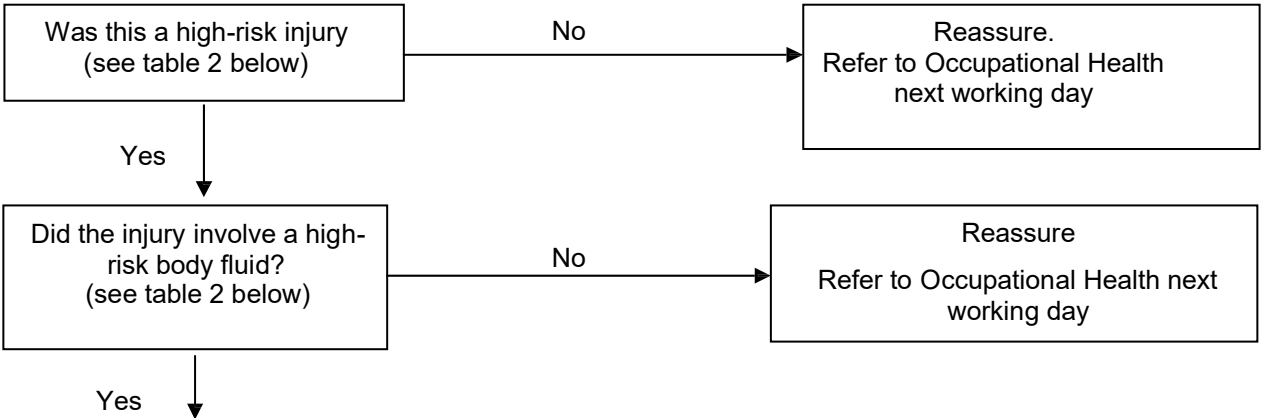
- Rinse out / irrigate with copious amounts of water (use eye washout kits if available).
- If wearing contact lenses irrigate eyes before and after removing them.
- Do not swallow water used for rinsing mouth.

2.2 Injury Assessment other than Human Bites

Document Title: Needlestick IPC Procedure	8 of 40	Approval Date: 24 09 2024
Reference Number: UHB 019		Next Review Date: 24 09 2027
Version Number: 4		Date of Publication: 24 09 2027

2.2.1 For an injury to be considered significant, both the type of injury incurred and the body fluid involved must be high risk.

Table 1: Flow diagram for injury risk assessment



Treat as Significant Injury. The staff member now becomes a PATIENT Refer to: Occupational Health during working hours OR Emergency Unit/ MEAU out of hours Supervisor must proceed as to establish risk status of source by completing forms 1 and 2 (appendix 1 +2) as appropriate and communicating outcome to OH/EU/MEAU
--

Table 2: Injury Type

High-Risk Injury	Low-Risk Injury
Percutaneous exposure e.g. needlestick or other sharps injury Exposure on broken skin Mucous membrane exposure (e.g. eye)	Splash on intact skin.

Table 3: Body Fluids

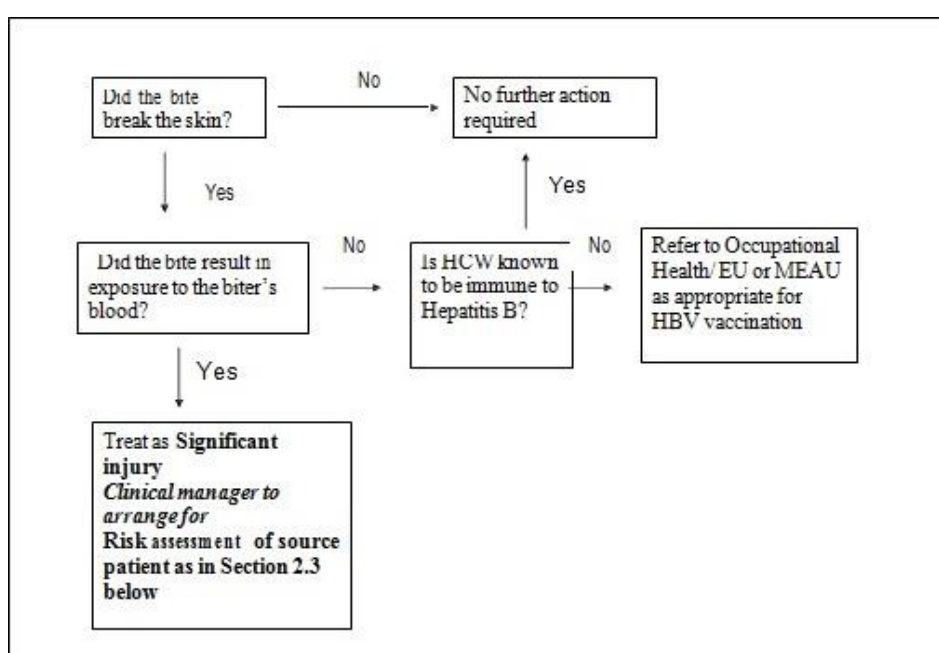
Document Title: Needlestick IPC Procedure	9 of 40	Approval Date: 24 09 2024
Reference Number: UHB 019		Next Review Date: 24 09 2027
Version Number: 4		Date of Publication: 24 09 2024

High-Risk Body Fluid		Low Risk Body Fluid (unless blood-stained)
Blood	Pleural fluid	Urine Vomit Saliva Faeces
Low risk fluid if bloodstained	CSF	
Amniotic fluid	Saliva associated with dentistry	
Breast milk	Semen	
Pericardial fluid	Synovial fluid	
Peritoneal fluid	Unfixed tissues or organs	
	Vaginal Secretions	

2.2.2 Injury Assessment for Human Bites

- Apply first aid (See section 2.1).
- Refer to EU at UHW or MEAU at UHL.
- Give tetanus vaccination as appropriate. If immunisation schedule is incomplete or unknown, a dose of tetanus vaccine should be given at the time of treatment. Follow up with OH / GP should be arranged for further doses if required.
- Give antibacterial prophylaxis as appropriate for all bites if under 72 hours old.
- Refer to OH.
- Assess the risk of BBV transmission. The clinical evaluation should include the possibility that both the person bitten and the person inflicting the bite may have been exposed.

