# Management of Needlestick & Contamination Injuries

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<th>Version</th>
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EIA 32
Emergency Management of Needlestick Injuries and Accidents involving exposure to blood and body fluids flowchart

**Exposure to Blood and/or Body Fluids**

1. Wash / clean affected area / encourage to bleed. Do not suck.
2. Notify Duty Manager (Bleep 2002).
3. Go to Occupational Health immediately, if out of hours attend Emergency Department immediately.
4. Complete AIRS form.
5. Have blood sample taken for storage.

**Further action depends on risk assessment. See policy and guidance below.**

**Hepatitis B positive patient**

- Staff immune
  - Protective level documented. No action required

- Staff not vaccinated
  - Receive 1st dose Hep. B plus Hep B immunoglobulin within 48 hours (via on-call Microbiology Consultant RBCH)

- Staff vaccinated but unsure of status
  - Hepatitis B Booster serum store and Anti-HBs (2 months later)

**HIV positive patient**

- Seek immediate advice
  - Follow flowchart Appendix D

**Hepatitis C positive patients**

- Serum Store required
  - Discuss with Occupational Health.

**Patients Hepatitis B or C or HIV status unknown**

- Donor /-
  - Arrange for Donor to be tested for Hep B, C and HIV following appropriate consent. This must be recorded in patient’s notes
2.0 POLICY STATEMENT

Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust recognises its responsibilities and duties under the Health Act 2006 and the Health and Safety at Work regulations. The Trust is committed to ensuring, so far as is reasonably practicable, the Health, Safety and Welfare of its staff, patients, visitors and other persons who may be affected by its activities.

Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust recognises that injuries caused by Needles and Sharp instruments account for a significant number of injuries within the NHS. Every Needlestick injury has the potential to cause serious harm. These sharp devices may have been in contact with infected blood borne viruses (BBV) such as Hepatitis B, C and HIV.

Royal Bournemouth and Christchurch Foundation Trust is committed to ensuring that the risk of injury from Sharps is reduced to the lowest possible level. This will be achieved by promoting safe sharp practice and the use of safer sharps devices.

In the event of a sharps injury, the Trust will endeavour to reduce the effects of that injury to the absolute minimum.

Preventing sharps injuries and the related prevention of infection are health and safety, risk management and clinical governance issues. All employers in the NHS have legal obligations under the Health and Safety at Work Act 1974 (HSWA). They have a duty to protect their staff and others that may be affected by their work such as contractors, agency staff, patients and visitors. Under the HSWA, employers must ensure that their staff are appropriately trained and proficient in the procedures necessary for working safely.

The Management of Health and Safety at Work regulations 1999 places a duty on the employer to provide a workplace that is, so far as is reasonably practicable, without risk to health or safety.

The Control of Substances Hazardous to Health (COSHH) regulations 2002 includes risks relating to health and including a specific duty in relation to micro-organisms e.g. bacteria and viruses etc.

Any person handling a sharp therefore, has a clear mandatory duty to ensure that every precaution is taken to prevent an Injury to themselves or others.

The purpose of this Policy is to offer advice and guidance on safe sharp practices in order to prevent or reduce the number of sharps injuries to the lowest practical level.
3.0 DEFINITIONS

Needlestick & Contamination

For the purposes of this guideline Needlesticks are defined as objects that carry the risk of transmission of blood borne viruses. This could include suture needles, hollow needles, scalpels, razors, sharp edged or pointed surgical instruments, broken glass or any sharp object or material that breaches the natural skin barrier. Sharp tissue such as bone or teeth may also pose a risk of injury.

Contamination injuries are defined as any exposure of body fluids into the mucous membranes i.e. nose mouth etc.

4.0 ROLES AND RESPONSIBILITIES

All staff are responsible for compliance with procedures for the prevention and management of needlestick injuries and accidents involving exposure to blood and body fluids.

4.1 Managers (Clinical Leaders & Heads of Department)

Managers have the duty to ensure that there is a "Safe System of Work" and that all necessary equipment for the safe use and handling of sharps, such as sharp boxes and sharps trays etc are readily available for use.

Managers are responsible for ensuring that a safe environment is provided for patients and visitors. This includes ensuring that appropriate arrangements are in place to ensure that sharps are disposed of securely and correctly and that sharps boxes are not accessible to non-members of staff.

Managers are responsible for completing COSHH Assessments to identify potential risks of microbiological and chemical hazards and ensuring that appropriate action plans and arrangements are in place to prevent or control exposure to identified risks.

Managers are responsible for completing local Risk Assessments (in accordance with the Trust Risk Assessment Policy) to identify potential risks of needlestick or sharps injuries. (See Section 5.0)

Managers are responsible for monitoring exposure and for investigating reported adverse incidents, including near miss events. Incidents must be reported and investigated in accordance with the Trust Accident and Incident Reporting Policy (AIR) and managers must report RIDDOR incidents immediately to Occupational Health, Clinical Governance & Risk Management Departments.

Managers are responsible for ensuring personal protective equipment is in place and worn by staff for any procedure identified as hazardous (i.e. contact with a blood borne virus.
4.2 Sharp Injury Prevention and Management Group

The Sharps Group is a sub working group established by and reportable to the Health and Safety Committee.

**Purpose of the group is;**

- To work together to promote a safer working environment for all staff including external contractors, visitors, etc.
- To monitor the effectiveness of the Trust’s policies and procedures, in particular those relating to sharps injuries and blood and body fluid injuries for the well being of staff including external contractors, visitors, etc.

**Key Responsibilities**

- To discuss activity within each department and review and monitor number and type of incidents reported.
- To review compliance with Trust processes and procedures, including those for supporting staff as a result of incidents and other adverse events.
- To review how action can be taken forward, e.g. training, reporting, audit, guidance, protocols and policies.
- To ensure issues/problems arising from the above are communicated to the Health & Safety Committee on a quarterly basis.
- The Group serves to ensure that there is an effective framework within which assurances can be given in relation to needlestick/contamination prevention and management.
- The Committee Chairman shall be the Occupational Health Nurse Manager.

