

# Prevention and Management of Occupational Exposure (including sharps)

## Printable learning resource

### What is this resource?

This resource is based on the e-learning module “NES: Prevention and Management of Occ. Exposure” from the **Scottish Infection Prevention and Control Education Pathway**.

The aim of this document is to make the e-learning content available to learners who

- do not have regular access to a computer and/or a network
- do not yet have the necessary IT skills or confidence to complete e-learning
- have different needs and therefore e-learning is not suitable for them.

All screen captures from the original module are included.

### How should this resource be used?

This resource can either be

- uploaded as a PDF file to tablets or other digital devices without internet access, or
- printed. (Printing in black and white is sufficient.)
- All navigational instructions on the screens in this document should be ignored.
- We have given instructions on how to complete interactivities and questions.
- A space has been provided for staff to make any additional notes after each topic.

### Internet access

Internet access is required for the following:

**Online feedback form and web links** for additional resources. Staff should be enabled to use web links and complete the feedback form if at all possible.

**Online assessment.** The online version of this resource consists of the e-learning module and a separate online assessment, and staff should be enabled and encouraged to complete this online assessment locally.



[Learn how to navigate this module.](#)

Start

## Aim and target audience

**Occupational Safety: Prevention and Exposure Management (including sharps) is one of the 10 standard infection control precautions (SICPs).**

The aim of this module is to equip you with the knowledge and skills you need to prevent and minimise **your** risk of acquiring an infection from blood or body fluids.

This module is ideal for **all staff new to health and social care**. It is also suitable for **more experienced staff in any setting** who want to refresh their knowledge or update skills.



It is important that you know about **Personal Protective Equipment (PPE)** and **Hand Hygiene** before you start this module. Modules are available in the Scottish Infection Prevention and Control Education Pathway.

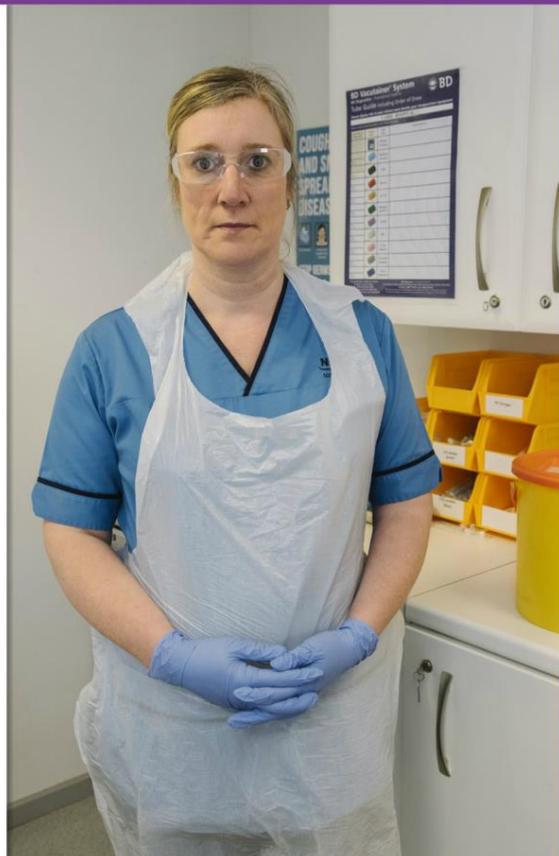


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## Learning outcomes

After completing this module, you will be able to:

- recognise risks of occupational exposure to blood or body fluids
- take actions to prevent and minimise the risks by avoiding and managing potential hazards including the safe management of sharps
- take appropriate action in the event of an occupational exposure incident.



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## Overview

There are 3 topics in this module:

- **Topic 1:** Understanding the risks
- **Topic 2:** Preventing and minimising the risks
- **Topic 3:** Taking appropriate action after an exposure incident

You will learn from a series of **activities** and **scenarios** that will help you put your knowledge into practice where you work.

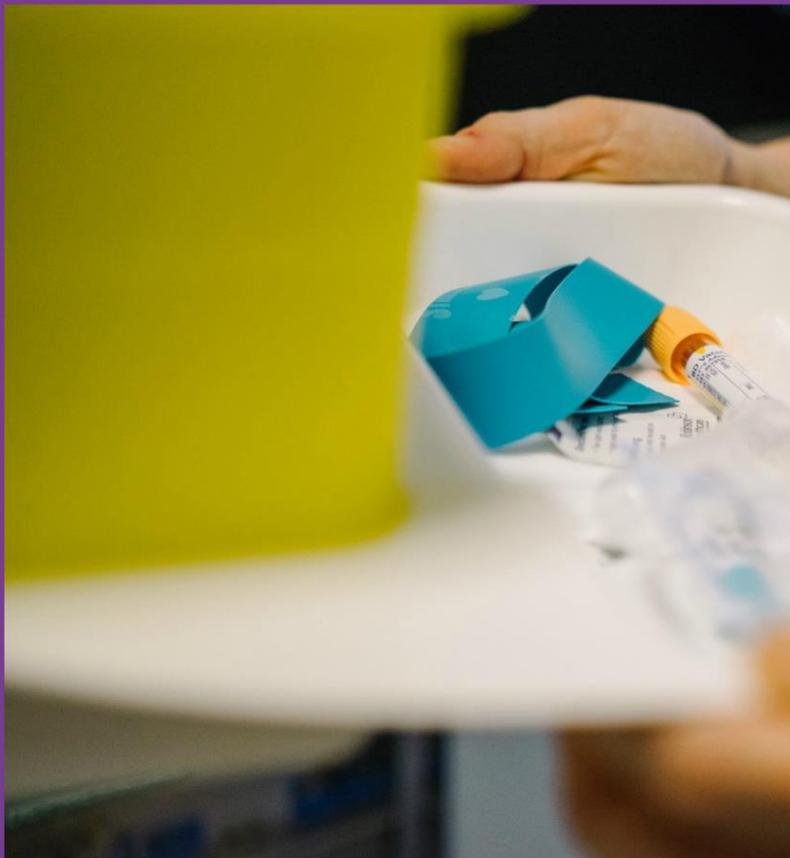
You can learn more using the **Resources** page at the end of this module.

Once you have visited **all the screens** in this module, you can access the separate assessment. You need to **score 80%** in the assessment to pass and get a certificate of completion.



This module will take you **about 30 minutes** to complete.

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## Topic 1: Understanding the risks

In this topic you will explore:

- What are the different types of exposure?
- What is a sharp?
- What are the risks?
- Who is at risk?

You - as an employee, employer or contractor - have a duty to follow a number of regulations to **protect yourself and others** from risks associated with work activities, including **blood borne viruses (BBVs)**. So you will also take a brief look at these regulations.



Remember, you can use the **Menu** to jump to any screen or to check where you are in this topic.

