*Draft* **Protocol:**

**Emergency Management of Injuries with risk of infection from blood borne viruses (BBV)**

Practice protocol, in the case of a sharps injury, must be informed by ‘*Guidelines for the Emergency management of Injuries (including needlestick and sharps injuries, sexual exposure and human bites) where there is a risk of transmission of blood borne viruses and other infectious diseases*’, HSPC, 2012.

**In the case of a needlestick, sharps injury or human bite:**

The ultimate management of this type of injury is prevention. The Standard Precautions embodied in this Practice IPC Policy and the principles of the Practice Safety Statement, along with staff training and competence, are central to risk management.

**Terms:**

*Source*: The source of the potentially infected material, generally, the patient in a dental setting

*Recipient*: The person who sustains the injury

***Refer to* EMI Toolkit (HSPC, 2012**

**Responsible Person for Emergency Management of Injuries ………………..**

**Referral Unit in case of Injury (needlestick or other sharps/human bite/exposure of broken skin or mucous membrane)………..** *(A&E/Infectious Disease Specialist/Occupational Health Specialist)* **…….**

**Protocol:**

* First Aid:
* Encourage the wound to bleed.
* Do not suck the wound.
* Irrigate the wound with running water and soap. Do not use a nail brush.
* Dry and cover the wound with a waterproof dressing if needed.
* Inform the Responsible Person/Practice Principal.
* Complete an On-Site Assessment Form (Dental/Primary care) (**Appendix 20**).
	+ Valid consent required from the source
* General Risk assessment
	+ Is the injury significant (**Appendix 2**)?
* Specific Risk assessment:
	+ Following exposure to needlestick/sharps in occupational or community setting (**Appendix 3**)
	+ Following exposure of mucous membrane/broken skin in occupational or community setting (**Appendix 4**)
	+ Following human bite breaching skin (**Appendix 6**).

A decision has to be taken as to whether a significant exposure has occurred to the recipient:

* Injury – Significant/Non-significant
* Risk – High (Source group/Source homeland)/Low

If the incident involves exposure to a low-risk material or a non-significant injury, no further treatment or testing is required. The recipient should be reassured and any follow-on care provided.

If the incident carries a risk of significant exposure to infection, BBV or otherwise, the recipient should go without delay to the nearest Referral Unit as per practice policy:

* + Bring the completed On-Site Assessment Form
	+ Bring the source (patient’s) medical notes if consent is provided.

**Clinical management of the injury may include:**

* Tetanus
* Antibiotics
* Post-Exposure Prophylaxis
* Follow-up

**Post-Exposure Prophylaxis (PEP):**

The recipient may be advised to undergo PEP based on the type of injury and the potential risk of transmission of a blood borne infection. PEP is given in response to significant risk of infection from HIV and/or HBV. Currently, there is no PEP available for HCV but if seroconversion occurs, early treatment is highly effective.

The recipient is to be advised before attending the Referral Unit, by the Responsible Person/Principal Dentist, of the main considerations by medical professionals in the provision of PEP:

* Risk Assessment (**Appendix 7**)
	+ Exposure
	+ Source
* Early administration:
	+ Ideally, within 2 hours for HIV but no later than 72 hours
	+ Ideally, within 48 hours for HBV and no later than 7 days
* Counselling on the risks and benefits of PEP
	+ Estimated risk of blood borne infection
	+ Side effects of PEP
	+ Effects on Insurance Policies
	+ The window period (**Appendix 29**)
* PEP management (as advised by medical healthcare professionals).