

CONTAMINATION INCIDENT POLICY

Purpose and Context

The objectives of this policy are to

- (a) Set out the procedures in place for the management of contamination incidents amongst staff and students of the University of Huddersfield.
- (b) To ensure that the exposure to hazardous substances is prevented or adequately controlled as far as reasonably practical. The University of Huddersfield acknowledges its responsibilities under the Health and Safety at Work etc. Act (1974) and the Control of Substances Hazardous to Health (2002) (COSHH).
- (c) To ensure all staff and students understand their role, responsibilities and actions required to comply with this policy. Students working outside of the University (on placement) must also comply with local policies and procedures in host organisations (NHS) that they are allocated to.

Scope

To ensure all staff and students understand their role, responsibilities and actions required to comply with this policy. Students working outside of the University (on placement) must also comply with local policies and procedures in host organisations (NHS) that they are allocated to.

1 Introduction

1.1 Key legislation and best practice guidelines relating to contamination injuries that specifically identify assessment of contamination incidents are:

- (a) Control of Substances Hazardous to Health (2002)
- (b) Health and Safety at Work etc. Act (1974)
- (c) PHE Report: Eye of the Needle: United Kingdom surveillance of significant occupational exposures to bloodborne viruses in healthcare workers (2014)
- (d) PHE Guidance: The Green Book: Immunisation against infectious disease (2014)

1.2 Definitions

- (a) Blood Borne Virus (BBV): BBV's are viruses that some people carry in their blood and can be spread to another person. For the purposes of this policy the 3 BBV's that are of concern are Hepatitis B, Hepatitis C and Human Immunodeficiency Virus (HIV).
- (b) Percutaneous Incident: skin penetrating wounds caused by sharps objects such as needles, surgical instruments or glass.

- (c) Mucocutaneous Incident: when blood or other body fluids splash in to the eyes, nose, oral cavity or onto broken skin.
- (d) Contamination Incident: an injury involving needles/clinical instruments, bites, scratches, and splashes of body fluids to the eyes, nose, oral cavity or broken skin.

1.3 Responsibilities

1.3.1 Deans of schools and directors and heads of support services

- (a) Deans of schools, directors and head of support services have overall responsibility for ensuring local arrangements are in place for First Aid, including up-to-date contact details are displayed on signs in all teaching and communal areas.
- (b) Contamination incidents that have occurred on University premises should be reported to the University of Huddersfield Occupational Health Department immediately who will take responsibility for appropriate assessment and recommend the type of follow up required. This may involve the individual being advised to attend the nearest accident and emergency department as a matter of urgency.
- (c) Any student on placement should report the injury following their placement providers' local arrangements, and attend the Occupational Health service onsite at their placement. The placement provider Occupational Health service should inform the University of Huddersfield Occupational Health Department of the incident.
- (d) If there is no Occupational Health service available at the placement area the student must contact the Occupational Health Department at the University of Huddersfield and the student or staff member should also attend accident and emergency for assessment and treatment as a matter of urgency.
- (e) For students out on placement it is their responsibility to contact the Occupational Health Department at the University of Huddersfield to inform them of the contamination incident.
- (f) Any student or staff member who sustains a contamination incident, either on university premises or whilst out on placement, should also complete the online health and safety incident reporting system <https://hasims.hud.ac.uk/>

1.3.2 Managers with distinct areas of responsibility are responsible for ensuring:

- (a) An assessment of first aid needs has been carried out in their work areas or student's placement areas.
- (b) As part of the risk assessment process workplace hazards and exposures should be considered when deciding on what first aid facilities, personnel and equipment should initially be available after a contamination incident occurs.
- (c) There are sufficient numbers of first aiders in or around their work area or practice placement.
- (d) Both employees and students are aware of what they should do if they sustain a contamination incident.

- (e) Ensuring both employees and students know how to initially report any incidents to Occupational Health whilst out on placement and also to the University of Huddersfield Occupational Health Department. They should also be made aware that they need to complete the Health and Safety incident reporting system as well <https://hasims.hud.ac.uk/> regardless of whether the injury was on University premises or whilst out on placement.

1.3.3 The University of Huddersfield Occupational Health Department.

The Occupational Health department is responsible for:

- (a) Responding to all contamination incidents reported to them during normal hours (9am-4pm Monday to Friday) and completing the Inoculation/Contamination Incident form (Appendix B) at the time of report.
- (b) Completing an initial assessment of the incident if it occurs on the University of Huddersfield premises within normal working hours.