4.3 Staff Responsibilities

- All staff must carry out work activities in accordance with the training they have received and by following safe working practices. Staff have a duty to familiarise themselves with the Foundation Trust’s Policy and to comply with systems and procedures put in place by the Trust in order to ensure the health, safety and welfare of themselves and others.
- Staff are required to share best practice when dealing with equipment that has the potential to cause a sharps injury. Staff are encouraged to use all safety equipment supplied by the Trust, sharps bins and safety devices. They are required to inform their line managers of any unsafe practices or hazards they identify.
- If any employee is in any doubt about a safe sharp procedure, they must seek advice from their line manager before commencing that procedure. The Occupational Health Department, Infection Control and Professional Development Department can answer questions or provide training for any member of staff who is unsure about safe sharp practice.
• All staff are responsible for reporting any hazards, risk issues (e.g. insufficient sharps bins), and adverse incidents to their line manager. All incidents must be reported in accordance with the Trust AIR Policy.

• All staff are required to attend mandatory training on a bi-annual basis.

• Where English is not the persons first language or if any other interpreter is required please refer to the interpreting policy

• All staff are responsible for wearing appropriate personal protective equipment (i.e. visors, masks, gloves, aprons, where advised to by their manager for control of contamination with a blood borne virus

http://rbhintranet/policies/corporate/interpreting.pdf

5.0 RISK ASSESSMENT AND CONTROL

• Managers are responsible for considering needlestick and exposure to body fluid risks when undertaking risk assessments of the workplace. The risk assessment must be undertaken in accordance with the Trust Risk Assessment Policy.

• The risk assessment must identify the arrangements in place to enable safe handling of sharps and contamination incidents. The risk assessment must be made available to all staff. Bi-annual mandatory training provides an education forum to update all Trust staff.

• Where the risk assessment identifies uncontrolled or unacceptable levels of risk then a risk control action plan must be implemented. Where control measures cannot be immediately implemented then such issues must be placed on the Directorate Risk Register.

6.0 SAFE SHARPS PRACTICE

• The level of precautions to be taken for any procedure must be determined according to the extent of possible exposure to blood and/or bodily fluids.

• It is the recommended practice to take a sharps tray with sharps bin to the patient in order to facilitate safe disposal.

• Always use an appropriately sized sharps box.

• Promptly dispose of used needles in an approved sharps disposal container, avoid handling of such devices by a second person.

• All Sharps bins or boxes must comply with UN33291. The current supplier is 'Daniels Healthcare'. The products range from a ½ litre capacity to 22 litres. All are yellow in colour and have red lids. – Cytotoxic have purple lids.

• Always take the sharps bin to the patient and dispose of at the point of use, placing the sharp end into the bin first.

• Use the temporary closure mechanism following disposal of the sharp.
- All sharps boxes must be sited as close as practical to where the sharp is to be used, but not left within reach of children or adults who may be at risk. In this instant, the position of a sharps bin is subject to a risk assessment.

- Where persons may be at risk, the 'Daniels Sharps guard' must be used which has a tilting mechanism to prevent fingers or small hands entering the bin.

- Always carry sharps boxes by the handle

- Where permanent sites are required, sharps bins must always be mounted on a bracket either on a fixed wall surface or trolley. Syringes and needles must be disposed of intact.

- Do not fill sharps boxes more than \( \frac{2}{3} \) full.

- Do not try to retrieve anything from a sharps box.

- Lock the used sharps boxes when ready for final disposal and ensure that the clinical area is identifiable in writing in accordance with the manufacturer's instructions on the bin. Ensure the appropriately coded sealing tape is used to identify the box.

- Dispose of sharps boxes according to Trust Policy. The Waste Management Policy specifies how all hospital waste, including sharps is to be safely disposed. A copy can be found on the Trust's Intranet. Do not dispose of sharps with other clinical waste, or place in yellow bags for disposal.

- **Do not resheath needles.**

### 6.1 Use of Gloves

All staff must wear gloves for venepuncture and insertion of any intravascular device. Gloves will not prevent percutaneous injury but they may reduce the risk of acquiring a Blood Borne Virus (BBV) infection. Although punctured gloves allow blood to contaminate the hand there is evidence to show a reduction in the volume of blood inoculated in the event of a percutaneous injury (Mast et al, 1993).

### 7.0 MANAGEMENT OF NEEDLESTICK/ CONTAMINATION INCIDENTS

For Immediate management of an inoculation incident, refer also to the flow chart on page 4.

#### 7.1 Immediate First Aid

For **ALL** exposures:

- **a)** Skin puncture wounds from used and potentially contaminated needles or instruments must be encouraged to bleed and then immediately washed thoroughly (but not scrubbed) with soap and water. Do not suck the wound.

- **b)** Splashes of blood or body fluid into the mouth must be washed out thoroughly with copious amounts of tap water immediately.

- **c)** Splashes of blood or body fluids in to the eyes must be well irrigated with a normal saline eyewash or running water immediately. Contact lenses must be removed and not reapplied until checked or changed by your optician.
7.2 Management of incidents during normal working hours (08.00-17.00)

During normal opening hours Occupational Health will provide advice and assist in the management of incidents involving staff. Visitors involved in such incidents should attend Emergency Department (ED). A decision about the need for post-exposure prophylaxis can then be made based on the level of risk. An information leaflet outlining the possible side effects of the prophylactic drugs and how to obtain follow up treatment and advice must be given to the exposed person.

7.2.1 If there is a risk of exposure to HIV, Post Exposure Prophylaxis (PEP) must be started immediately, preferably within one hour, following consultation with the on call GUM Physician.