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> Topic 1: Understanding the risks

## How can you get exposed to blood or body fluid?



A significant incident is one involving contact with blood or body fluids. This can happen in different ways during your work including:

- a **percutaneous injury** e.g. injuries from needles, instruments, bone fragments, or bites which break the skin; and/or
- exposure of **broken skin** (abrasions, cuts, eczema, etc); and/or
- exposure of **mucous membranes** including the eye from splashing of blood or other high risk body fluids.

There is a risk of BBV transmission from all significant incidents.

A significant **exposure** is one where the source is known to be (or found to be) BBV infected.

Not all significant incidents are significant exposures, but **all** incidents should be reported as appropriately investigated incidents may prevent them occurring again in the future.



Select each hotspot to learn more.

< PREV NEXT >

> Topic 1: Understanding the risks

### Mucous membranes



## How can you get exposed to blood



A significant  
This can happen

- a perforation of the bone
- exposure to blood
- exposure to splashed blood

There is a significant risk

A significant risk found to be

Not all significant risks should be taken into account when they occur



Select

The **eyes, nose and mouth** are known as **exposed mucous membranes**. They can easily be **splashed** with blood or body fluids if they are **not** protected.

This is called **muco-cutaneous exposure**.

< PREVIOUS NEXT >

> Topic 1: Understanding the risks

### Broken skin



## How can you get exposed to blood



A significant  
This can happen

- a perforation of the bone
- exposure to blood
- exposure to splashed blood

There is a significant risk

A significant risk found to be

Not all significant risks should be taken into account when they occur



Select

Blood and body fluids can enter broken skin such as abrasions, cuts or eczema if left **uncovered** during work activities.

< PREVIOUS NEXT >

> Topic 1: Understanding the risks

Percutaneous injury ✕

# How can you get exposed to blood?



A significant risk of exposure to blood and body fluids can occur when a healthcare worker is exposed to:

- a percutaneous injury (e.g. a needle stick or cut)
- exposure to blood or body fluids on the skin
- exposure to blood or body fluids on the mucous membranes (e.g. eyes, nose, mouth)

There is a significant risk of exposure to blood and body fluids when a healthcare worker is exposed to:

A significant risk of exposure to blood and body fluids can occur when a healthcare worker is exposed to:

Not all significant risks should be considered as they occur in different settings.

Select the items you think are sharps, then select **Submit**.

A **percutaneous injury** is an injury which causes a needle, scalpel, bone fragments or other instruments to penetrate the skin. This is sometimes referred to as a sharps injury.

**Hollow bore needles** may hold blood inside. These are often **visibly contaminated devices**.

Percutaneous injuries include bites that break the skin.

**Personal protective equipment (PPE)** - gloves, aprons, face masks and visors, etc. - is important in reducing the risk of exposure.

For example, you must wear gloves when handling sharps!

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> Topic 1: Understanding the risks

# What is a sharp?

Most people who work where care is delivered think that "sharps" are needles, so they talk about "needlestick injuries".

However, anything that can break the skin is considered a "sharp".

Select the **items** you think are sharps, then select **Submit**.

<input type="checkbox"/> Needles	<input type="checkbox"/> Human Teeth	<input type="checkbox"/> Bone fragments	<input type="checkbox"/> Instruments
			

Please try to answer the question above and then check the answer and the feedback on the following page.

# Correct

**That's correct.** All these items are sharps!

Some people forget that a forceful **bite** or a sharp edge of a human tooth can break the skin. You may be at risk of a bite if you work in the ambulance service, a dental surgery or in any setting where people in your care can be aggressive or fearful.

**Bone fragments** can cause injuries during dental or orthopaedic surgery or when treating a person whose broken bone has punctured their skin.

**Sharps** may also include blood glucose lancets, scalpel and other blades, surgical instruments, broken glass, etc.

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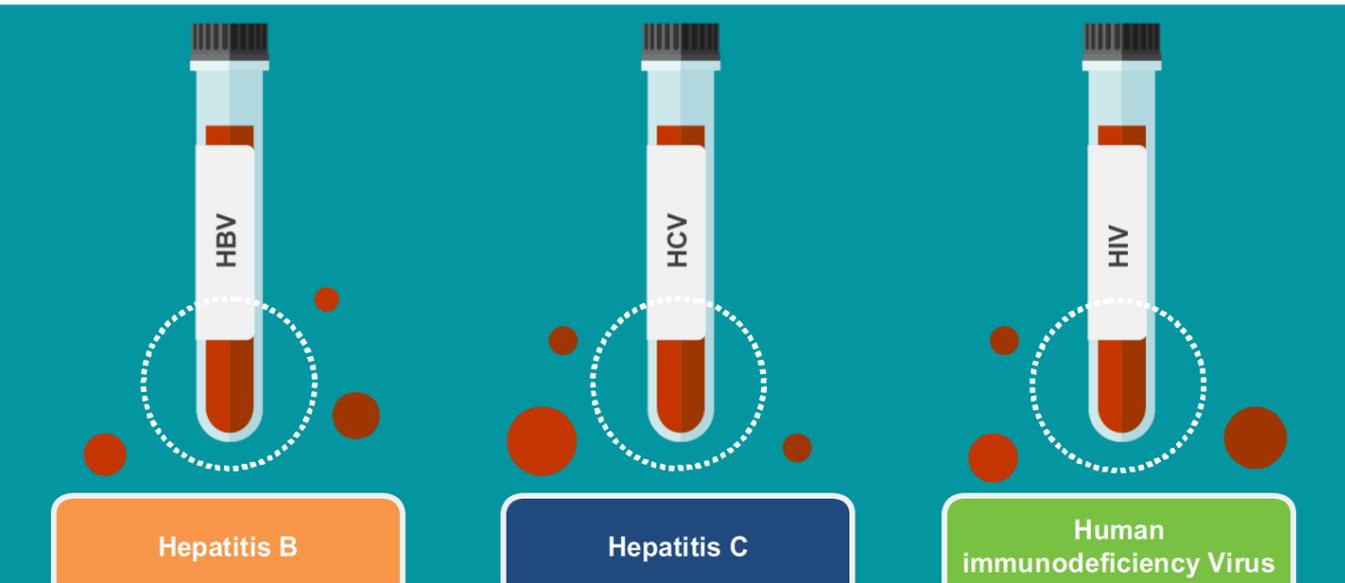
<input checked="" type="checkbox"/> Needles	<input checked="" type="checkbox"/> Human Teeth	<input checked="" type="checkbox"/> Bone fragments	<input checked="" type="checkbox"/> Instruments
			

< PREVIOUS SUBMIT

> Topic 1: Understanding the risks

## What are the infection risks?

The main risk from percutaneous or mucocutaneous exposure is the potential exposure to **blood borne viruses** (BBVs). These are transmitted by blood or other body fluids. You can see the blood borne viruses of most concern in this image.



The image shows three test tubes containing red liquid, representing blood. The first tube is labeled 'HBV' and is associated with 'Hepatitis B'. The second tube is labeled 'HCV' and is associated with 'Hepatitis C'. The third tube is labeled 'HIV' and is associated with 'Human immunodeficiency Virus'. Each tube is surrounded by red circles of varying sizes, suggesting the spread or presence of the virus.