Table 4: Flow diagram for injury assessment for human bites



Document Title: Needlestick IPC Procedure	10 of 40	Approval Date: 24 09 2024
Reference Number: UHB 019		Next Review Date: 24 09 2027
Version Number: 4		Date of Publication: 24 09 2027

2.3 Establishing risk status of source

2.3.1 This remains the responsibility of the clinical team caring for the source patient even if the staff member has been referred to OH or EU/MEAU.

2.3.2 The clinical manager covering the area where the source of blood is located should: -

- Locate the source patient if possible.
- Arrange for a source patient risk assessment to be carried out IMMEDIATELY and for the source patient's informed consent to be sought for:
- HBV, HCV and HIV testing ideally within 30 minutes of the incident occurring.

2.3.3 The source patient risk assessment should be carried out by an experienced health care professional e.g. senior nurse or doctor from the clinical team caring for the patient, not by OH/EU. The injured health care worker must not carry out the source patient risk assessment.

2.3.4 Inform OH or out of hours EU/MEAU whether or not a source patient risk assessment has been arranged and provide them with contact details of the person carrying out the risk assessment.

2.3.5 Inform the Consultant / GP responsible for the source patient if not already involved.

2.4 Known Source Patient, guidance on approach to risk assessment and permission to test

2.4.1 In the case of a known source patient, a risk assessment should be carried out and consent for testing sought. The situation must be handled sensitively. The patient must not be approached by the injured healthcare worker.

2.4.2 A review of the case notes should take place to establish if there is known infection with any BBVs. If this is not clear from case notes then it will be necessary to seek information from the patient themselves.

2.4.3 There is no single approach that will cover every interview, but it is recommended that the following points be observed:

- The discussion should take place in a location where proper privacy can be maintained.
- The patient should be informed that someone has been injured in an accident involving their blood/other body fluid. Injuries of this kind can

Document Title: Needlestick IPC Procedure	11 of 40	Approval Date: 24 09 2024
Reference Number: UHB 019		Next Review Date: 24 09 2027
Version Number: 4		Date of Publication: 24 09 2024

cause considerable anxiety and worry to HCWs because infections such as hepatitis B, hepatitis C and HIV can be transmitted in this way (see appendix 5).

- Patients should be asked if they would consent to answering some personal questions, which would help to address the concern. Emphasise that the questions are very personal and might very well not apply to them, but they are now asked routinely, for example, by the Blood Transfusion Service before accepting blood donations.
- If the patient agrees, ask them the questions detailed on Form 1 of the source patient assessment tool (see appendix 1).

2.4.4 If any of the answers to the questions on Form 1 is Yes then the patient should be considered as high risk for blood borne viral infections.

2.4.5 Permission to test for Hepatitis B, Hepatitis C and HIV

- Unless there are reasons for not testing, all source patients should be asked if they would be willing to allow a sample of their blood to be taken for testing for HIV, HBV and HCV, as a negative result gives reassurance to the injured person.
- Emphasise that testing is also in their interest as these diseases may be entirely asymptomatic, but have effective treatment if diagnosed and are best diagnosed at the earliest opportunity. It is important that undue pressure is not applied and that the decision lies entirely with the patient and this must be explained clearly to the patient. The outcome of the discussion should be recorded in the patient's notes.
- Inform source patient that they will be notified of the result. Inform source patient that the test result will be passed to the doctor / nurse managing the injured staff member to help with their management.
- Negative test results will be available within 24 hours. However, if a result is not negative then the laboratory will need to carry out confirmatory tests the next working day.
- In the past, patients have expressed concerns that consenting to an HIV test might adversely affect their insurance policies. Patients can be advised that a negative HIV test will not affect their insurance premiums although a positive result may have implications. The great advances in treatment of HIV mean that early diagnosis facilitates the best outcome.
- After testing, permission will be sought to communicate any positive result to the GP.
- If the request raises serious anxiety, or if the source patient requests anonymous testing (where a code is used on the request form and sample rather than the patient name), then refer for specialist management to Infectious Diseases (ID) Department or Sexual Health Department.

Document Title: Needlestick IPC Procedure	12 of 40	Approval Date: 24 09 2024
Reference Number: UHB 019		Next Review Date: 24 09 2027
Version Number: 4		Date of Publication: 24 09 2027

2.4.6 Document the risk assessment outcome on Form 2, along with whether or not consent for blood testing has been obtained and samples sent (see appendix 2). Forward completed Form 2 to OH or EU: -

- By giving the form to the injured worker in a sealed envelope.

2.4.7 Record that an assessment has been carried out in the source patient's case notes, but do not record the assessment outcome.

2.4.8 Record the name and contact details of the person carrying out the assessment in source patient's case notes.

2.4.9 Destroy Form 1.

2.4.10 Where the patient declines any engagement with the risk assessment process, and a risk assessment cannot be carried out from patient notes, proceed as per "unknown source" (2.7).

2.5 Sending samples once obtained

2.5.1 Specimens taken for storage and for BBVs testing should be sent to the Specialist Virology Centre, PHW Microbiology, University Hospital of Wales, Cardiff.

2.5.2 The preferred sample for both storage and source patient testing is as per electronic request form on Welsh Clinical Portal. Additional details can be found in the Pathology Handbook also in Welsh Clinical Portal.

2.5.3 The Specialist Virology Centre will test patients for BBVs to establish that the exposed individual is not already HIV infected. Testing is available 7 days a week. Where possible, specimens should be sent during working hours. Contact details are listed in appendix 3. All positive HIV antibody tests will require confirmatory testing which will be carried out on the next working day.

2.5.4 Ensure that the specimen is labelled with the contact details of the person who should be telephoned with the results. Only positive or equivocal results will be telephoned. Negative results will be automatically authorised and available for review via the clinical portal.

