



Contamination Incidents information and guidance for Faculty of Medicine and Health students

January 2023

What is a sharps injury/contamination incident?

A contamination risk incident is where human blood or high-risk body fluid of another person has penetrated your own body. This is generally via needle stick or sharps injury where the sharp has previously been in contact with someone else's blood/body fluid. It can also be a risk if blood or body fluid is splashed into eyes, nose or mouth, or onto broken or damaged skin. In some circumstances bites and scratches can pose a contamination risk.

How do you establish how much risk there is in an incident?

Some injuries are "riskier" than others. In general, the more volume of potentially infected blood/body fluid you are exposed to, the higher the risk. Deep puncture wounds with a large hollow bore needle which contained fresh blood from someone else is a "higher" risk, whereas a smaller superficial scratch with a solid needle which has had little contact with other person's body fluid would be a "smaller" risk.

What are the risks from sharps injury/contamination incident?

There are 3 main blood borne viruses which are of particular concern following a contamination risk incident.

These are:

- Hepatitis B
- Hepatitis C
- H.I.V.

Relatively few people in the general population pose any infection risk at all, but because it is not always easy to identify if a person carries a blood borne virus it is generally accepted that any body fluid is potentially contaminated.

The risk of transmission of Hepatitis B virus from a source which is definitely known to be infectious is around 1 in 3.

The risk of transmission of Hepatitis C virus from a source which is known to be infectious is 1 in 30.

The risk of transmission of H.I.V. from a source which is known to be infectious is around 1 in 300.

These figures are very approximate and vary dependent on the type of injury, other risk reduction features and the extent of “infectivity” of the source blood.

First Aid for a needlestick injury

If you suffer an injury from a sharp which may be contaminated:

1. Encourage the wound to gently bleed, ideally holding it under running water
2. Wash the wound using running water and plenty of soap; leave under running water for a minimum of 10 minutes - ideally 20 minutes
3. Do not scrub or squeeze the wound whilst you are washing it
4. Do not suck the wound
5. Dry the wound and cover it with a waterproof plaster or dressing

Immediate action following a potential exposure incident - in all cases

1. Encourage the wound to bleed, but *do not* scrub the wound - this may increase tissue damage
2. Wash any wound or contaminated skin with soap and clean water - cover with a sterile dressing
3. If blood is splashed into the eye or mouth, stop and wash out immediately with tap water or saline. Remove any contact lenses

Action to be taken – NHS Hospital setting

Student to perform First Aid (as above)



Inform clinician/person in charge of ward/department



Follow the Hospitals contamination Injury guidance in regards to having bloods taken.

Inform the person in charge of your Hepatitis B vaccination status (if unknown please contact Occupational Health for this information)



Contact Occupational Health as soon as possible and no later than the next working day on 0113 343 2997 and complete the ICI [MS Form](#)

so that any necessary follow up health assessment and support can be initiated
If the department is closed, please leave a message with your name, contact number and the reason for your call. We will call you back on our next working day



Inform your course supervisor

[MS form to be completed here](#)

Action to be taken – Non NHS Hospital setting e.g GP Surgery, Dental outreach, social work setting

Student to perform First Aid (as above)



Inform clinician/person in charge of the placement



Clinician/person in charge to arrange for blood samples to be taken from the student (recipient) –
2 separate samples required:
1 for hepatitis B surface antibody (anti-HBs) and 1 for save serum



Source of contamination injury **NOT** known ie
no information available on who the sharp was used on



Person in charge or clinician to complete the
Contamination Injury Risk Assessment form
and send to OH via email Occupationalhealth@leeds.ac.uk



Inform OH on 0113 343 2997 & complete the [MS Form](#)



Inform your course supervisor

[MS form to be completed](#)



Source of contamination injury known



Person in charge or clinician to complete the
Contamination Injury Risk Assessment form
with the patient (donor) and obtain consent* for
bloods (Hepatitis B Surface Antigen, Hepatitis C
Antibodies, HIV antibodies and a **separate**
sample for save serum) and send completed
Contamination Injury Risk Assessment form to
OH via email Occupationalhealth@leeds.ac.uk



**If there is a high suspicion of blood borne virus risk
the student must attend the nearest A&E dept.
immediately**



Student to inform OH 0113 343 2997
& complete the ICI [MS Form](#)



Inform your course supervisor

Why do we need to have blood tests after a contamination incident?

Blood is taken from you following an injury to store as a baseline. This is kept in the lab for 2 years. It is there so that it can be tested in the future if needed. Sometimes you also have tests to check if you have immunity to Hepatitis B if it has been unclear as to whether you are immune or not.