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## &gt; Topic 1:

## Understanding the risks

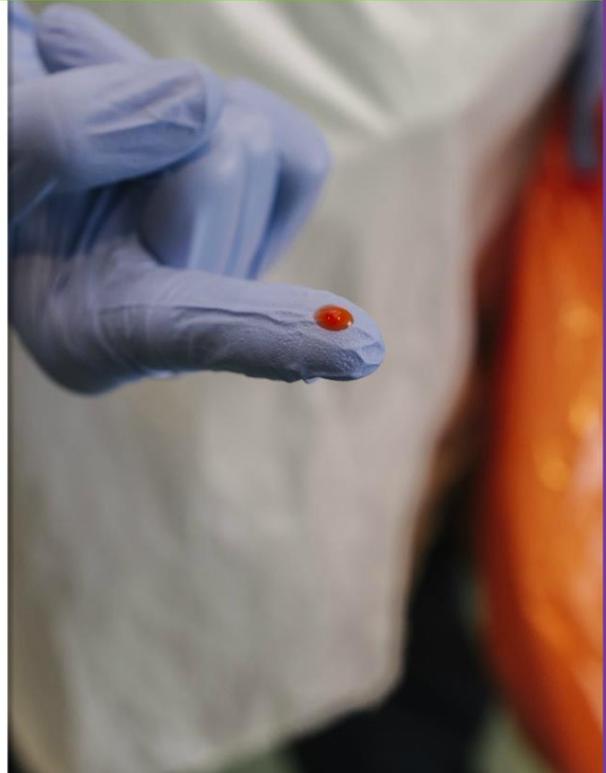
## The risk factors

The transmission of infection depends on a number of factors, including:

- the person's natural immune system
- the depth of the injury
- the type of sharp used
- where the sharp entered the body
- if the source, if known, has a blood borne virus.

We know the number of exposures each year is high, but only a small number are known to have caused infections that led to serious illness.

However, the effects of the injury and anxiety about its potential consequences can have a significant personal impact on an injured employee.



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## &gt; Topic 1:

## Understanding the risks

## The risk of transmission – sharps injury

It's not always possible to know who has a BBV, or other infections. This is why you must **always follow** standard infection control precautions at **all times** in all settings.

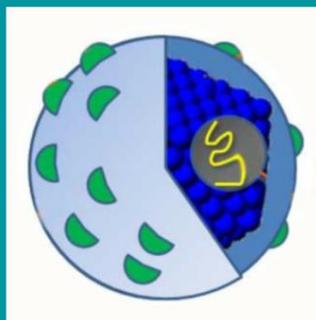
Which BBV do you think carries the highest risk of transmission following a **sharps injury** by a hollow bore needle or device visibly contaminated with blood?



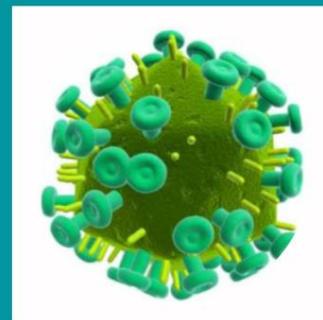
Select each image to learn more.



Hepatitis B



Hepatitis C



HIV

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## Hepatitis B risk



The estimated risk of transmission following a sharps injury (deep penetrating injury involving hollow bore needle or device visibly contaminated with blood) is **1 in 3**.

**Hepatitis B has the greatest risk of transmission.** You may lower this risk further if you are protected by getting your Hepatitis B vaccination. If a person who has Hepatitis B is on treatment, the risk of transmission to you may be even lower.

## Hepatitis C risk



The estimated risk of transmission following a sharps injury (deep penetrating injury involving hollow bore needle or device visibly contaminated with blood) is **1 in 30**.

Hepatitis C has the second greatest risk of transmission. **There is no vaccination against Hep C.**

Although there is no post-exposure prophylaxis (preventive medical treatment) for HCV, there are good treatments available.

## HIV risk



The estimated risk of transmission following a sharps injury (deep penetrating injury involving hollow bore needle or device visibly contaminated with blood) is **1 in 300**.

**HIV has the least risk of transmission. There is no vaccination against HIV,** but post-exposure prophylaxis (preventive medical treatment) is available. It is crucial that this is administered as soon as possible after the exposure.

### The risk of transmission – mucocutaneous exposure

The risk of transmission of BBVs through **mucocutaneous exposure** is considerably lower than through percutaneous exposure (sharps injuries or bites that breaks the skin).

The risk for mucocutaneous exposure is difficult to estimate, but is considered to be around 1:1000 incidents.

**Although the risk is lower, there is still a risk!**



## Who is at risk?

All staff who work in health and social care settings are at risk of transmission of BBVs even if they do not provide hands on care.

There is also a risk to people we care for and visitors in these settings if blood, other blood stained body fluids and sharps are not managed safely.

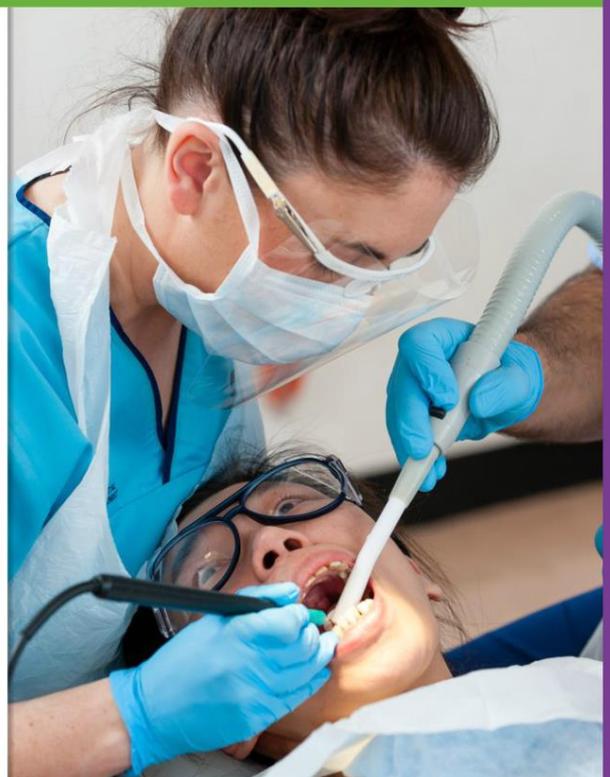


## Exposure prone procedures (EPPs)

There is a very small risk of staff with an untreated blood borne virus infecting people receiving care. This can happen during **exposure prone procedures** (EPPs) where injury to the staff member could result in **their** blood contaminating the person's open tissues.

EPPs include procedures where the staff members' gloved hands or fingertips are not always visible when near sharp instruments, needle tips or sharp tissue. This can happen, for example, during open surgical or deep suturing procedures.

