

## The correct flow of information between areas following needlestick & contact with blood incidents

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The following provides an overview of the responsibilities of individuals and departments in relation to the system for dealing with needlestick and contact with blood accidents with particular focus on communication, control and reporting issues. Key individuals and departments have been identified as:

- the Injured Party,
- Manager (this refers to the injured person's line manager / supervisor or Health Care Professional in BD).
- Testing Department,
- National Transfusion Microbiology Reference Laboratory (NTMRL) Colindale
- Occupational Health (OH) who provide the blood source test results and support via the sharps line.
- Health & Safety

This chart must be followed by all areas ensure the timely completion of testing, provision of results and support to individuals after a needlestick or contact with blood accident with the exceptions of ODT, Tissue Services and Cord Blood who have their own specific process contained within [DAT1148](#), [DAT1430](#) and [DAT2466](#) and respectively. It is to be used in conjunction with [SOP429](#).

Any problems such as Occupational Health support, must be reported immediately to HR Direct on (2)7700 or 0117 3227700 so that they can be investigated further and appropriate action taken as necessary.

### Injured Person (IP)

1. Follow [SOP429](#) Reporting Accidents, Near Misses, Blood Contacts and Needlesticks. Follow standard first aid protocol (wash or encourage to bleed), contact the sharps line ensuring they have all relevant information available e.g. blood source details (e.g. donor ID) and inform manager.
2. To ensure the 'blood source' can be tested there must be a minimum size donation sample, at least 1 full tube available for testing which must be of reasonable quality. If it is clear there is insufficient sample for testing, the donor needs to be approached at the time to request a further sample. The manager should assist with this providing the necessary explanations and reassurances. In these circumstances OH may need to use other sources to ascertain the risk such as reviewing the medical history and any previous testing results which are available and using external experts. The manager should assist with this providing the necessary information that is within their control.
3. If requested by OH to have a serum save sample taken, arrange this with support from manager as necessary. Serum save samples should be taken as soon as possible after the event by a trained venepuncturist using a white plasma partition (pp) tube and labelled with your details. Usually these are done in house at NHSBT to ensure we retain the serum save sample.
4. Accurately complete all the necessary H&S paperwork.
5. An accident / near miss report is completed electronically on Datix for all centre based staff. Mobile Collection Teams complete a hard copy of [FRM1373](#) and then send it to HR Direct, NHSBT Filton Centre, 500 North Bristol Park, Northway, Filton, Bristol, BS34 7QH for entering onto Datix.
6. Where a serum save has been taken the serum save form ([FRM820](#)) and sample must be packaged safely in accordance with [MPD326](#) and sent to the designated Testing Department where the serum save is stored. It will only be tested in the future at your request and with your explicit consent. Best practice is to confirm next day with the Testing Department their safe receipt of [FRM820](#) and sample.
7. IP will usually receive results from OH within a few days. This is reliant on the correct telephone contact details being provided by the IP when they initially ring the sharps line. If the IP has not heard, they are, due to confidentiality reasons, responsible for ringing the sharps line to resolve.

### Manager

1. Ensure that the IP follows [SOP429](#) and this datasheet providing support to them throughout the process and when contacting the sharps line. Give them a copy of [INF803](#) for needlestick injuries.
2. Check that the necessary minimum samples are available (at least one full sample tube) and if not sufficient where possible approach the donor to obtain the sample required. If the donor does not consent to this then the situation and options available must be discussed with the sharps line at the time, as this will influence the advice provided.
3. If the IP and Manager are given indication of actual exposure to a blood borne virus (BBV) by OH, the manager must escalate this immediately by calling HR Direct on (2)7700 or 0117 3227700 as it will be reportable to the HSE.

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(Template Version 07/10/08)

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Cross-Referenced in Primary Document: SOP429

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<p><b>Testing Department</b></p> <ol style="list-style-type: none"> <li>1. A mechanism must be in place in Testing to ensure that on receipt of a serum save sample and paperwork, it is stored / filed appropriately. In addition the donation number implicated in a staff 'sharps' accident is highlighted in the department. This means that when OH contacts them, they are already aware and waiting to provide results from the blood source (donor sample) where possible and when necessary highlight this if samples subsequently have to be referred to NTMRL (see action 2).</li> <li>2. Where the donor sample has been repeat reactive or, in exceptional circumstances, there is insufficient sample for automated testing the donor sample will need to be referred to NTMRL. In all such instances, the paperwork accompanying the sample <a href="#">FRM1208</a> (NTMRL Sample Referral Form) must highlight in the 'Additional Information' box, its involvement in a staff accident.</li> <li>3. Testing should obtain confirmation from NTMRL of receipt of the donation sample when implicated in a needlestick / contact with blood incident – this may be verbal or written to provide reassurance that it has been safely received.</li> <li>4. The Testing Department should inform OH, when contacted, if the sample has been referred to NTMRL. OH will then contact NTMRL.</li> </ol>
<p><b>National Transfusion Microbiology Reference Laboratory (NTMRL) Colindale</b></p> <ol style="list-style-type: none"> <li>1. On receipt of information from Testing or Tissue Services highlighting the sample's involvement in a 'staff accident' contained in <a href="#">FRM1208</a>, ascertain how quickly this can be tested.</li> <li>2. When OH contact the Department on 0208 957 2733, they will advise when results should be available. The principal contact in NTMRL is Dr Alan Kitchen (out of hours contact number is 07711447031).</li> <li>3. On completion of testing, results relating to the donor / donation involved will be faxed to OH (marked for the attention of the sharps line nurse). NTMRL procedures do not permit verbal confirmation of results.</li> </ol>
<p><b>Sharps Line (OH)</b></p> <ol style="list-style-type: none"> <li>1. On receiving call from IP, provide reassurance and support, advise of requirement for serum save, obtain relevant donor / donation number and Testing Department (Manchester or Filton) to contact for results. If necessary obtain timescale for results to be issued.</li> <li>2. Re-contact IP to advise of results or if there is a delay, when they are expected.</li> <li>3. Continue follow up with individual until case closed or transferred to another OH Advisor or external consultant if further on-going support required.</li> </ol>
<p><b>Health and Safety</b></p> <ol style="list-style-type: none"> <li>1. Act upon any complaints raised to them ensuring these are thoroughly reviewed and investigated so that appropriate corrective action can be taken and feedback provided to the individuals.</li> <li>2. Report incidents to the HSE as required by law.</li> </ol>