It must be noted that these anti-retroviral drugs are not licensed for incidents involving their use as prophylaxis against HIV infection and a disclaimer must be signed by the recipient (Appendix C).

These drugs are prescribed on “a named patient basis”. The recipient must be advised about possible short-term side effects.

The immediate PEP will be dispensed in an initial 3 day treatment pack containing the recommended anti-retrovirals. The remaining course will be prescribed at the follow up assessment, which must be arranged through the GUM Department. The initial PEP treatment packs will be available in Pharmacy and EMERGENCY DEPARTMENT Royal Bournemouth and Poole Hospital.

(i) If the HIV status of an identified high risk source is unknown, it may be necessary to commence PEP pending further risk assessment, discussion and testing. Source patients must be tested for HIV antibodies provided informed consent has been obtained.

(ii) With an unidentified source, eg. a discarded syringe and needle, PEP would not normally be indicated.

(iii) If the recipient is a child, dosages must be discussed with a paediatrician/pharmacist.

(iv) If the source patient is or has been on anti-retroviral treatment, alternative drug regimens may need to be considered. (Contact the HIV physician, GUM physician on-call).

It is Trust Policy that needlestick accidents must be reported and investigated urgently and that PEP must be given within one hour of exposure. However, if there is a delay in reporting a high risk exposure, it may be worth considering PEP up to 72 hours from exposure.

7.2.2 Patient (exposed person) counselling and follow up

For exposures assessed as significant and with a source known or strongly suspected to be HIV positive:-

(i) Initial post exposure management and counselling in OHD and EMERGENCY DEPARTMENT
must include:

- assurance of confidentiality
- reassurance that transmission risk is low
- the possibility for post-exposure prophylaxis
- the risk of toxicity of PEP and the need for regular medical follow-up
- obtaining a blood specimen (5-10ml serum) from exposed person for storage
- management of hepatitis B, hepatitis C and other risks appropriately
- arrangement of follow-up appointment for monitoring and counselling in the GUM Dept., RBH. If the patient needs further immediate counselling contact a GUM Health Adviser.
- Obtain bloods for FBC, LFTs, U&Es, before PEP is started.
- Pregnancy test may need to be done before starting PEP.
- Patients on PEP need monitoring of FBC, LFTs and U+Es at 1, 2 and 4 weeks in the GUM department.
- Confirmation that an incident form has been completed.

(ii) Post exposure follow-up by Occupational Health/GUM RBH.

- emphasise the need for pre-HIV test discussion and the availability of further advice and support
- monitor effects of prophylaxis if given
- emphasise the need for follow-up at 3 months and 6, 12 months post exposure, with HIV testing and serum storage
- emphasise the need to report interim illness
- explain the need to prevent further possible transmission (protected sexual intercourse, avoidance of pregnancy, blood, organ and semen donation)
- with health-care workers, provide reassurance that in general, work restrictions during follow-up are not appropriate
- report management and outcome to the Health Protection Unit

7.2.3 Contraindications

Any renal or hepatic insufficiency is a relative contraindication. Pregnancy requires specific specialist consultation before starting treatment. Refer to on-call GUM Physician if out of hours.

All exposed persons will require follow up. Those taking triple therapy and prophylaxis following exposure to HIV should be aware that regular virological, clinical and haematological monitoring whilst taking drug and at intervals for six months thereafter is recommended. This will be co-ordinated by the Genito-urinary Medicine Department, RBCH.

Further help on medications can be obtained from the HIV Pharmacist - 01202 704095.

7.2.4 Further Action

Subsequent action will depend on the nature of the exposure and the likelihood of the ‘source’ being a high risk group for Hepatitis or HIV Infection.

If the source belongs to a recognised high risk group the administration of hepatitis B immunoglobulin (HBIG) plus hepatitis B vaccine may be indicated before blood test results are known. Advice should be sought from the Medical Microbiologists prior to
initiating the above and or the on call GUM physician. If the source is unknown advice may also be sought on the management of the case.

A 6ml clotted blood sample (red top) must be obtained from the injured or exposed person and stored in the Microbiology Department at Poole for future testing if necessary. NB. Whenever samples are taken from the exposed person where possible give details of the hepatitis B vaccination history on the request form.

7.3 Procedures for acting upon Hepatitis B source needlestick

Action required:

Source HBsAg Negative: no further action necessary.

Source HBsAg Positive

7.3.1 Exposed person already received a full course of Hepatitis B Vaccine

- If hepatitis B antibody (anti - HBs) level known to be > 100 iu/ml and a booster dose has been given 5 years after the primary course, no further action is needed (long term immunity can be assumed).

- If it is more than 5 years since the primary course was given, but the 5 year booster dose has not been given, it must be given now.

- If the post primary vaccination course antiHBs level is unknown but the course has been completed in the last 6 months check the Anti-Hbs level, if the course has been completed more than 6 months Hepatitis B Booster is indicated with a re-check of the anti-HBs level 2 months later.

7.3.2 Exposed person not vaccinated

- Start course of hepatitis B vaccine.

- Hepatitis B immunoglobulin (HBIG) must be given as soon as possible after exposure and certainly within 48 hours. This must be given at a different site to the Hepatitis B vaccine. HBIG is available from Pharmacy. HBIG must be given as soon as possible after exposure and preferably within 48 hours. It is of no value later than one week after exposure. (Any concerns seek advice from microbiologists)
7.3.3 Exposed person vaccinated but not completed full course

- Hepatitis B Booster is indicated with a re-check of the anti-HBs level 2 months later. Refer to OHD when re-opens

7.4 Procedures for acting upon Hepatitis C source needlestick

There is no specific prophylaxis or vaccination available against Hepatitis C. There is therefore no immediate action, which needs to be taken following exposure to a possible source with Hepatitis C infection. However exposed health care workers must be managed as follows:

7.4.1 Known Hepatitis C infected source

- On initial assessment which may be in ED if out of hours obtain baseline serum for storage from health care worker
- Obtain clotted blood sample (serum) for HCV RNA testing at 6 and 12 Weeks (during OHD follow up)
- Obtain serum for HCV antibody (anti-HCV) at 12 and 24 weeks (during OHD follow up)

7.4.2 Hepatitis C status of source unknown

- Obtain baseline serum for storage from health care worker refer to OHD as soon as it re opens for follow up.