2.5.5 Mark request form "copy to Occupational Health".

2.6 Managing results of source patient test

Document Title: Needlestick IPC Procedure	13 of 40	Approval Date: 24 09 2024
Reference Number: UHB 019		Next Review Date: 24 09 2027
Version Number: 4		Date of Publication: 24 09 2024

2.6.1 It is the responsibility of the person carrying out the source patient risk assessment to ensure the results of the source patient blood tests are telephoned to the doctor or nurse managing the injured person.

2.6.2 If the person carrying out the risk assessment is not going to be on duty when the results become available then the name of nominated deputy should be given to the laboratory. The nominated deputy must then take responsibility for passing the results on to the doctor or nurse managing the injured person.

2.6.3 The person carrying out the source patient risk assessment must ensure that the source patient is informed of their test results within 24 hours of them becoming available.

2.6.4 In the event of the source patient test results being positive, specialist advice should be sought from an ID consultant or sexual health clinic CRI, before the patient is informed (see appendix 3 for contact details).

2.7 Unknown source

2.7.1 If it is not possible to identify the source patient for a particular needle or sharp implement, a risk assessment should be carried out to determine the likelihood that the needle may have been used on a patient with a BBV infection. Are there patients known to be infected with a BBV in the clinical area concerned?

2.7.2 If no further information is available, background prevalence rates can be used in the risk calculation (appendix 4).

2.8 Testing when source patient is unable to give consent

2.8.1 When the source patient is deceased, unconscious or unable to give informed consent for any other reason, testing should not be carried out without first seeking further advice from the on call Microbiologist (see appendix 3 for contact details). However, if the source patient has died, consent for testing can be given by a “nominated representative” (if appointed) or by a person with a “qualifying relationship to the deceased”. The decision to start PEP should be made on the basis of the source patient risk assessment and should not be delayed by waiting for the blood test.

2.9 Risk assessment and testing when source is a child

2.9.1 For children and their parents / guardians all the above considerations including privacy must be maintained. To establish the risk status of the child, the questions in the source patient assessment tool should be asked, not only regarding the child, but also the mother. If the child is deemed to have sufficient understanding, whatever his/her age, an appropriate explanation should be given, and consent sought from the child. If the child refuses, blood should not

Document Title: Needlestick IPC Procedure	14 of 40	Approval Date: 24 09 2024
Reference Number: UHB 019		Next Review Date: 24 09 2027
Version Number: 4		Date of Publication: 24 09 2027

be taken or tested. If the child consents, consent should also be sought from the child's parents / guardian. As the route of transmission to children is usually vertical (from mother to child), testing the child may be a surrogate for testing the mother, so she should be aware of this prior to testing. The reason for refusal of consent may be the distress of venepuncture. If this is the case, in young children with no history of foreign travel, blood transfusion or needlestick injury, the mother's blood may be tested instead of the child's.

2.10 Management of the injured person

2.10.1 This is carried out by OH / EU / MEAU staff.

2.10.2 Patients should be triaged and treated as a priority, within one hour if possible.

2.10.3 Ensure first aid has been carried out (see section 2.1)

2.10.4 Confirm that a significant injury has occurred (see section 2.2). If not a significant injury, the injured person can be reassured.

2.10.5 Check whether the source patient is known to have a BBV or at high risk of infection with a BBV.

2.10.6 Check if source patient has given consent for testing and if so, when will the results be known. Arrange for results of source patient blood test to be phoned to a named doctor or nurse responsible for managing the injured person. If the source patient HIV antibody test is negative, and PEP has been started, then the injured person must be contacted as soon as possible and advised to discontinue PEP.

2.10.7 Assess the need for HIV PEP, remember that therapy should be started as soon as possible following injury, ideally within one hour. As per the updated British HIV Association Guidelines for the use of HIV PEP (2021), PEP is recommended following a high-risk injury (sharps or mucosal splash) if the source patient is known to be HIV positive and has not been on antiretroviral therapy for >6 months with a suppressed viral load within the last 6 months. PEP is not recommended following a sharps injury/mucosal splash if the source patient has been on antiretrovirals for at least 6 months with an undetectable HIV viral load. The majority of HIV positive people in the UK are aware of their status, on effective antiretroviral therapy with an undetectable viral load, which evidence shows prevents onward transmission.

2.10.8 Assess the need for hepatitis B vaccination +/- hepatitis B immunoglobulin. HCWs should know their vaccination status and whether they responded to hepatitis B vaccine (i.e. ever attained a level of >10IU/L).

2.10.9 Consider the need for hepatitis C follow-up.

Document Title: Needlestick IPC Procedure	15 of 40	Approval Date: 24 09 2024
Reference Number: UHB 019		Next Review Date: 24 09 2027
Version Number: 4		Date of Publication: 24 09 2024

2.10.10 Offer to take blood for storage (all significant injuries). Explain that testing will be carried out only with consent. Request form should state type of injury and 'blood for storage'.

2.10.11 If necessary, offer referral for specialist counselling / support. This can be provided by the Sexual Health Clinic or the ID department.

2.10.12 Ensure all appropriate follow-up is arranged:

- Appointment with ID physicians if HIV PEP started.
- Occupational Health (HCW) or GP (others) follow-up if further hepatitis B vaccination / testing or HCV screening is required.
- Referral to counselling services. Staff members may contact the Employee Wellbeing Service on 02921844465
- For all injuries in the workplace, advise the injured HCW to inform the OH Department at the earliest opportunity, regardless of outcome of the assessment.

2.10.13 Advise staff to report the incident by completing a Datix Cymru incident form.

2.11 Management of patients exposed to blood from a HCW

2.11.1 Circumstances that could allow the transmission of blood borne viruses from HCW to patient include:

- Visible laceration occurring to a HCWs hand where the patient's open tissue or mucous membranes could be contaminated with the HCWs blood.
- Visible bleeding from a HCW from any other site, e.g. nosebleed, leading to significant bleed-back into a patient's open tissues or mucous membranes.
- An instrument or needle contaminated with the blood of the HCW is inadvertently introduced into the patient's tissues.