1.3.4 Staff and student responsibilities

- (a) If the contamination incident occurs whilst the student is on placement the student must report the incident to the placement area Occupational Health service straight away. The placement Occupational Health service will initially assess and treat the student in accordance with national guidelines. The placement Occupational Health service should inform the University of Huddersfield Occupational Health Department by completing Appendix A and emailing to; occupational.health@hud.ac.uk
- (b) The student who sustained the contamination injury must also contact the University of Huddersfield Occupational Health department to inform them of the incident. The student should also log on to <https://hasims.hud.ac.uk/> to report the incident to Health and Safety.
- (c) Any staff member or student who sustains a contamination incident outside of normal Occupational Health working hours, either on University premises or on clinical placement, must attend accident and emergency immediately for assessment. It is the staff member or student's responsibility to report the incident to the placement Occupational Health service and the University of Huddersfield Occupational Health Department once the departments are open again.
- (d) For students on placement who sustain a contamination incident, if the placement area Occupational Health service is closed then they should attend the nearest accident and emergency department immediately for assessment. Once the Occupational Health department is open again it is the student's responsibility to notify the placement Occupational Health service and the University of Huddersfield Occupational Health department that a contamination incident involving them has occurred and the follow up carried out by accident and emergency.

1.4 Blood Borne Viruses

- (a) For the purpose of this policy blood borne virus refers to 3 viruses, HIV, Hepatitis B and Hepatitis C.
- (b) Where a risk of exposure to Hepatitis B has been identified in the course of their work staff and students should be routinely offered Hepatitis B Vaccination. There is no current vaccination for HIV or Hepatitis C.

1.5 Immediate Action Post Contamination Incident

1.5.1 Percutaneous Incidents:

- (a) Encourage the wound to bleed (do not suck the wound)
- (b) Wash the wound with clean water (do not scrub)
- (c) Cover the wound with waterproof dressing

1.5.2 Mucocutaneous Incidents:

- (a) Wash the area thoroughly with clean running water
- (b) If the contaminant has entered the eyes access a decontamination irrigation kit and wash out the contaminant. If possible, seek the assistance of a colleague and follow the instructions on the kit. NEVER place your head/eyes under a tap of running water. This has the potential to damage the eyes.

1.6.3 For all contamination incidents please follow the advice given in this policy for accessing follow up.

1.6 Post Exposure Management

1.6.1 Hepatitis B risk and exposure:

It is estimated that the risk of occupational transmission of Hepatitis B is 1:3 (approximately 30%) where the donor source patient is known to be Hepatitis B surface antigen positive and the recipient is not vaccinated against Hepatitis B
<https://www.gov.uk/government/publications/bloodborne-viruses-eye-of-the-needle>

1.6.2 HIV risk and exposure:

- (a) The estimated risk of occupational transmission of HIV to a health care worker from a HIV positive donor source is 1:300 (approximately 0.3%). Currently there is no vaccination available against HIV
<https://www.gov.uk/government/publications/bloodborne-viruses-eye-of-the-needle>
- (b) In the event of a staff member or student being exposed to the blood of a HIV positive donor source, or a donor source assessed as a significant risk for HIV, HIV Post Exposure Prophylaxis (PEP) may be prescribed depending on the type of injury. This will be appropriately risk assessed once a contamination injury has been reported to Occupational health or accident and emergency ideally within one hour of exposure.
- (c) If a staff member or student is exposed to a significant risk, and they require PEP, they will be supported by Occupational Health in the placement area and

also by the University of Huddersfield Occupational Health department. If a student or staff member is commenced on PEP they will be monitored by a specialist whilst they are taking the oral treatment. Follow up blood testing will be done either at the placements Occupational Health or at the University of Huddersfield Occupational Health department. Further details will be given to the staff member or student after the initial incident has been appropriately dealt with.

1.6.3 Hepatitis C risk and exposure:

- (a) In the general population the prevalence of Hepatitis C is around 0.5-1%. The estimated risk for Occupational Exposure is 1:30 (approximately 3%). Currently there is no vaccination or PEP available for Hepatitis C. <https://www.gov.uk/government/publications/bloodborne-viruses-eye-of-the-needle>
- (b) In all cases the recipient should be seen at 6,12 and 24 weeks for post incident follow up blood testing. For students on placement this is likely to be offered and done via the placement area Occupational Health Department. However, if they do not offer this the placement area Occupational Health Department should Inform Occupational Health at the University of Huddersfield. The student can have the required follow up bloods done with Occupational Health at the University of Huddersfield. For those staff and students who sustain the injury on University premises the University of Huddersfield Occupational Health department will follow this up accordingly once notified of the incident.