7.5 Incidents outside of normal working hours

7.5.1 Clinical Site Team

- Outside of normal working hours the Clinical Site Team shall provide advice on the management of Inoculation Incidents. The Clinical Site team shall:
  - Ensure the healthcare worker is facilitated through the EMERGENCY DEPARTMENT, Triaged within 30 minutes of attendance in order that where indicated PEP can be commenced within the hour from exposure.
  - Attempt to determine any risk factors of source patient.
  - Approach the source patient and explain the incident. Obtain verbal consent for testing and document accordingly. Guidance for the clinician can be found at APPENDIX B HIV TESTING: PRE TEST DISCUSSION
  - Ensure an AIRS form is completed for all incidents.

7.5.2 Out of hour’s advice on HIV issues

The on call HIV Consultant must be contacted. There is always a consultant on call for telephone advice regarding Needlesticks and Contamination incidents and Post Exposure Prophylaxis (PEP) contactable through switchboard. Emergency Department are able to initiate PEP also.

7.5.3 EMERGENCY DEPARTMENT
Within the Emergency Department the Triage Nurse is responsible for:

- Fast tracking patients to medical staff within 30 minutes of attendance in the Emergency Department
- Completing a risk assessment form (Appendix A) and send it immediately to the Occupational Health Department (by fax on 4513 or hand).
- If PEP is to be commenced, discussing this with GUM/HIV physician on call. If PEP given, arrange follow up with GUM Advisors.
- Determining the Hepatitis B status of healthcare worker and considering (Hepatitis Immunoglobulin obtained through on call microbiologist HBIG)
- Taking a clotted sample from healthcare worker for serum storage (red top bottle).
- Providing initial reassurance and support to the healthcare worker. Emergency Department will complete the Notification form attached at Appendix A and send to Occupational Health immediately for ongoing management of the injury to the staff member.

7.6 Management of source patient

It is the responsibility of the Medical or Surgical Team looking after the patient concerned (whether that be as an Out patient, Day surgery Patient or in Patient) to take the lead on managing source patient. This must involve working in partnership with the Occupational Health Department, Genito Urinary Medicine Department and Multi-disciplinary Team (to include Consultant Microbiologist at times) involved in looking after the patient. A positive HIV, Hepatitis B or C test should result in appropriate management of both patient and healthcare worker.

When the source (usually a patient) of the contaminated sharp or material is known, blood must be taken with informed consent for Hepatitis B, C, and HIV antibody screening from the source. Consent must be documented in the patient's notes. Pre-test discussion must be carried out prior to obtaining blood sample. The sample should not be taken by the needlestick recipient (see Appendix B and C). Request forms must be signed.

HIV Counselling can be done by the HIV health advisors in certain circumstances.

At the time that the blood sample is taken the person responsible for managing and communicating the results must be decided and agreed. (All blood results on the donor must be copied to Consultant in charge of patient care and Occupational Health Department.)

If the patient has been discharged home all reasonable attempts must be made to follow this policy and to liaise with the General Practitioner and or Practice Nurse of the donor must be followed. It must be evidenced that all reasonable attempts have been made to follow the Trust policy.

7.6.1 Source patients without capacity to give consent, or unconscious patients
Unconscious patients, or those without capacity to consent, may be tested for serious communicable diseases, without their prior consent, ONLY where testing would be in their immediate clinical interests – for example, to help in making a diagnosis.

7.6.2 Injuries to health care workers involving source patients without capacity

If a health care worker has suffered a needle-stick injury or other occupational exposure to blood or body fluids and it is considered necessary to test the patient for a serious communicable disease, the patient’s consent should be obtained before the test is undertaken. If the patient is unconscious when the injury occurs consent should be sought once the patient has regained full consciousness. If appropriate, the injured person can take prophylactic treatment until consent has been obtained and the test result is known.

If the patient refuses testing, is unable to give or withhold consent because of mental illness or disability, or does not regain full consciousness within 48 hours, the severity of the risk should be reviewed by the Senior Consultants involved in the patient’s case. It should be understood that testing without consent may have legal ramifications.
8.0 TRAINING & PROMOTION OF SAFE SHARPS PRACTICE

Staff will receive information and training on waste management, including procedures for the safe use of sharps and needlestick procedures, as part of corporate and local induction.

Staff will receive additional training and advice in relation to sharps safety and needlestick reporting procedures as necessary via their line manager, for example as part of mandatory training, as part of an AIR investigation or, as part of a team briefing. Sessions may also be arranged via Occupational Health on request.

All training must be recorded on ESR.

Managers will receive training in risk management; the Trust has accreditation and runs IOSHH Risk Management in Healthcare Course.

9.0 MONITORING

The Trust Sharps Injury Prevention and Management Group will monitor and review sharps injuries quarterly and report back to the Health & Safety Committee. Details of the indicators to be reported are included within the terms of reference for the Sharps Prevention Group (See Appendix G). Feedback from the National Staff Survey which is carried out on an annual basis will also be fed back to the Sharps Prevention Group and reported back to the Health and Safety Committee on an annual basis.

Data from AIR forms will be provided from Risk Management department quarterly working in conjunction with the Occupational Health Department and discussed at the Sharps Prevention Group (see Appendix G). Trends identified will be investigated and appropriate recommendations made to reduce the risks associated to the lowest extent reasonably practicable.

An annual Waste Management Audit (to include availability and use of sharps bins) will be included as part of the Annual Governance Audit Tool (GAT) within department and directorates. The results of which will be fed back to the Health & Safety Committee.