2.11.2 The injured worker should:

- Stop the procedure as soon as possible, wash and dress the wound and stem the bleeding.
- Clean and disinfect any contaminated areas.

Document Title: Needlestick IPC Procedure	16 of 40	Approval Date: 24 09 2024
Reference Number: UHB 019		Next Review Date: 24 09 2027
Version Number: 4		Date of Publication: 24 09 2027

- Report the incident to the clinical supervisor or line manager.
- Inform the OH department (EU/MEAU out of hours).
- Complete a Datix Cymru incident form.
- If from a known high risk source, inform the Health and Safety Department.

2.11.3 A risk assessment should then be carried out by someone other than the injured HCW, e.g. a senior doctor, to ascertain whether or not a significant exposure has occurred. If the incident is considered to be a significant exposure, involving bleed-back into the patient, a source HCW risk assessment should be carried out IMMEDIATELY using Forms 1 and 2 and the injured HCW should routinely be asked to consent to testing for HIV, HBV and HCV.

2.11.4 If the HCW tests positive for any blood borne virus, the patient should be notified of an intra-operative exposure without revealing which member of the clinical team is infected. Only in exceptional circumstances would a patient be given PEP for HIV in the absence of a positive blood test in the HCW (eg high risk of having been infected with HIV and refusal to undergo a test). National Guidance indicates that it is unnecessary to tell the patient if the HCWs tests are all negative.

2.11.5 A written record of the incident and test results should be entered in the HCWs occupational health notes.

3. RESOURCES

3.1 The necessary resources for the management, training, risk assessments, monitoring and auditing for needlestick and similar sharps injuries are already in place and the implementation of this protocol will not entail additional expense.

4. TRAINING

4.1 Mandatory infection prevention and control training updated every three years.

4.2 Further departmental based training as identified by training needs analysis.

5. IMPLEMENTATION

5.1 The document will be available on the UHB Sharepoint site under policies and procedures. Individual directorates will be responsible for the implementation of the protocol document in clinical areas.

6. FURTHER INFORMATION

Document Title: Needlestick IPC Procedure	17 of 40	Approval Date: 24 09 2024
Reference Number: UHB 019		Next Review Date: 24 09 2027
Version Number: 4		Date of Publication: 24 09 2024

6.1 Revised guidelines for HIV Post Exposure Prophylaxis was released in 2021 by the British HIV Association (see references). This procedure takes into account the revised guidance and local circumstances within Cardiff and Vale UHB.

7. EQUALITY

7.1 This protocol has had an equality impact assessment and has shown there has been no adverse effect or discrimination made on any particular individual or group.

8. AUDIT

8.1 Audit of compliance with the protocol document will be carried out by the Infection Prevention and Control department as part of their audit programme.

9. REVIEW

9.1 This protocol will be reviewed every three years or sooner if the national guidelines are updated.

10. REFERENCES

10.1 HIV Post Exposure Prophylaxis – Guidance from British HIV Association. 2021 [BASHH PEPSE guidelines \(bhiva.org\)](https://www.bhiva.org/BASHH%20PEPSE%20guidelines.pdf).pdf

10.2 Exposure to Blood: What Healthcare Personnel need to know. [http://www.cdc.gov/ncidod/dhgp/pdf/bbp/exp](http://www.cdc.gov/ncidod/dhgp/pdf/bbp/exp_to_blood.pdf) to blood.pdf

10.3 Health Protection Agency North West. Guidelines for the Management of Human Bites. June 2005

10.4 AIDS/HIV Infected Healthcare Workers: Guidance on the Management of Infected Healthcare Workers and Patient Notification. <http://www.scotland.gov.uk/publications/2002/09/15338/10619>

10.5 Hepatitis C Infected Healthcare Workers. <http://www.scotland.gov.uk/publications/2002/11/15811/13927>

10.6 Addendum to guidance issued in August 1993: Protecting Healthcare Workers and Patients from Hepatitis B. <http://www.semd.scot.nhs.uk/mels/1996> 93b.pdf

10.7 Policy for the prevention and control of blood borne viruses. NHS Plus 2010 (Draft)

Document Title: Needlestick IPC Procedure	18 of 40	Approval Date: 24 09 2024
Reference Number: UHB 019		Next Review Date: 24 09 2027
Version Number: 4		Date of Publication: 24 09 2024

Appendix 1

Source patient risk assessment Form 1

CONFIDENTIAL For use following needlestick injury or similar	
Is source patient known to have hepatitis B	Yes/No
Is source patient known to have hepatitis C	Yes/No
Is source patient known to have HIV	Yes/No
<i>If the answer to any of these is YES, the patient is considered “High risk”. If all answers are NO, then ask the following in an area where confidentiality can be assured. (based on questions asked routinely of blood donors)</i>	
For men – Has he ever had sex with a man	Yes/No
For women, have she ever had sex with a man who has had sex with a man	Yes/No
Have he/she ever paid for or sold sex	Yes/No/Not known
Has he/she had a blood transfusion in a country outside Western Europe, Australia, New Zealand, Canada or the USA	Yes/No
Has he/she ever injected drugs	Yes/No
Has he/she ever had sex with someone who has injected drugs	Yes/No
If source patient answers “yes” to any of above should be considered “high risk”	
ON completion of risk assessment: • Document outcome on Form 2 • Forward part 2 to Emergency Unit or Occupational Health by giving the form to the injured worker in a sealed envelope • In patient casenotes - • Record assessment has been done but NOT outcome • Record your name, grade and contact details • Destroy this form	

Source patient risk assessment should be carried out by an experienced health care professional. Guidance for approaching source patient is given in appendix 5.

Document Title: Needlestick IPC Procedure	19 of 40	Approval Date: 24 09 2024
Reference Number: UHB 019		Next Review Date: 24 09 2027
Version Number: 4		Date of Publication: 24 09 2024

Appendix 2

Source patient risk assessment Form 2

You should contact the nurse or doctor managing the injured person PROMPTLY with an initial verbal report with results of risk assessment and when and to whom any lab test results will be notified. This form can be faxed to Emergency Unit or Occ Health using the safe haven procedure or injured worker could take it with them **in a sealed envelope**

To be completed by practitioner performing source patient risk assessment

Name of Injured Person_____Place where injury happened _____

Consultant/ GP responsible for source patient___Date__

Source patient reference.....