You can learn more about the occupational health screening and protection offered to healthcare workers who have direct contact with blood, blood stained body fluids or patients' tissues in the National Infection Prevention and Control Manual's [Occupational Exposure Management \(including sharps\) literature review](#).



Occupational Exposure Management (including sharps) literature review link:  
<http://www.nipcm.hps.scot.nhs.uk/documents/sicp-occupational-exposure-management-including-sharps/>

> Topic 1: Understanding the risks

## Significant occupational exposures – how can they happen?

There are many ways in which you can have a **significant occupational exposure**. Acquiring a BBV can have a big impact on your life, your career, and on those you love.



Select the image to see a slideshow exploring how workers were exposed while at work.



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Amina, a nurse



I was taking blood from a very agitated patient, but didn't assess how I would safely draw blood on my own.

The patient tried to push me away whilst I was holding the needle and syringe. The used hollow bore needle stuck into my finger. I calmed him down and only then carried out first aid. I should have asked for help.



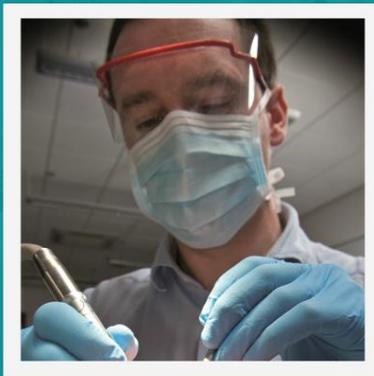
“

I was carrying full domestic waste bags ready for uplift. I didn't notice a used needle sticking through one of the bags and I got a needlestick injury to my leg.

”



John, a domestic assistant



Raj, a dentist

“

I was carrying out root canal treatment on a female patient. I have to use sharp instruments such as needles, burs and files during the procedure.

I can't always see my fingertips especially when I'm working right at the back of the mouth. My patient felt some pain so I stopped to administer some more local anaesthetic when she suddenly moved her face and the needle stuck into my hand.

”

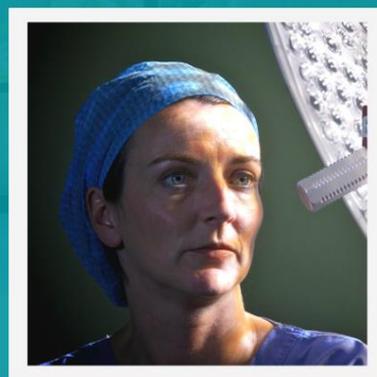


“

My gloved hands are often in contact with sharp instruments and needle tips inside a patient's open body cavity during open surgical procedures.

I had to do some deep suturing where my hands or fingertips weren't always completely visible. I accidentally stuck the suture needle into my hand through my glove. I asked someone else to take over while I carried out first aid.

”



Ruth, a surgeon



Select NEXT to continue.

## What the law says

Several regulatory requirements cover the prevention and management of occupational exposures.

You are accountable for your practice and there are laws to protect you and others.

You must be aware of **your** responsibilities, as an employee or as an employer.

[Legislation](#)[Employer's responsibilities](#)[Employee's responsibilities](#)[< PREVIOUS](#)[NEXT >](#)

### Legislation



Here is a list of regulations that must be followed when providing healthcare, especially where exposure to blood or other body fluids is common.

- Health and Safety at Work Act 1974
- Management of Health and Safety at Work Regulations 1999
- Control of Substances Hazardous to Health Regulations (COSHH) 2002
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
- The European Council Directive 2010/32/EU ("the Sharps Directive")
- Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 ("the Sharps Regulations").

## Employer's responsibilities



**Your employer has a responsibility to take steps to prevent and manage occupational exposures in the workplace.** This includes ensuring the health, safety, and welfare at work of employees and anyone else (such as patients, visitors, contractors) who might be affected by the employer's activities or the work environment.

### Specific responsibilities include:

- **protecting workers** from sharps injuries and occupational exposure (e.g. by providing safer sharps where these are available, appropriate waste disposal equipment, etc.)
- selecting and implementing appropriate risk controls through provision of **information**, suitable **training** for staff and **safe working procedures**
- **investigating** the circumstances and causes of sharps injuries or splash incidences.

## Employee's responsibilities



### Your responsibilities as an employee to prevent and manage occupational exposures include:

- taking reasonable care of yourself and others
- co-operating with the employer's health and safety arrangements and precautions
- undertaking training and training others
- carrying out risk assessments
- using appropriate risk controls (e.g. use of safer sharps devices, correct use of PPE)
- following policies, procedures and safe systems of work
- reporting all incidents and investigating accidents and near misses.

&gt; Topic 1:

Understanding the risks

## Check your learning – BBV transmission

As you have learned earlier, BBV transmission depends on a number of factors.



Can you match each BBV to its estimated transmission risk following a deep penetrating sharps injury involving a hollow bore needle or device visibly contaminated with blood?



Drag and drop the red items into the circles.

1 in 30

1 in 300

1 in 3

**HIV**Human immunodeficiency  
Virus**HBV**

Hepatitis B

**HCV**

Hepatitis C

&lt; PREV SUBMIT

Please try to answer the question above and then check the answer and the feedback on the following page. Write the risk on the test tubes.

## Correct

That's the correct answer.

Although many staff may be worried about acquiring HIV at work, in most settings you are more at risk of acquiring HBV or HCV, e.g. from sharps or devices contaminated with blood.

For HIV there is a 1 in 300 risk, 1 in 3 for Hepatitis B and 1 in 30 for Hepatitis C.

Continue >

1 in 300

**HIV**

Human immunodeficiency  
Virus

1 in 3

**HBV**

Hepatitis B

1 in 30

**HCV**

Hepatitis C

< PREV SUBMIT

> Topic 1:

Understanding the risks

## Occupational exposure – the risks

Exposure to blood and body fluids is a well-known risk in health and social care settings.

**Always remember that you and your employer have a duty to protect yourself and others from harm in the workplace.**

Now go to the next topic to learn how you can reduce the risks of exposure.



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## Notes for Topic 1: Healthcare Associated Infections and their impact



## Topic 2: Preventing and reducing the risks

In this topic you will learn what **you can do** to reduce the risks of occupational exposure through:

- injuries from a sharp instrument or object
- broken skin
- blood or body fluid splashes to exposed mucous membranes.

You will have an opportunity to work through some activities to test your knowledge.



Remember, you can use the **Menu** to jump to any screen or to check where you are in this topic.