An annual Sharps external audit will be carried out by Daniels and will be reported to the Sharps Prevention Group. The results of which will be fed back to the Health and Safety Committee.

The Trust’s is working towards using safer needle devices to ensure legislative compliance for 2013. September 2011 training commenced within the Trust, from that point forward a majority of venepuncture needles will be safety devices.

Audit plan for 2011/12 includes plans to Audit Staff Awareness of Needlestick Procedures and re audit ‘systems to ensure safe disposal of sharps waste. A copy of this report will be reviewed by the Sharps Prevention Group in addition to discussion at the Audit Committee. The Sharps Prevention Group will be responsible for monitoring and implementation of any internal audit report recommendations and action plans. Annual audit carried out by GUM of the Review of compliance with PEP processes

In accordance with the NHSLA risk management standards for Acute Trusts 2011/12, the following minimum criteria will be monitored by the indicators outlined in Appendix G (Sharps Prevention Group Terms of Reference).
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<tr>
<td>Reporting arrangements in relation to inoculation incidents</td>
<td>Review of sharps injuries reported to Occ Health &amp; via AIR forms to Risk Management. The sharps group shall identify areas of non compliance with policies and make suggestions for actions to address these</td>
<td>Sharps Injury Prevention &amp; Management Committee</td>
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<td>Process for the management of an inoculation incident (including prophylaxis)</td>
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<td>Sharps Injury Prevention &amp; Management Committee</td>
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<td>Review of compliance with PEP processes – annual audit carried out by GUM</td>
<td>Sharps Injury Prevention &amp; Management Committee</td>
<td>Annually</td>
<td>Emergency Dept, GU Medicine and</td>
</tr>
<tr>
<td>Organisations expectations in relation to staff training, as identified in the training needs analysis</td>
<td>Monitored as per Mandatory training policy. As per mandatory training Policy</td>
<td>Directorate performance reviews</td>
<td>6 Monthly</td>
<td>Training department / Directorates’</td>
</tr>
</tbody>
</table>

10.0 REVIEW

This policy will be reviewed bi-annually by the Occupational Health Department and approved by the Trust Health & Safety Committee.
11.0 REFERENCES


UK Health Department (2002) *Hepatitis C Infected Health Care Workers*. DOH.

Health Act (2006)

Human Tissue Act 2004

GMC supplementary guidance Confidentiality disclosing information about serious communicable diseases September 2009
Appendix A

Needlestick/Sharps Incident Risk Assessment Form

Surname:     Forename:     DoB:     

Date of Incident:     Time of Incident:       
Date of Reporting/Assessment:     Time of Reporting/Assessment:       
Place of Assessment:       
Department where Incident occurred:     Directorate:       
Staff Member Hep B Status:       
Staff Member Job Title:       
Where did the incident occur?       
Describe the circumstances leading to the injury:       
Were First aid procedures followed?     Was Accident Form completed?       
Was the donor source identifiable?       

**Donor Source Details** (affix label if applicable):

Donor Source Name:     DoB:       
Is Donor High Risk?     Yes/No       
Address/Ward:       

Blood taken from Donor Source date:       

**Evidence of /risk factors present by BBV**       
Result of blood test by BBV
Hepatitis B Antigens     Date:       
Hepatitis C Antibodies     Date:       
HIV Antibodies     Date:       

Needlestick/Sharps Incident Risk Assessment Form
For what purpose was the sharp item originally used?

Did an injury occur?

Which device caused the injury?

Where was the injury?

If the injury was to the hand, did the sharp penetrate?

Management of Incident discussed with:

Blood taken from staff member for Hepatitis B antibodies and storage Date:
(Use Red Top bottle)

Treatment required/given:

Hepatitis B Inoculation

Hepatitis C Immunoglobulin

HIV Post exposure prophylaxis

Type of follow up required:

Assessment completed by (signed) .................................................................

Date:

Blood taken from Donor Source date:

Name: Job title:

Appendix B
HIV TESTING: PRE TEST DISCUSSION?

After a needlestick injury or exposure to blood/body fluids it is important to inform the source (usually a patient) of the following:

1. It is standard hospital policy after every blood exposure, regardless of perceived risk, to ask the 'source' patient to have an HIV test. This is a Dept. of Health recommendation.

2. Their blood will be tested for hepatitis B & C and HIV. It is important to make it clear that an HIV test will be done and to get the patient’s consent. This should include permission to share the result with the HCW affected and occupational health.

3. Discuss any possible risk factors and assess degree of risk. Check whether they have been at risk in the previous 6 weeks and explain the window period.

4. Explain benefits of testing. A negative result provides reassurance. A positive result will enable timely treatment and improve prognosis. Explain what a negative result means. (If high risk they should have a repeat test in 6 months).

5. A clear plan for informing the patient of the result of the tests must be made. The patient should be reassured that if the test is positive there will be support and advice available.

6. Reassure about confidentiality. Reassure that testing itself has no impact on life insurance. Provide information about the transmission of the HIV virus and the principles of safer sex.

7. This pre-test discussion must be recorded in the notes and signed and dated. It is also useful if this is recorded on the microbiology request form. If the source has left hospital before the needlestick injury pathway is completed, the Trust must make every effort to contact the patient. There is no legal defence unless it can be shown that every effort has been made to protect the staff member. Written legible evidence should be in the Occupational Health record of the staff member and in the patients' medical records.
Appendix C

CONSENT FORM FOR POST EXPOSURE PROPHYLAXIS

Patient Number:
Surname:                                                         First Name:
Date of Birth:                                                                                      
Consultant:

STATEMENT OF HEALTH PROFESSIONAL

• I have fully counselled the patient about Post Exposure Prophylaxis

Signed………………………………………………….   Date ………………………………………..
Name ………………………………………..............   Job Description ………………….………..

STATEMENT OF PATIENT

• I confirm that I have been counselled and I fully understand the relative risk of developing HIV infection following occupational exposure to HIV positive material.