I have scrutinised the casenotes of the identified source patient	Yes/No
I have spoken to the medical team responsible for source patient	Yes/No
I have spoken to source patient and carried out risk assessment	Yes/No
Outcome of Risk assessment	
Has patient been diagnosed with a blood borne virus infection	Yes/No
Does patient have any possible syndrome suggesting acute HIV infection	Yes/No/Not known
Is patient HIGH RISK for BBV infection	Yes/No
Has Occupational Health or Emergency Unit been informed of risk status of source patient	Yes/No
Source patient blood test	
Has consent be sought and granted for blood to be taken and tested	Yes/No
Has blood been taken	Yes/No
When will result be available	

Document Title: Needlestick IPC Procedure	20 of 40	Approval Date: 24 09 2024
Reference Number: UHB 019		Next Review Date: 24 09 2027
Version Number: 4		Date of Publication: 24 09 2024

Has injured staff member been informed of source risk assessment and /or lab result	Yes/No
---	--------

Practitioner’s name Page/contact no 	Post _____
--	-------------------

To be completed by doctor or nurse managing injured person

Hepatitis B vaccine given	Yes/No	/
		/200
HBIG given	Yes/No	/
		/200
PEP for HIV started	Yes/No	/
		/200
Has follow up been arranged	Yes/No	/
		/200
Name _____ Page/contact no _____	Post _____	

Document Title: Needlestick IPC Procedure	21 of 40	Approval Date: 24 09 2024
Reference Number: UHB 019		Next Review Date: 24 09 2027
Version Number: 4		Date of Publication: 24 09 2024

Appendix 3 - Contact Telephone Numbers

1.0 Occupational Health Department

University Hospital of Wales

Tel : 02920 74 3264 or ext 43264

2.0 Specialist Virology Centre for Wales, NPHS Microbiology Cardiff

Monday to Friday, 9am to 5pm: Tel: 02920 74 2178.

Out of hours: Contact on call Microbiologist via UHW Switchboard: Tel:
02920 747747

3.0 Sexual Health Department, Cardiff Royal Infirmary

Switchboard: 100
Health Advisors: 02921835208
Secretaries: 02920 335169
Fax number: 02920 487096

Opening hours:

Monday	09:00 - 15:00
Tuesday	09:00 – 15:00
Wednesday	09:00 – 12:00
Thursday	09:00 – 12:00
Friday	09:00 – 15:00

Document Title: Needlestick IPC Procedure	22 of 40	Approval Date: 24 09 2024
Reference Number: UHB 019		Next Review Date: 24 09 2027
Version Number: 4		Date of Publication: 24 09 2024

Appendix 4 - Risk that Source is HIV Positive

<u>Community Group</u>	<u>HIV Seroprevalence</u>	<u>Risk</u>
1. Known HIV Positive people	100% but >90% will be on therapy with an undetectable viral load	Low if on therapy, high if not
2. Men who have sex with men who are not having regular testing	Up to 15%	High
London/Manchester/Brighton		
Elsewhere in UK including Wales	Up to 5%	Medium
3. Heterosexuals		
Sub Saharan Africa	Up to 39%	High
Caribbean	Up to 6%	Medium
Latin America	< 2.7%	Medium
South & SE Asia	< 2.7%	Medium
N Africa & Middle East	< 2.6%	Medium
UK	< 1%	Low
W Europe	< 1%	Low
E Europe and Central Asia	< 1%	Low
N America	< 0.6%	Low
Australia and New Zealand	0.1%	Low
4. Intravenous Drug Users		
S Europe	>50%	High
London	4.7%	Medium
E Europe	Variable	Medium/High
Elsewhere in UK (Wales)	0.23%	Low

Document Title: Needlestick IPC Procedure	23 of 40	Approval Date: 24 09 2024
Reference Number: UHB 019		Next Review Date: 24 09 2027
Version Number: 4		Date of Publication: 24 09 2024

Appendix 5 Suggested form of Words for approaching Source Patient

“Unfortunately one of the members of staff has had an accidental injury where your blood (*or specify relevant body fluid*) has been “involved”. I am here to ask if you would let me take a blood sample for testing for the viral infections, which can be transmitted to staff in this way. This is something that we ask for routinely whenever a patient’s blood (*or specify relevant body fluid*) is involved in such an accident. We need your agreement to do this and would appreciate your help.

The purpose of the testing is to reassure staff where the results are negative. This may allow them to stop taking precautionary medication, which often causes unpleasant side effects. In the unlikely event that a test is positive you will receive specialist advice and management including treatment if required. The staff member may also be offered additional treatment.

The tests are for hepatitis B, hepatitis C and HIV. The test results should be available within a few days (but may take several weeks if extra investigations are required for clarification) and will normally be given to you by a member of the medical staff. The results are confidential, but they will appear in your health record and the affected staff member will also be informed.

Do you have any concerns? A common concern is whether having these tests done will affect any existing life insurance policies or future life insurance applications. The Association of British Insurers has issued guidance stating; “Existing life insurance policies will not be affected in any way by taking an HIV test, even if the result is positive.” For new life insurance applications, companies should only enquire about positive test results, not whether a test has been performed. A positive test result may affect the outcome of a life insurance policy application. Do I have your permission to take a blood sample for hepatitis B, C and HIV testing? I should remind you that you can refuse to have some or all of these tests performed and that if you do choose not to be tested it will not affect your future care and regardless of the results from your recent blood tests your Trust consultant will contact you. If the results are positive a meeting will be arranged to explain them to you.”