1.6.4 Donor source blood results and follow up bloods

- (a) For those students out on placement who have a contamination injury it is likely that the donor source will consent to having their bloods taken to be screened for blood borne viruses. If the donor source does have their bloods taken the placement area Occupational Health Department should complete Appendix A and fax it back to the University of Huddersfield Occupational Health department once they have the donor source blood results. However, if the contamination incident is an 'unknown source' or the donor source refuses to have their bloods taken Appendix A should be completed and faxed back to the University of Huddersfield on the day of the incident occurring.

References

Health & Safety executive, Health & safety at work act etc. HSE 1974

Health & Safety executive, The management of Health & Safety at work regulations HSE 1999

Health & Safety executive, Control of Substances Hazardous to Health regulations HSE 2002

Health & Safety executive, Reporting of Injuries, Diseases and Dangerous occurrences regulations, HSC 1995

Advisory Committee on Dangerous Pathogens, Protection against blood borne infections in the work place: HIV and Hepatitis, HSE, 2008
Health Protection Agency, Eye of the Needle. Surveillance of Significant Occupational Exposure to Blood Borne Viruses in Healthcare workers, HPA 2014
Public Health England, The Green Book: Immunisation against infectious disease. 2014

Occupational Health Department, Schwann Building, Level 10, Queensgate, Huddersfield, HD1 3DH. Occupational.health@hud.ac.uk Tel: 01484 471800

2 APPENDIX A:

University of Huddersfield contamination incident notification form

Details of recipient (student)

Forename:

Surname:

DOB:

Student number (on ID badge):

Student telephone number:

Date of Incident:

Details of the incident and type of injury:

Actions taken by Occupational Health:

(please include any Hep B's you may have given)

Is the incident deemed a high or low risk? *(please circle)*

High risk incident / Low risk incident

Has PEP been commenced? Yes / No

Where was the student initially treated after the incident *(please circle)*

Occupational Health / Accident and Emergency

Is the donor source of the contamination injury known? *(please circle)*

Yes / No

If the donor source is known, please provide details of the donor source blood results *(please circle)*:

HIV: Positive / Negative

Hepatitis B: Positive / Negative

Hepatitis C: Positive / Negative

Please do not fax this form back to Occupational Health at the University of Huddersfield until the blood results of the donor source are received and filled out on the form above. However, if the donor source is an 'unknown source' please complete and fax this form to us immediately after you have seen and assessed the student. Thank you.

Form completed by (print name):

Signature:

Designation:

Date:

3 APPENDIX B:

University of Huddersfield inoculation/contamination incident form

Details of recipient of contamination

Forename:

Surname:

DOB:

Course Title and what year they are in (1st /2nd /3rd):

Location/Placement where the incident took place:

Contact Numbers:

Placement:

Home:

Mobile:

Details of incident

Date and Time:

Brief description of Incident:

Has local Inoculation incident procedure been followed: *(please circle)* Yes / No

If Yes, please fax Q95/Appendix A to placement OH department for completion.

Have you ever been vaccinated against: Hepatitis B: Yes / No

Is a Hep B Booster required? (check cohort) Yes / No

Hepatitis B vaccine offered (date given): Yes / No

Outcome of Local ICI assessment/Actions taken (e.g. Save Serum bloods taken, PEP, antibiotics)

Appointment for first follow up (6 weeks bloods) made:

Action: See COHORT notes. (Follow up bloods will be as indicated below)

Day one

- Save Serum 6 week bloods
- Hepatitis B Surface Antigen
- Hepatitis C PCR

12 week bloods

- Hepatitis B Surface Antigen
- Hepatitis C PCR
- Hepatitis C Antibodies
- HIV Antibodies

24 week bloods

- Hepatitis B Surface Antigen
- Hepatitis C Antibodies
- HIV Antibodies

Contamination injury form completed by (print, sign and designation):

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Date and time Occupational Health Contacted:

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POLICY SIGN-OFF AND OWNERSHIP DETAILS	
Document name:	Contamination Incident Policy
Version Number:	V2.0
Equality Impact Assessment:	N/A
Approved by:	Head of Occupational Health
Date Approved:	13 August 2019
Next Review due by:	August 2022
Author:	Head of Occupational Health
Owner (if different from above):	
Document Location:	https://www.hud.ac.uk/media/policydocuments/Contamination-Incident-Policy.pdf
Compliance Measures:	Post-incident reviews
Related Policies/Procedures:	List any applicable University regulations/policies/ procedures that may impact upon the procedure.

REVISION HISTORY			
Version	Date	Revision description/Summary of changes	Author
V2.0	Sept 2019	Transfer to the Policy Framework template – no other changes.	Head of Occupational Health
V1.2	March 2018	Job titles updated (minor amends)	Head of Occupational Health
V1.1	Sept 2017	Formatting updates (minor amends not requiring committee approval)	Head of Occupational Health
V1.0	Sept 2016	First draft of new policy	Head of Occupational Health