&gt; Topic 2:

Preventing and reducing the risks

## When do most sharps injuries happen?



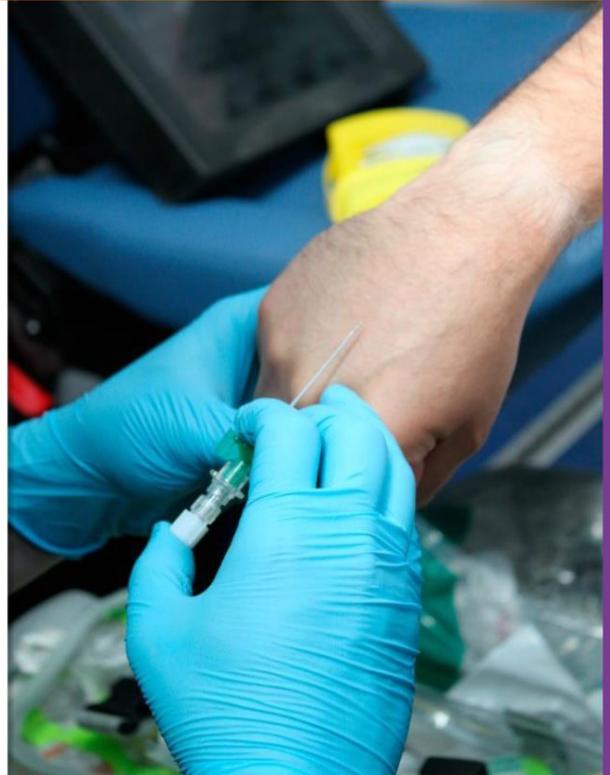
Sharps injuries can happen to **anyone at any time**. But most happen at a particular point in time.

When do you think **most** sharps injuries occur?



Select **an option**, then select **SUBMIT**.

- Preparing for a procedure
- During a procedure
- After procedure and before disposal
- During or after disposal

[< PREV](#) [SUBMIT](#)

Please try to answer the question above and then check the answer and the feedback on the following page.

> Topic 2: Preventing and reducing the risks



### When do most sharps injuries happen?

Sharps injuries can happen to **anyone at any time**. But most happen at a particular point in time.

When do you think **most** sharps injuries occur?



Select an **option**, then select **SUBMIT**.

- Preparing for a procedure
- During a procedure
- After procedure and before disposal
- During or after disposal

That's correct.

**Most** sharps injuries happen **during** a procedure. However, when exposures occur differs by occupational group.

Between 2004 and 2013, **75%** of exposures among **doctors** occurred **during** the procedure, whereas among dentists and dental nurses, this figure was **52%**.

Among dentists and dental nurses, **39%** of exposures occurred **after the procedure** but **before disposal**.

**Reference:**  
*Eye of the Needle: United Kingdom Surveillance of Significant Occupational Exposures to Bloodborne Viruses in Healthcare*, Public Health England, December 2014

Continue >

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> Topic 2: Preventing and reducing the risks

### Safe practice to reduce the risk of sharps injury

You have seen that most sharps injuries happen when you are using them. By following safe practice you can prevent or reduce the risk of an occupational exposure.



Watch **this video** to discover what good practice looks like.



If you can't view or hear the sound in the video, please view the [video script](#).



Download this [job aid](#) that contains useful guidance.

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## Introduction to SICPS Occupational Exposure Management - Transcript

It is the responsibility of the person using a sharp to dispose of it correctly and safely.

And when using a sharp ensure that you wear the appropriate PPE.

Never leave needles or sharps lying around.

Always request assistance when using sharps with an uncooperative individual.

Never walk around with unguarded sharps.

Do not pass an exposed sharp to another person.

Used sharps must not be re-sheathed and must be discarded directly into a sharps container.

A sharps container must not be filled above the mark that indicates it is full, which is no more than three quarters.

Never attempt to push any sharp item that protrudes from the container.

Never attempt to retrieve any item from a sharps container.

The sharps container should be taken to where the procedure is taking place, and the sharp immediately disposed of after use.

The sharps container must not be placed on the floor, and a temporary closure mechanism must be activated when not in use.

## Sharps – Good Practice

It's the responsibility of the person using a sharp to dispose of it correctly and safely.

### You should ALWAYS:

- ✔ Wear the appropriate PPE when using sharps.
- ✔ Request assistance when using sharps with an uncooperative individual.
- ✔ Discard sharps directly into a sharps container immediately after use.
- ✔ Take sharps containers as near to the point of use as possible.
- ✔ Use a temporary closure mechanism when not in use.
- ✔ Avoid using medical sharps if possible.
- ✔ Use safer sharps devices where possible.

### You must NEVER:

- ✘ Leave needles or sharps lying around.
- ✘ Walk around with unguarded sharps.
- ✘ Pass an exposed sharp to another person.
- ✘ Re-sheath a used sharp. Only exception is local anaesthetic administration in dentistry.
- ✘ Fill a sharps container above the fill mark.
- ✘ Try to push any sharp item that protrudes from a container.
- ✘ Try to retrieve any item from a sharps container.
- ✘ Place a sharps container on the floor.

> Topic 2: Preventing and reducing the risks

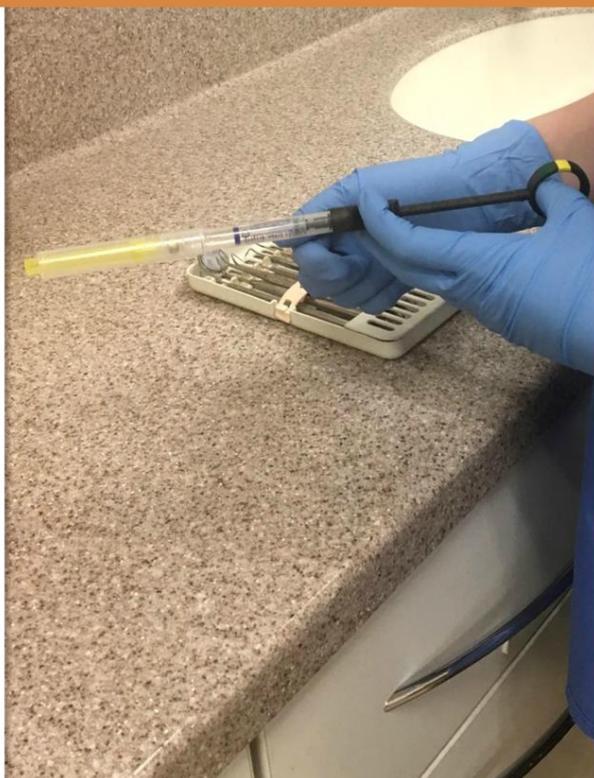
## How can you prevent or reduce occupational exposure to sharps?

You should try to **avoid** using sharps at work if possible.

When sharps **are** used, “safer” sharps must be used as far as is reasonably practicable. So what are safer sharps?

“Safer” sharps are medical sharps which incorporate a feature or mechanism to prevent or minimise the risk of accidental injury from cutting or pricking the skin. These include:

- syringes and needles with a **shield or cover** that slides to cover the needle after use
- needles or blades which **retract** into the device once used.



Remember that “safer sharps” do not remove all risks associated with using a sharp. They must be used appropriately.

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> Topic 2: Preventing and reducing the risks

## What else can you do?

**Sharps** are objects or instruments commonly used in healthcare activities to break the skin.

You should **avoid using unnecessary sharps wherever possible and you should use safer alternatives where it is reasonably practicable to do so.**

But occupational exposures can happen in other ways.