• I understand the risks of toxicity associated with Exposure Prophylaxis drugs.

• I am not aware that I have any liver or kidney disease. I am not pregnant. I confirm that I will take precautions to prevent becoming pregnant/fathering a child, whilst I am taking the drugs.

• I confirm that I will comply with regular virological, clinical and haematological procedures whilst I am taking the drugs and at intervals for up to six months thereafter. I give consent for my blood to be tested for the presence of HIV.

• I understand that these drugs are not licensed for Post Exposure Prophylaxis and are therefore prescribed on a named patient basis.

Signature of Patient ……………………………………….    Date …………………………………..
Name (PRINT) ……………………………………………..

Signature of Witness ………………………………………    Date …………………………………..
Name (PRINT) ……………………………………………..
Appendix D

MANAGEMENT OF HIGH RISK EXPOSURE TO BLOOD OR BODY FLUIDS

Accidental Exposure

Take clotted sample from Healthcare Worker for serum storage

Determine risk factors of source patient
Complete Appendix A

No risk factor identified

Source patient High risk

HIGH RISK injury and HIGH RISK PATIENT/ENVIRONMENT

Source patient unknown
Significant injury

Risk assess clinical environment i.e. circumstances of exposure and epidemiological likelihood of HIV in the source

Low risk injury and low risk patient/environment

? PEP/HBIG asap
Notify Occupational Health on next working day

Reassure HEALTHCARE WORKER that risk of transmission of blood borne viruses is relatively low

If incident occurs outside normal working hours, future follow up and counselling will be offered by Occupational Health/GUM.
Full guidance is offered in policy.
Appendix E

PATIENT INFORMATION LEAFLET FOLLOWING NEEDLESTICK INJURY TO A MEMBER OF STAFF

Unfortunately a member of staff has had a needlestick injury while he/she was attending to you. There is no risk to you from a member of staff but it is hospital policy, in line with Department of Health recommendations, to test the source patient (yourself) routinely for HIV, Hepatitis B and Hepatitis C.

One of our Health Advisors or ward doctors will come and see you to talk to you about the blood tests we need to take from you to test for HIV and Hepatitis B and C, and they will be able to answer any questions you may have and obtain your consent. A specimen of blood is taken from you and is sent to the Microbiology laboratory for testing the next working day. You will be given this result as soon as possible by one of your ward doctors or a GUM Health Advisor. Should you be discharged home before the result is expected back, please let the ward staff know so that alternative arrangements can be made. If you agree, you can give written permission for the result to be sent to your G.P. or alternatively, you can make arrangements to receive the results with a specific staff member.

If you have any worries or questions please do not hesitate to ask your ward doctors or sister for further information, or alternatively please contact the Health Advisors at RBH GUM Clinic on 01202-704536.

<table>
<thead>
<tr>
<th>Opening hours</th>
<th>Monday</th>
<th>08.00 – 18.30</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Tuesday</td>
<td>08.00 – 18.30</td>
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<tr>
<td></td>
<td>Wednesday</td>
<td>08.00 – 18.30</td>
</tr>
<tr>
<td></td>
<td>Thursday</td>
<td>08.00 – 18.30</td>
</tr>
<tr>
<td></td>
<td>Friday</td>
<td>09.00 – 16.30</td>
</tr>
</tbody>
</table>
Appendix F

7.0 ADVICE AND SUPPORT FOR STAFF FOLLOWING A NEEDLESTICK

The following sources of advice are available for staff:

**GUM Physicians**
- Dr El Bushra Herieka Ext. 4918
- Dr K Schroeder Ext. 4656
- Dr Chapman Ext. 4653

or on-call GUM physician out of hours:
via hospital switchboard.

**GUM Health Advisors**
Via switchboard at the Royal Bournemouth Hospital for the hours listed below
- Ruth Woodward Bleep 0572
- Sally Anne Palmer Bleep 0575
- Patricia Wharton Bleep 0574

Opening Hours: Mon & Thurs 09.00 – 19.00
Tues, Wed, Fri 09.00 – 17.00

**Occupational Health**
- Lucy Perkins
  Senior Nurse Occ Health RBH Ext. 4217
- Dr Martin Mcguire
  Consultant Physician Ext. 4217

**Consultant Microbiologists**
Out of hours there is always a consultant Microbiologist on Air call.
However this must be authorised via the GUM Consultant.
Number obtained via switchboard

**Infection Control Nurses**
- Jacqui Campbell
  Senior Infection Control Nurse 4842
  Infection Control Nurse 4842

Area Pager Bleep Nos: 7837010706 then Ext. 4842

**Clinical Nurse Specialist**
**Viral Hepatitis (HCV, HBV)**
- Hazel Allen Bleep 2358, Ext 5852

**Antibiotic/HIV Pharmacist**
- Darren Wilson Ext. 4095

**Local GUM clinics**
- Bournemouth Royal Bournemouth Hospital 01202 704537
- Portsmouth St Mary's Hospital 023 9286 6796
- Salisbury Salisbury District Hospital 01722 410069
- Southampton Royal South Hants Hospital 023 8082 5438
- Weymouth Community Hospital 01305 762682
- Winchester Royal Hampshire County Hospital 01962 824269
Appendix G

ROYAL BOURNEMOUTH & CHRISTCHURCH HOSPITALS NHS FOUNDATION TRUST
SHARP INJURY PREVENTION & MANAGEMENT GROUP
TERMS OF REFERENCE

The Trust Sharp Injury Prevention & Management Group (the “Committee”) is a working group established by and responsible to the Health and Safety Committee.

The Group serves to ensure that there is an effective framework within which assurances can be given across the following areas of business; inoculation and sharps injury prevention.