Taken from: Draft “Policy for the Prevention and Control of Blood Borne Viruses” 2010 NHS Plus

Document Title: Needlestick IPC Procedure	24 of 40	Approval Date: 24 09 2024
Reference Number: UHB 019		Next Review Date: 24 09 2027
Version Number: 4		Date of Publication: 24 09 2024

Appendix 6 – Definitions and Acronyms

BBV	Blood Borne Viruses referred to in this policy include Hepatitis B, Hepatitis C and Human Immunodeficiency Virus
Donor	Person who is the origin of blood or body fluid. The preferred term is 'source.'
EU	Emergency Unit (also known as A&E)
EPP	Exposure Prone Procedure
HBIG	Hepatitis B immunoglobulin
HBsAb	Hepatitis B surface antibody
HBsAg	Hepatitis B surface antigen
HBV	Hepatitis B Virus
HCV	Hepatitis C virus
HCW	Health Care Worker
HIV	Human Immunodeficiency virus
ID	Infectious Diseases
Inoculation incident	consists of exposure to blood or other body fluids involving: • Broken skin – such as abrasions, fresh cuts, eczema • Percutaneous exposure - when contaminated material penetrates the skin e.g. needlestick injury, bites • Mucocutaneous exposure- exposure of blood or other body fluids to the lining of eyes, nose or mouth
PEP	Post Exposure Prophylaxis against HIV which is given following exposure in cases considered high risk for possible HIV exposure
Recipient	Person who was exposed to the body fluid
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995
Sharps	Are objects with sharp edges such as suture needles, hollow needles, scalpels, blades lancets, surgical instruments, broken ampoules, bone, teeth or equipment used in dentistry e.g. burr which carry the risk of transmission of BBVs.
Source	Person who is the origin of blood or body fluid. Also known as 'donor.'
Victim	Person who was exposed to the body fluid. The preferred term is 'recipient.'

Document Title: Needlestick IPC Procedure	25 of 40	Approval Date: 24 09 2024
Reference Number: UHB 019		Next Review Date: 24 09 2027
Version Number: 4		Date of Publication: 24 09 2024

Appendix 7 – Roles and Responsibilities

1.0 Staff Responsibilities

- To comply with this procedure and any related policies / protocols / and safe systems of work
- to advise OH if a Needlestick/contamination injury has occurred in a previous occupation and follow up has not been completed, in order for C&VUHB to support the employee in enabling this to occur
- where applicable, to inform OH if any potential exposure to hepatitis B, hepatitis C and/or HIV, at work or in their social life, has taken place, so appropriate advice, support and follow up can be arranged; (unless testing has occurred from another medical adviser)
- those staff who undertake exposure prone procedures must inform OH of any potential exposures to blood borne viruses and undergo necessary screening
- reporting needlestick injury/contamination incidents and near misses via Datix reporting system
- know their own status in relation to hepatitis B immunity
- where there are no contraindications, consent is given and likely exposure to blood or body fluids in the workplace, to complete hepatitis B vaccination course and blood tests
- attending for follow up bloods post needlestick incident, as recommended
- assisting in the investigation of incidents and completing reports with the objective of preventing recurrence
- participating in training of the safe use of sharps and personal protective equipment
- correctly using work items in accordance with safe systems of work, training provided or instructions given
- not interfering with or misusing anything provided for their health, safety or welfare

2.0 Managers Responsibilities

Document Title: Needlestick IPC Procedure	26 of 40	Approval Date: 24 09 2024
Reference Number: UHB 019		Next Review Date: 24 09 2027
Version Number: 4		Date of Publication: 24 09 2024

- this procedure is brought to the attention of staff and they are briefed on their individual responsibilities within it
- instruction and education on the principles of the Health Board's Infection Prevention and Control procedures and in the management of needlestick (Sharps) injuries/body fluid contamination procedure is provided to staff
- an up-to-date procedure document is easily available to all staff
- in high risk incidents to enable staff to attend OH / A&E /MEAU for urgent advice within one hour of the incident
- staff are advised to attend all follow up appointments as requested by OH
- organise if appropriate, for urgent testing of donor/source bloods with the laboratories including if necessary arranging for specimens to be transported by courier/urgently to the labs
- staff who sustain an injury in their working environment, (e.g. health care support workers and bank staff) are supported with this procedure and risk assessment of the incident, in conjunction where appropriate with their line manager
- staff are reminded of all occupational health vaccines/screening as identified at pre-placement and encouraged to attend OH appointments e.g. hepatitis B immunisation; health screening assessments for staff undertaking exposure prone procedures
- any staff with concerns about blood borne viruses, or who have become ill which they perceive is due to occupational exposure, are referred to OH
- all incidents are reported on Datix and investigated, and any learning points shared with staff to help prevent recurrences and staff are supported in any corrective action or interventions that are agreed
- risk assessments are undertaken to optimise patient, client and staff safety, consulting experts in infection prevention and control, occupational safety and health guidance if/as required; and as a result implement any changes required
- they contact the appropriate site manager or senior nurse, if further clinical support is required
- they monitor the effectiveness of the operation of safe systems of work and procedures in order to prevent incidents from occurring, which would include ensuring that:
 - needles are not recapped/resheathed
 - sharps are disposed of in a sharps container immediately at the point of use

Document Title: Needlestick IPC Procedure	27 of 40	Approval Date: 24 09 2024
Reference Number: UHB 019		Next Review Date: 24 09 2027
Version Number: 4		Date of Publication: 24 09 2024

- sharps containers are used according to manufacturers instructions, have labels completed accurately and be disposed of sealed in accordance with current policy
- appropriate personal protective equipment (e.g. gloves, aprons, masks, visors) are provided to staff and used as per infection prevention and control procedures

3.0 A&E/MEAU Responsibilities

- provide assessment and initial treatment/management if required, in accordance with this procedure and any other relevant National/Local guidelines
- recommend appropriate follow up is arranged