Select each box to reveal ways of preventing or reducing the risk of occupational exposures during common tasks.

- 
**Sampling from a urinary catheter**
  - Use the needleless sampling ports.
- 
**Administering medication using needles**
  - Change to oral medication where possible.
- 
**Checking someone’s clothing**
  - Don’t put your hands into pockets in emergency situations in case there is a sharp.
- 
**Carrying out dental treatments**
  - Use a suitable safety tool, appliance or device if recapping of dental local anaesthetic needles is required.
- 
**Blood glucose monitoring**
  - Where possible, ask the patient to do it themselves to reduce the risk of exposure.

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## Safety tips

There are lots of **other** good behaviours that you can do to help prevent you being exposed to a BBV during your work activities.



Select **each checkbox** on **the checklist** to reveal tips on avoiding occupational exposure.

**Safety tips**

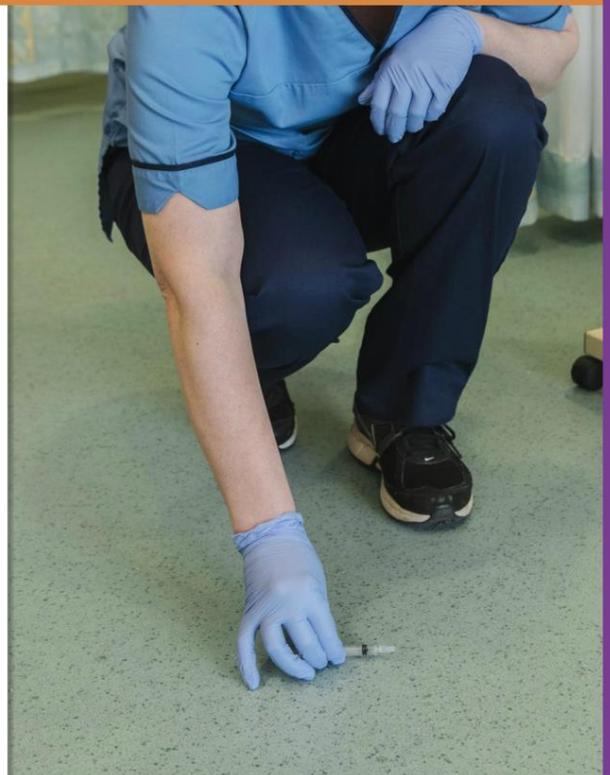
- ✓ Cover any breaks in your skin with a waterproof dressing.
- ✓ Select and use the correct PPE for the task.
- ✓ Discard needles and syringes as one unit **except when administering local anaesthetic in dentistry.**
- ✓ Locate sharps containers at a height that allows their safe disposal.
- ✓ Never try to retrieve an item from a sharps container.

## Protecting others from sharps injuries

**Sharps injuries can happen to people in health and social care settings who do not use sharps!**

Visitors and others receiving care, including children, may come across a loose sharp in the environment.

**It's the responsibility of the person using a sharp to dispose of it correctly and safely.**



## Notes for Topic 2: Preventing and reducing the risks



### Topic 3: Taking action after an exposure incident

No matter how careful you are, accidents will happen. If you or a colleague has an occupational exposure incident, you should act **immediately**. It's important that you know **what to do**.

In this topic, you will learn about the first aid measures for sharps injuries and splashes of blood or body fluids to the eyes and mouth.

You will also learn why it is important to report incidents and how to do this.

 Remember, you can use the **Menu** to jump to any screen or to check where you are in this topic.

> Topic 3: Taking action after an exposure incident

### First aid procedure – sharps injury

You must carry out certain first aid procedures in the event of a sharps injury.

Following a sharps injury you must immediately:



Select each **step** to reveal the points.



When you're finished, go to the next screen to see a **first aid procedure** in action.

- 1. Encourage the wound to bleed. Gently squeeze accidental puncture wounds.
- 2. Wash the affected area with liquid soap (non-antimicrobial if possible) and warm water, rinse and dry.
- 3. Cover the wound with a waterproof dressing.
- 4. Ensure the item that caused the injury is disposed of safely.
- 5. Report the incident to a senior member of staff.
- 6. Follow local Occupational or Blood Borne Virus Exposure Prone (needlestick/sharp) Injury Protocol for advice on how and when to attend Occupational Health and/or Emergency Departments.
- 7. Document the incident through your local incident reporting mechanism.

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> Topic 3: Taking action after an exposure incident

### Management of injuries caused by a used needle

Mary is a paramedic and is in an ambulance working with a patient. Mary is inserting a cannula into a patient's vein when she is pricked by the used needle. She has **no running water** in the ambulance. **Could this happen in your work setting?**



Consider what Mary should do now to carry out the correct first aid.



Download **Appendix 10 - Management of Occupational Exposure Incidents** from the National Infection Prevention and Control Manual and use it to help you decide.