1. Membership

1.1 The Committee Chairman (the “Chairman”) shall be the Occupational Health Nurse Manager. In the absence of the Chairman the deputy Chair shall be the Health and Safety Risk Adviser. In the absence of both the Chair and Deputy Chair the remaining members present shall elect one of themselves to chair the meeting.

1.2 Standing members of the Committee shall include the Occupational Health Nurse Manager, Senior Nurse ED, Clinical Procurement Specialist, GUM representative, OH Nurse, Health & Safety Risk Adviser, Infection Control, Theatre representative.

1.3 Only members of the Committee have the right to attend Committee meetings but if a standing member is unable to attend it is expected that he/she will ensure their nominated deputy is invited and can attend in his/her place, notifying the Chairman.

1.4 It is expected that members attend a minimum of 3 meetings per year.

1.6 Other individuals may be invited to attend for all or part of any meeting, as and when appropriate.

2. Secretary

The Occupational Health Administrative team shall act as the secretary of the Committee.

3. Quorum

The quorum necessary for the transaction of business shall be five members. A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee.

4. Frequency of Meetings

The Committee shall meet quarterly.

5. Notice of Meetings

Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed, shall be forwarded to each member of the Committee and any other person required to attend no later than five working days before the date of the meeting. Supporting papers shall be sent to Committee members and to other attendees as appropriate, at the same time.
6. Minutes of Meetings

6.1 The Secretary shall minute the proceedings and resolutions of all meetings of the Committee, including recording the names of those present and in attendance.

6.2 Minutes of Committee meetings shall be circulated promptly to all members of the Committee.

7. Duties

The duties of the Committee can be categorised as follows:

7.1 Internal Control, Risk Management & Assurance

7.1.1 To provide a major source of assurance to the Health and Safety Committee and that effective structures and systems are in place to reduce the risk of inoculation (needlestick and sharps) injuries to staff.

7.1.2 To provide concise quarterly reports to the Health & Safety Committee and report on the organisation's risk profile in relation to inoculation incident prevention.

7.1.4 To monitor the effectiveness of the Trust’s policies and procedures relating to sharps injuries and blood and body fluid exposures and injuries.

7.1.5 To receive analysis of adverse incident reports (AIRs, OH reports) pertaining to inoculation injuries, Needlesticks and sharps. To identify any Trust action plans for the mitigation of risk and the reduction of adverse events and to ensure the dissemination of key actions and learning points.

7.1.6 To review the adequacy of risk reduction action plans and raise concerns about non-compliance or inadequate assurance to the Health and Safety Committee.

7.1.7 To ensure the effective management of an inoculation (sharps) incident including timely response to treatment (including) prophylaxis and support.

7.1.8 To monitor processes for the management of inoculation incidents and to identify recommendations and action plans where deficiencies in processes and procedures have been identified. To ensure that improvement plans are implemented effectively and result in safer standards for staff.

7.1.9 To review the availability of needlesafe systems and to make recommendations via the Product Evaluation Group as appropriate.
7.2 External Validation & Assessment

7.2.1 To act as a forum for the co-ordination of actions required to be undertaken in preparation for relevant external validation and assessments e.g. CQC, NHSLA relating to sharps prevention and the management of inoculation incidents.

7.2.2 To monitor risk management action plans for relevant NHSLA Risk Management Standards and other key performance indicators to provide evidence of continuous improvement.

7.2.4 To monitor the implementation of recommendations and findings from internal and external reports and board level inquiries pertaining to sharps prevention and the management of inoculation incidents.

7.3 Annual Reports and Plans

7.3.1 To ensure that sharps prevention and the management of inoculation incidents activities are included within the Trust's Annual Report.

7.3.2 To ensure that the Trust’s Annual Audit Plan includes provision for audits to provide assurance on compliance with sharps prevention and the management of inoculation incidents procedures.

7.3.3 To ensure that audit plans for sharps prevention and the management of inoculation incidents procedures cover all relevant departments and staff groups.

7.4 Training

7.5.1 To review sharps prevention and the management of inoculation incidents training and awareness needs and identify an annual training programme to ensure compliance with Trust policy.

7.5.2 To review training competencies and to make recommendations to ensure compliance as required.

8. Reporting Responsibilities

8.1 The Committee shall report quarterly on its activities to the Health & Safety Committee.

9. Other

The Committee shall:

9.1 give due consideration to laws and regulations and the provisions of the Code of Governance;

9.2 oversee any investigation of activities which are within its terms of reference;

9.3 at least once a year review its own performance, terms of reference and attendance to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the Health & Safety Committee for approval.
10. **Authority**

The Committee is authorised:

10.1 to seek any information it requires from any employee of the Trust in order to perform its duties;

10.2 to obtain, at the Trust’s expense, outside legal or other professional advice on any matter within its Terms of Reference;

10.3 to call any employee to be questioned at a meeting of the Committee as and when required.

11. **Supported Strategic Goals**

The Committee aims to support the Trust fulfil the following strategic objectives;

11.1

12. **Supported NHS LA Standards**

The Committee aims to support the Trust fulfil the following requirements of the NHS Litigation Authority Risk Management Standards;

12.1 Governance,

12.2 Safe Environment

12.3 Clinical Care

12.4 Learning from Experience.
### Regular Reports Provided to Committee

<table>
<thead>
<tr>
<th>Performance Indicators</th>
<th>Frequency of Report</th>
<th>Provided By</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Number of Sharps injuries reported to Occupational Health</td>
<td>Quarterly</td>
<td>Occupational Health</td>
</tr>
<tr>
<td>- Number of Sharps injuries reported via AIRS Form</td>
<td>Quarterly</td>
<td>Risk Management</td>
</tr>
<tr>
<td>- Number of Sharps injuries reported via AIRS Form compared to number of incidents reported to OH</td>
<td>Quarterly</td>
<td>Joint OH/RM</td>
</tr>
<tr>
<td>- Root cause Analysis report relating to needlestick incidents (moderate severity and above)</td>
<td>Quarterly</td>
<td>Risk Management</td>
</tr>
<tr>
<td>- Risk Register reports in relation to needlestick and inoculation procedures/issues</td>
<td>Quarterly</td>
<td>Risk Management</td>
</tr>
<tr>
<td>- Non-compliance with inoculation incident procedures</td>
<td>Quarterly</td>
<td>Occupational Health &amp; Emergency Department</td>
</tr>
<tr>
<td>- Response times for PEP</td>
<td>Quarterly</td>
<td>Emergency Department Genito Urinary Medicine</td>
</tr>
<tr>
<td>- Audit of Staff awareness of needlestick procedures</td>
<td>Annual</td>
<td>Occupational Health and Risk Management</td>
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</table>

