



Guidance Note 9: Puncture Wounds and Splash Incidents

Significant risk of infection and injury arises from exposure to human blood, human tissues and cultures of pathogenic organisms through puncture wounds (e.g. sharps injuries) or splashes in the eye, mouth or onto broken skin.

It is important to get prompt treatment and all persons working with these materials should be made aware of the procedures in an emergency. **The accompanying Flow Chart details the action to be taken and should be prominently displayed in areas where people are working with these materials. In all cases procedures for dealing with emergencies must be prepared in advance at the stage of risk assessment. In the event of a sharps injury involving potential exposure to human material advice should be sought from Occupational Health and all incidents should be reported as soon as possible to the Departmental Health and Safety Co-ordinator (or in their absence a senior member of staff) and to the Health and Safety Unit at the earliest opportunity.**

1. Accidental Exposure to Human Blood and Tissues

Whenever human blood or tissues are being handled the ACDP guidance on Blood-Borne Viruses should be consulted (<http://www.hse.gov.uk/biosafety/diseases/bbv.pdf>)

The primary concern is that of infection with a blood-borne virus, for example HIV or Hepatitis B or C. The level of risk depends on the likelihood of the presence of these viruses, the nature of the tissue, whether the blood or tissue has been treated and the degree of contamination. It is important to establish the source of the material. Pre-treatment may have eliminated the risk, for example some blood from the Blood Transfusion Service is treated to inactivate viruses, or the material may have been fixed with formaldehyde.

Various body fluids, particularly if contaminated with blood, may present a risk. These include: amniotic fluid, vaginal secretions, semen, human breast milk, cerebrospinal fluid, peritoneal fluid, pleural fluid, pericardial fluid, synovial fluid, saliva, and unfixed tissues from known or strongly suspected HIV infected sources.

In the case of a puncture/splash incident involving material from a known HIV source prophylaxis should be offered within one hour. The risk assessment should identify where the prophylactic agents are held and how access is gained. Prophylaxis requires informed consent from the individual concerned and appropriate counselling and advice will be provided as part of the arrangements for dealing with inoculation/splash incidents.

2. Accidental exposure to cultures containing pathogens

Puncture wounds or splashes from cultures of pathogenic organisms or cultures containing such organisms can lead to local or more widespread infection. The risk assessment should identify the presence of human or animal pathogens and also whether the organism involved is resistant to treatment. The high level of organisms in cultures may make it more likely that an infection would result from an incident.

All incidents should be reported and **any significant exposure will need a prompt response.**

Inoculation injury/Splash Incident Procedure

- ◆ Puncture wound
- * Splash:
 - in eyes, mouth, or other mucous membranes
 - onto broken skin

- ◆ Encourage wound to bleed, wash with soap and warm water;
- * Wash splashes thoroughly with warm water

Report IMMEDIATELY to Occupational Health staff in Workplace Wellbeing - Ext. 45116 for further advice

If Occupational Health are unavailable or if incident occurs out of hours report IMMEDIATELY to:
Accident and Emergency Dept, QE Hospital if risk of infection

Inform H&S Co-ordinator and send Accident Report to Health and Safety Unit

Inform Occupational Health staff in Workplace Wellbeing at the earliest opportunity - Ext. 45116