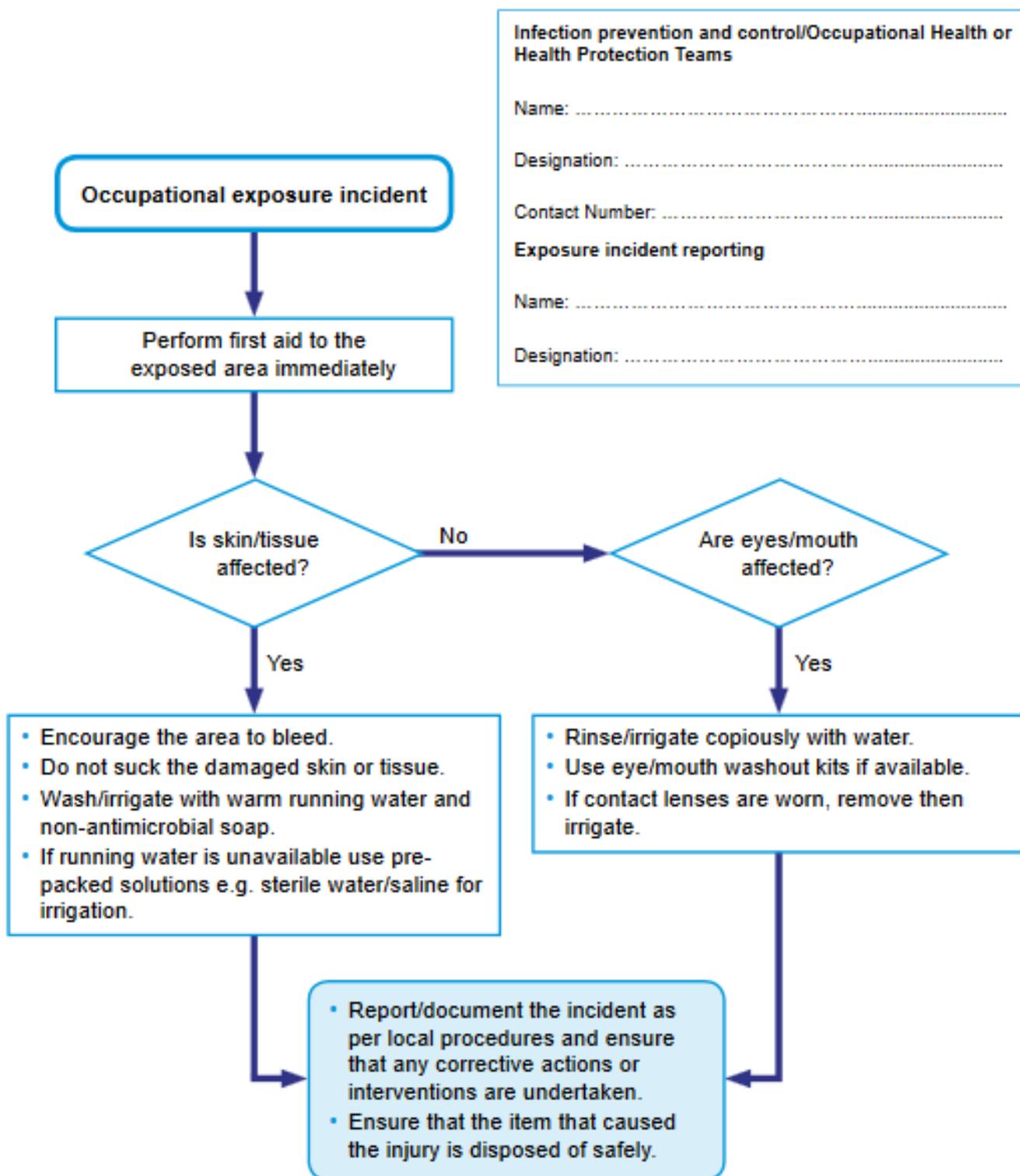


When you're ready, select the arrow to see what Mary did.



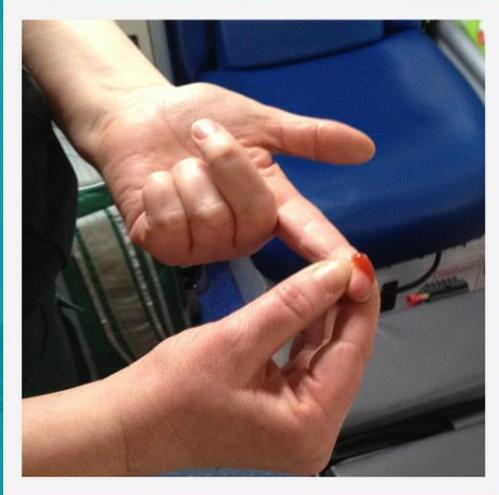
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## Appendix 10 – Management of occupational exposure incidents



> Topic 3: Taking action after an exposure incident

## Management of injuries caused by a used needle



Mary encourages the wound to bleed by gently squeezing the surrounding skin.

She doesn't suck the wound in case there is a BBV in the patient's blood



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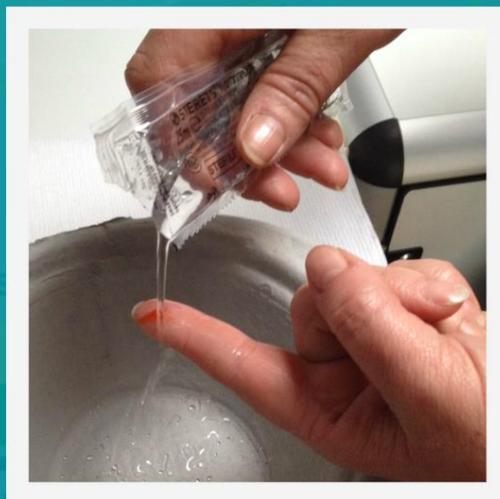
> Topic 3: Taking action after an exposure incident

## Management of injuries caused by a used needle

Mary knows that she should wash/irrigate the area with warm running water and non-antimicrobial soap.

**But she doesn't have running water in the ambulance.**

So Mary uses pre-packed solutions of sterile water/saline instead.



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> Topic 3: Taking action after an exposure incident

### Management of injuries caused by a used needle



Next Mary dries the area and covers it up with a waterproof dressing.



< PREV NEXT >

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### Management of injuries caused by a used needle

Finally, Mary ensures that the needle is disposed of safely. Then she reports the injury to the person in charge of her shift and they document the incident. Mary should attend occupational health or the accident and emergency department immediately following the incident as per the local policy.



Select NEXT to continue.

< PREV NEXT >

## &gt; Topic 3:

## Taking action after an exposure incident

## First aid procedure – blood or body fluid splashes

After exposure to blood or body fluid by splashes on to the skin or mucous membranes you must immediately:



Select each **step** to reveal what you should do if you're exposed to blood or body fluid by splashes to the skin or mucous membranes.



When you're finished, go to the next screen to see a **first aid procedure** in action.

1.

If mucous membrane exposure, rinse the eyes, nose or mouth out immediately with water or at an eye wash station / with eye wash saline.  
- If you wear contact lenses, rinse/irrigate your eyes, remove the lenses and then irrigate again!

2.

If skin exposure, wash the affected area with liquid soap (non-antimicrobial if possible) and warm water, rinse and dry.

3.

Report the incident immediately to your line manager / supervisor.

4.

Follow local Occupational or Blood Borne Virus Exposure Prone (needlestick / sharp) Injury Protocol for advice on how and when to attend Occupational Health and/or Emergency Departments.

5.

Document the incident via your local incident reporting mechanism.

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## &gt; Topic 3:

## Taking action after an exposure incident

## Management of injuries caused by splashing to the eye



Zac works in a care home. He wears contact lenses. He's helping a restless resident who has a nose bleed.

Suddenly Zac is splashed in the eye with blood. He must act quickly in order to minimise the risk of infection.



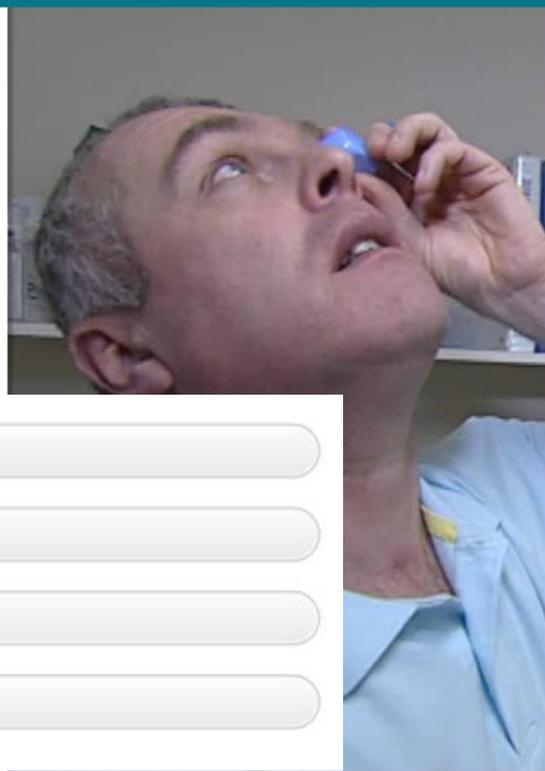
Drag and drop the steps Zac should now take in the right order. What would you do?