4.0 Occupational Health Responsibilities

- all appropriate occupational health assessments in relation to blood borne viruses, hepatitis B vaccines are offered, prior to or during employment, including recalling staff appropriately where it is known they have had needlestick incidents in previous employment and follow up is not complete
- provide advice/information to staff and management on this procedure
- act as a resource for guidance and support, when advice on occupational blood borne virus exposure or needlestick or contamination incident management is required
- provide advice on individual risk assessments for source/recipient with known or suspected infections
- advise on completion of needlestick injury forms
- provide support and manage the staff in the event of a needlestick injury or contamination incident as outlined in this procedure
- provide advice regarding existing hepatitis B immunity status of recipient and any other staff requesting their own information (specific advice will not be given to managers, other than the person is protected or not without explicit consent)
- liaise with on call virologist if required
- advise the Health Board Health and Safety team in relation to cases that need reporting to the HSE under RIDDOR <http://www.hse.gov.uk/pubns/indg453.htm>
- offer ongoing support for staff who have sustained an injury as required

Document Title: Needlestick IPC Procedure	28 of 40	Approval Date: 24 09 2024
Reference Number: UHB 019		Next Review Date: 24 09 2027
Version Number: 4		Date of Publication: 24 09 2024

- the clinical lead/senior nurse will inform relevant manager regarding staff who fail to attend follow up appointments who undertake exposure prone procedures
- follow up donor's blood result, to ensure appropriate actions have been taken

5.0 Virology Responsibilities

- provide advice to OH regarding bloodborne virus risks
- ensure that in high risk incidents bloods are tested on the next available process/run
- inform the person who consented the donor and OH (if consent has been obtained) if either donor/recipient results are positive to a blood borne virus/es
- ensure that results are given to OH
- if recipient results are positive for bloodborne viruses, will if appropriate cross check with another laboratory (e.g. for those undertaking EPP work)

6.0 Infection Prevention and Control Responsibilities

- provide education for staff on prevention of sharps injury and appropriate use of personal protective equipment
- advise on compliance with Standard Infection Control Precautions

7.0 Procurement Responsibilities

- provide advice on safety engineered devices complying to appropriate British Safety Standards for healthcare
- that aforementioned items on the NHS contract are available
- ensure sharps bins supplied comply with British Safety standards and any failures of equipment are raised if known with the supplier
- provide advice on suitable personal protective equipment that complies with British Safety standards

8.0 Pharmacy Responsibilities

Document Title: Needlestick IPC Procedure	29 of 40	Approval Date: 24 09 2024
Reference Number: UHB 019		Next Review Date: 24 09 2027
Version Number: 4		Date of Publication: 24 09 2024

- ensure adequate supplies of Hepatitis B vaccines for OH and A&E plus ensure availability of Hepatitis B immunoglobulin for OH and A&E

9.0 Health & Safety Responsibilities

- advise the Health Board on risk management relating to needlestick/contamination injuries
- investigate all incidents reported via the Datix incident reporting system
- report all incidents to the Health and Safety Executive as per RIDDOR
- advise on relevant changes in legislation relating to health and safety and needlestick incident prevention/management
- provide statistics relating to needlestick/contamination incidents to the Health Board, with recommendations to reduce risk
- advise and support staff with implementing best practices to reduce the risk of exposure to bloodborne viruses

Document Title: Needlestick IPC Procedure	30 of 40	Approval Date: 24 09 2024
Reference Number: UHB 019		Next Review Date: 24 09 2027
Version Number: 4		Date of Publication: 24 09 2024

Equality & Health Impact Assessment for

INFECTION CONTROL PROCEDURE FOR NEEDLESTICK PROCEDURE AND SIMILAR SHARPS INJURIES

Please read the Guidance Notes in Appendix 1 prior to commencing this Assessment

Please note:

- The completed Equality & Health Impact Assessment (EHIA) must be
 - Included as an appendix with the cover report when the strategy, policy, plan, procedure and/or service change is submitted for approval
 - Published on the UHB intranet and internet pages as part of the consultation (if applicable) and once agreed.
- Formal consultation must be undertaken, as required¹
- Appendices 1-3 must be deleted prior to submission for approval

Please answer all questions:-

1	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	INFECTION CONTROL PROCEDURE FOR NEEDLESTICK PROCEDURE AND SIMILAR SHARPS INJURIES
2	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Corporate Directorate Siwan Jones Ext: 43596
3	Objectives of strategy/ policy/ plan/ procedure/ service	- To outline who is responsible for managing the exposed member of staff and the procedure to be followed for their management. - To outline who is responsible for making a risk assessment of the source patient for blood borne viruses and approaching the source patient for permission to test for BBVs.

¹http://www.cardiffandvale.wales.nhs.uk/portal/page?_pageid=253,73860407,253_73860411&_dad=portal&_sc_hema=PORTAL

Document Title: Needlestick IPC Procedure	31 of 40	Approval Date: 24 09 2024
Reference Number: UHB 019		Next Review Date: 24 09 2027
Version Number: 4		Date of Publication: 24 09 2024

4 Evidence and background information considered. For example • population data • staff and service users data, as applicable • needs assessment • engagement and involvement findings • research • good practice guidelines • participant knowledge • list of stakeholders and how stakeholders have engaged in the development stages • comments from those involved in the designing and development stages Population pyramids are available from Public Health Wales Observatory² and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need³.	Cardiff And Vale UHB accepts its responsibility under the Health and Safety at Work Act etc. 1974 and the Control of Substances Hazardous to Health Regulations 2002, to take all reasonable precautions to prevent exposure to hepatitis in patients, staff and other persons working at or using its premises. Because of the risks of blood borne diseases caused by hepatitis B Virus (HBV), hepatitis C virus (HCV), human immunodeficiency virus (HIV), and other agents, all health care workers (HCWs) must take precautions to protect themselves from contact with blood and other high-risk fluids and especially to avoid needle stick and other similar injuries. To provide a structure and appropriate advice to staff for the management needle stick and other similar injuries Please be advised that all the below lists and links are not an exhaustive list of the available evidence and information but provides an indicative summary of the evidence and information applicable to this procedure. An internet search was conducted on 26/06/19 using the following search terms in Combination 'Needlestick', 'Procedure', 'Guidance', 'Equality assessment' https://www.solent.nhs.uk/media/1256/prevention-and-management-of-needlestick-sharps-injuries-and-contamination-incidents-policy.pdf http://www.boltonft.nhs.uk/wp-content/uploads/2019/04/BBV-and-Sharps-Policy-FINAL-21-12-18.pdf https://www.bfwh.nhs.uk/onehr/wp-content/uploads/2016/02/Needlestick-Injuries-and-Accidents-Involving-Exposure-to-Blood-and-Body-Fluids-in-Staff.pdf http://www.srft.nhs.uk/EasysiteWeb/getresource.axd?AssetID=56859&type=full&servicetype=Inline
---	--