Donor blood testing

If the blood/bodily fluid has come from an identified patient/donor then blood testing for Hepatitis B + C, and HIV may be able to be undertaken. The availability of this testing is dependent on the donor's ability or willingness to give consent. Testing is not mandatory, and one of the senior clinical team looking after the patient (never yourself) would have to ascertain informed consent for these blood tests.

What can be done if the donor or source is not known, or their blood cannot be tested?

If you are concerned, it is possible for your blood to be tested over the following few months to see if there are any early signs of developing a problem. Most staff are reassured by their own immunity to Hepatitis B with vaccines and the relatively low risk of transmission of Hepatitis C and HIV. For others who undertake exposure prone work (i.e. Dentistry, Midwifery and some Surgery) it is mandatory that their blood is tested for 6 months for Hepatitis C and H.I.V. based on risk assessment.

What can I do to minimise risks of a contamination incident in the future?

- Use the standard/universal precautions when dealing with blood/body fluids.
- Keep up to date with Hepatitis B immunisations.
- Always follow safe practice when handling sharps and clinical waste, i.e. do not re-sheath needles, dispose of sharps immediately at time of use.

All contamination incidents involving human blood/bodily fluids must be reported to the Occupational Health Department ASAP, or the next working day if occurs out of office hours

Our contact details are:

Telephone: 0113 343 2997

Email: occupationalhealthstudents@leeds.ac.uk

Occupational Health Service

5-9 Willow Terrace Road

University of Leeds

LS2 9JT

Tel. 0113 343 2997

<http://wsh.leeds.ac.uk/OccupationalHealth>

CONTAMINATION INJURY RISK ASSESSMENT FORM

**NON NHS HOSPITAL TRUSTS INOCULATION/CONTAMINATION INCIDENT (ICI)
MANAGEMENT RISK ASSESSMENT FORM FOR THE UNIVERSITY OF LEEDS
FACULTY OF MEDICINE AND HEALTH STUDENTS**

DETAILS OF THE RECIPIENT (STUDENT) OF THE CONTAMINATION INJURY:

Name:	DOB:
Discipline:	
Contact telephone number: Mobile:	Other:
Surgery/Dental Practice location:	
Contact name:	Job Title:
Contact telephone number	
Incident date:	Incident time:
Incident details:	
Instrument	YES NO
Hollow bore needle (Needle for injection, venepuncture needle, butterfly)	
Lancet (e.g. for blood sugar testing)	
Other(please specify)	
Nature of injury	YES NO
Deep puncture wound	
Sharps device was in source patient's vein	
Sharps device was visibly blood stained	
Sharps device has a hollow bore	
Visibly blood stained body fluid splashed into eyes, mouth or nose	
Visibly blood stained body fluid splashed onto non intact skin	
Body fluid involved	YES NO
Blood	
Saliva associated with dentistry	
Vaginal secretions or semen	
Exudate or other body fluids from burns/wounds	
Any other visibly blood stained body fluid – urine, faeces, vomit, saliva	
If answer Yes to any of above, in conjunction with risk factors – i.e. high risk injury + high risk patient: refer to Occupational Health/Emergency Department immediately	

Source details

Is the source (donor) known?	YES(complete details below)	NO	
NHS Number of source patient			
		YES	NO
Source blood taken (Hepatitis B, C, HIV by medical staff)			
Source risk factors – if Yes to any risk factors listed below AND high risk injury listed above consider High risk, refer to Occupational Health/Emergency Department immediately			
Known blood borne virus positive (Hep B, C, HIV)			
Originates from or had sex in country with high HIV prevalence* (*High / Medium Risk Countries include: All Sub-Saharan Africa, Sudan, Papua NG, Myanmar, Thailand, Cambodia, Trinidad/Tobago, Jamaica, Barbados, Bermuda, Haiti, Dominican R, Belize, Honduras, Guyana, Russia, Ukraine, Uzbekistan)			
Man who has sex with men			
Sex worker or had sex with sex worker			
Current or previous IV drug/substance misuse			
Clinical illness compatible with Hepatitis B/C or HIV infection but not tested			
Unprotected sex with partner with known BBV or a risk factor as above			
Blood transfusion prior to 1991 in UK or outside the UK			

Please obtain consent from the donor (source) to pass their details on to Occupational Health, University of Leeds. If consent is not given please forward without the donor NHS number details.

Please email the completed form to Occupationalhealthstudents@leeds.ac.uk

Telephone contact number 0113 343 2997

OH department hours Monday-Friday 8.30 hrs to 16.30 hrs (excluding Bank Holidays)

Out of hours In the event of a high suspicion of blood borne virus injury the student should attend the nearest A&E department taking a copy of this form with them.