### Exception Reports Provided

<table>
<thead>
<tr>
<th>Performance Indicators</th>
<th>Frequency of Report</th>
<th>Provided By</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Failure to implement AIR Investigation recommendations</td>
<td>Ad-Hoc</td>
<td>Any member of the Committee</td>
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</table>
### Regular Reports Provided to Health & Safety Committee

<table>
<thead>
<tr>
<th>Performance Indicators</th>
<th>Frequency of Report</th>
<th>Provide By</th>
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</thead>
<tbody>
<tr>
<td>NHSLA Standards Compliance</td>
<td>Annual</td>
<td>Risk Management</td>
</tr>
<tr>
<td>AIR Trend Analysis and recommendations for safer practice</td>
<td>Quarterly</td>
<td>Risk Management</td>
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</tbody>
</table>

### Regular Reports Provided to Other Groups

<table>
<thead>
<tr>
<th>Performance Indicators</th>
<th>Frequency of Report</th>
<th>Provide By</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training</td>
<td>Annual</td>
<td>Occupational Health Manager to Mandatory Training Group</td>
</tr>
<tr>
<td>Needlesafe system reviews</td>
<td>Ad hoc</td>
<td>Product Evaluation Group</td>
</tr>
</tbody>
</table>
## EQUALITY IMPACT ASSESSMENT – SCREENING FORM

<table>
<thead>
<tr>
<th>1. Title of document/service for assessment</th>
<th>Management of Needlestick &amp; Contamination Injuries</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Date of assessment</td>
<td>11.11.2011</td>
</tr>
<tr>
<td>3. Date for review</td>
<td>11.11.2013</td>
</tr>
<tr>
<td>4. Directorate/Service</td>
<td>Human Resources</td>
</tr>
<tr>
<td>5. Approval Committee</td>
<td>Health and Safety</td>
</tr>
</tbody>
</table>

### 6. Does the document/service affect one group less or more favourably than another on the basis of: NO

<table>
<thead>
<tr>
<th></th>
<th>Yes/No</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race</td>
<td>No</td>
<td>Document aims to provide a template of expectations of roles at a strategic level and shop floor level. It acts as a framework, therefore does not adversely or favourably affect any one group. Aim for all staff at all levels.</td>
</tr>
<tr>
<td>Gender (including transgender)</td>
<td>No</td>
<td>Document sets out aims and expectations of roles at a strategic level. This acts as a framework, therefore does not adversely or favourably affect any one group.</td>
</tr>
<tr>
<td>Religion or belief</td>
<td>No</td>
<td>Document sets out aims and expectations of roles at a strategic level. This acts as a framework, therefore does not adversely or favourably affect any one group.</td>
</tr>
<tr>
<td>Sexual orientation, to include heterosexual, lesbian, gay and bisexual people</td>
<td>No</td>
<td>Document sets out aims and expectations of roles at a strategic level. This acts as a framework, therefore does not adversely or favourably affect any one group. Related, more specific policies may need to be assessed individually. In particular in relation to vaccination response</td>
</tr>
<tr>
<td>Age</td>
<td>No</td>
<td>Document sets out aims and expectations of roles at a strategic level. This acts as a framework, therefore does not adversely or favourably affect any one group.</td>
</tr>
<tr>
<td>Disability – learning disabilities, physical disabilities, sensory impairment and mental health issues</td>
<td>No</td>
<td>Document sets out aims and expectations of roles at a strategic level. This acts as a framework, therefore does not adversely or favourably affect any one group.</td>
</tr>
<tr>
<td>Marriage and Civil Partnership</td>
<td>No</td>
<td>Document sets out aims and expectations of roles at a strategic level. This acts as a framework, therefore does not adversely or favourably affect any one group.</td>
</tr>
<tr>
<td>Pregnancy and Maternity</td>
<td>No</td>
<td>Document sets out aims and expectations of roles at a strategic level. This acts as a framework, therefore does not adversely or favourably affect any one group. Related, more specific policies may need to be assessed individually. Consideration to breast feeding and ante natal care and</td>
</tr>
</tbody>
</table>
7. Does this document affect an individual’s human rights?  
No  
Document sets out aims and expectations of roles at a strategic level. This acts as a framework, therefore does not adversely or favourably affect any one group. Related, more specific policies may need to be assessed individually.

8. If you have identified potential discrimination, are the exceptions valid, legal and/or justified?  
No  
Document sets out aims and expectations of roles at a strategic level. This acts as a framework, therefore does not adversely or favourably affect any one group. Related, more specific policies may need to be assessed individually.

9. If the answers to any of the above questions is ‘yes’ then:

<table>
<thead>
<tr>
<th>Tick</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Demonstrate that such a disadvantage or advantage can be justified or is valid</td>
</tr>
<tr>
<td></td>
<td>Adjust the policy to remove disadvantage identified or better promote equality</td>
</tr>
<tr>
<td></td>
<td>If neither of the above possible, submit to Diversity Committee for review</td>
</tr>
</tbody>
</table>

10. Screener(s)  
Lucy Perkins / John McGilvery

11. Date Policy approved by Committee  
November 2011

12. Upon completion of the screening and approval by Committee, this document should be uploaded to papertrail.