1. Irrigate his eyes with normal saline or running water.

2. Report the incident to the person in charge.

3. Document the incident.

4. Remove his contact lenses.


[< PREV](#)
[SUBMIT](#)

Please try to answer the question above and then check the answer and the feedback on the following page. Renumber the steps.

> Topic 3: Taking action after an exposure incident

## Management of injuries caused by splashing to the eye



Zac works in a care home. He wears contact lenses. He's helping a restless resident who has a nose bleed.

Suddenly Zac is splashed in the eye with blood. He must act quickly in order to minimise the risk of infection.



Drag and drop the steps Zac should now take in the right order. What would you do?

Select **SUBMIT** to check your answer.

1. Remove his contact lenses.
2. Irrigate his eyes with normal saline or running water.
3. Report the incident to the person in charge.
4. Document the incident.



### Correct

That's correct.

Zac should remove his contact lenses before irrigating his eyes. That's because contact lenses can trap blood underneath or on their surface, putting Zac at risk of getting a BBV.

First aid takes priority over reporting.

Reporting happens before documenting – this allows Zac time for any follow-up treatment.

Continue >

< PREV SUBMIT

## How to rinse eyes



Select play to watch a short clip showing how to rinse eyes.



Download this [job aid](#) if you can't access the video.



## How to Rinse Eyes

If the eyes are contaminated, irrigate them with either normal saline or running water.



**> Topic 3: Taking action after an exposure incident**

## Management of injuries caused by splashing to the mouth



Joan is a dental nurse who is helping the dentist with a dental extraction. She takes her personal protective equipment (PPE) off as the procedure has finished and the patient requests another mouthwash.

The patient suddenly coughs as he spits, and Joan is splashed in the mouth by blood and blood-stained saliva.

**Which of the following should Joan NOT do?**



Select **an option**, then select **SUBMIT**.

- Rinse her mouth with plenty of water.
- Swallow the water after rinsing.
- Spit the rinsing water out.
- Report and document the incident.



[< PREV](#) [SUBMIT](#)

Please try to answer the question above and then check the answer and the feedback on the following page.

> Topic 3: Taking action after an exposure incident

## Management of injuries caused by splashing to the mouth



Joan is a dental nurse who is helping the dentist with a dental extraction. She takes her personal protective equipment (PPE) off as the procedure has finished and the patient requests another mouthwash.

The patient suddenly coughs as he spits, and Joan is splashed in the mouth by blood and blood-stained saliva.

Which of the following should Joan NOT do?



Select an option, then select **SUBMIT**.

- Rinse her mouth with plenty of water.
- Swallow the water after rinsing.
- Spit the rinsing water out.
- Report and document the incident.

## Correct

That's correct.

It's important that Joan **doesn't** swallow/ingest any water when rinsing in case she ingests any BBV.

**Rinsing** with lots of water and **spitting** it out is key to remove any traces of BBV.



**Remember: NEVER swallow or inhale water used for rinsing the mouth or nose.** Every healthcare area has local policies / procedures for such blood and body fluid exposures. If you're not familiar with the procedures in your workplace, speak to your manager or find and read your local policy / procedure.

Continue >

< PREV SUBMIT

> Topic 3: Taking action after an exposure incident

## Raising issues

You have learned that both you and your employer have responsibilities to prevent incidents that could result in yourself or someone else being exposed to blood or body fluids.

**You have a responsibility as an employee to raise safety issues in your setting.**

Even if you see a "near miss" that **nearly** resulted in yourself or someone else being exposed to blood or body fluids you should tell a more senior colleague.

**By raising issues, you might prevent yourself or someone else being unnecessarily exposed to blood or body fluids that might result in acquiring a BBV infection.**



< PREV NEXT >

**> Topic 3: Taking action after an exposure incident**

## Improving learning from incidents and near misses

A lot can be learned from occupational exposure incidents and near misses. It is **important** to investigate:

- **How** did it happen?
- **Why** did it happen?
- How can it be **prevented** from happening again?

Reporting and documenting all this is important.

Ask your colleagues what they think could be done better. Find out if there are any patterns.



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### Notes for Topic 3: Taking action after an exposure incident

**> Topic 3: Taking action after an exposure incident**

## Summary

Now that you've completed this module you should be able to correctly and confidently prevent and manage occupational exposure to BBVs in your workplace. Take a moment to review the key points of this module:

- Use "safer" sharps devices where possible.
- Follow safe systems of work to prevent and reduce occupational exposures.
- Safely use and dispose of sharps.
- It is the responsibility of the person using the sharp to use it and dispose of it correctly and safely.
- Carry out first aid promptly in the event of an occupational exposure incident, report it and seek follow-up.

[< PREV](#) [NEXT >](#)**> Topic 3: Taking action after an exposure incident**

## Next steps

It's time to put your learning into practice. Start with these examples:

1. Find out what safety devices are available for you to undertake your duties and make sure that you are trained how to use them.
2. Find out where your eye irrigation or mouth washout kits are stored.
3. Discuss with your manager about getting vaccinated against Hepatitis B if you are likely to be exposed to blood and body fluids in your workplace.
4. Display first aid measures for managing occupational exposures.
5. Make sure that your sharps containers are placed close to the point of use during a procedure.

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> Topic 3: Taking action after an exposure incident

### Feedback and Assessment

Before you start the assessment, we'd like to get your feedback on this module.



Please complete the [Occupational Exposure – Feedback Questionnaire](#).

After you've answered the questionnaire, you must complete the assessment.



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Alternative formats



Please close this browser window to exit the module and then open the assessment.

< PREV

Feedback questionnaire link:

<https://response.questback.com/nhseducationforscotland/sipcep09occupationalexposure>

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This resource may be made available, in full or in summary form, in alternative formats and community languages. Please contact NHS Education for Scotland on 0131 656 3200 or email [altformats@nes.scot.nhs.uk](mailto:altformats@nes.scot.nhs.uk) to discuss how we can best meet your requirements.

Transcriptions of any videos within this resource are available on request.



Please close this browser window to exit the module and then open the assessment.

## Printable learning resource – Completion Record

Learning outcomes:

- recognise risks of occupational exposure to blood or body fluids
- take actions to prevent and minimise the risks by avoiding and managing potential hazards including the safe management of sharps
- take appropriate action in the event of an occupational exposure incident.

Anticipated learning time: 30 minutes

I confirm that I have completed the above module.

Learner name: .....

Learner role and location: .....

Learner signature .....



This resource may be made available, in full or summary form, in alternative formats and community languages. Please contact us on **0131 656 3200** or email **altformats@nes.scot.nhs.uk** to discuss how we can best meet your requirements.



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