² <http://nww2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf>

³ <http://www.cardiffandvaleuhb.wales.nhs.uk/the-challenges-we-face>

Document Title: Needlestick IPC Procedure	32 of 40	Approval Date: 24 09 2024
Reference Number: UHB 019		Next Review Date: 24 09 2027
Version Number: 4		Date of Publication: 24 09 2024

5	Who will be affected by the strategy/ policy/ plan/ procedure/ service	This procedure applies to all staff in all locations including those with honorary contracts and students on placement at Cardiff and Vale UHB. To provide a structure and appropriate advice to staff for the management needle stick and other similar injuries
----------	--	---

6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.1 Age For most purposes, the main categories are: - under 18; - between 18 and 65; and - over 65	No evidence to suggest that there would be any impact, positive or negative		
6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	No evidence to suggest that there would be any impact, positive or negative		
6.3 People of different genders: Consider men, women, people undergoing gender reassignment	No evidence to suggest that there would be any impact, positive or negative		

Document Title: Needlestick IPC Procedure	33 of 40	Approval Date: 24 09 2024
Reference Number: UHB 019		Next Review Date: 24 09 2027
Version Number: 4		Date of Publication: 24 09 2024

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
NB Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender			
6.4 People who are married or who have a civil partner.	No evidence to suggest that there would be any impact, positive or negative		
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether or not they are on maternity leave.	No evidence to suggest that there would be any impact, positive or negative		
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	No evidence to suggest that there would be any impact, positive or negative		

Document Title: Needlestick IPC Procedure	34 of 40	Approval Date: 24 09 2024
Reference Number: UHB 019		Next Review Date: 24 09 2027
Version Number: 4		Date of Publication: 24 09 2024

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	No evidence to suggest that there would be any impact, positive or negative		
6.8 People who are attracted to other people of: - the opposite sex (heterosexual); - the same sex (lesbian or gay); - both sexes (bisexual)	No evidence to suggest that there would be any impact, positive or negative		
6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design Well-being Goal – A Wales of vibrant culture and thriving Welsh language	The format of this policy is in the English language only	To consider the UHB procedures bilingually online	For consideration at the IPCG/UHB
6.10 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	No evidence to suggest that there would be any impact, positive or negative		

Document Title: Needlestick IPC Procedure	35 of 40	Approval Date: 24 09 2024
Reference Number: UHB 019		Next Review Date: 24 09 2027
Version Number: 4		Date of Publication: 24 09 2024

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.11 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	No evidence to suggest that there would be any impact, positive or negative		
6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	No evidence to suggest that further groups will be impacted, positively or negatively		

7. HIA / How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
7.1 People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities	No evidence to suggest that there would be any impact, positive or negative		

Document Title: Needlestick IPC Procedure	36 of 40	Approval Date: 24 09 2024
Reference Number: UHB 019		Next Review Date: 24 09 2027
Version Number: 4		Date of Publication: 24 09 2024

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
Well-being Goal - A more equal Wales			
7.2 People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc Well-being Goal – A healthier Wales	No evidence to suggest that there would be any impact, positive or negative		
7.3 People in terms of their income and employment status: Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions Well-being Goal – A prosperous Wales	No evidence to suggest that there would be any impact, positive or negative		

Document Title: Needlestick IPC Procedure	37 of 40	Approval Date: 24 09 2024
Reference Number: UHB 019		Next Review Date: 24 09 2027
Version Number: 4		Date of Publication: 24 09 2024

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
7.4 People in terms of their use of the physical environment: Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces Well-being Goal – A resilient Wales	No evidence to suggest that there would be any impact, positive or negative		
7.5 People in terms of social and community influences on their health: Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos	No evidence to suggest that there would be any impact, positive or negative		

Document Title: Needlestick IPC Procedure	38 of 40	Approval Date: 24 09 2024
Reference Number: UHB 019		Next Review Date: 24 09 2027
Version Number: 4		Date of Publication: 24 09 2024

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
Well-being Goal – A Wales of cohesive communities			
7.6 People in terms of macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate Well-being Goal – A globally responsible Wales	No evidence to suggest that there would be any impact, positive or negative		

Document Title: Needlestick IPC Procedure	39 of 40	Approval Date: 24 09 2024
Reference Number: UHB 019		Next Review Date: 24 09 2027
Version Number: 4		Date of Publication: 24 09 2024

Please answer question 8.1 following the completion of the EHIA and complete the action plan

8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service	Because of the risks of blood borne diseases caused by hepatitis B Virus (HBV), hepatitis C virus (HCV), human immunodeficiency virus (HIV), and other agents, all health care workers (HCWs) must take precautions to protect themselves from contact with blood and other high-risk fluids and especially to avoid needle stick and other similar injuries To provide a structure and appropriate advice to staff for the management needle stick and other similar injuries
---	--

Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.2 What are the key actions identified as a result of completing the EHIA?	Limited impact identified.			
8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required? This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?				

Document Title: Needlestick IPC Procedure	40 of 40	Approval Date: 24 09 2024
Reference Number: UHB 019		Next Review Date: 24 09 2027
Version Number: 4		Date of Publication: 24 09 2024

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.4 What are the next steps? Some suggestions:- - Decide whether the strategy, policy, plan, procedure and service proposal: - continues unchanged as there are no significant negative impacts - adjusts to account for the negative impacts - continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so) - stops. - Have your strategy, policy, plan, procedure and/or service proposal approved - Publish your report of this impact assessment - Monitor and review	This procedure will be reviewed In 3 years' time			