The aim of this policy is to ensure the safety of staff, patients and the public by the safe management of sharps, including disposal, within Lincolnshire Partnership NHS Trust and the guidance on the actions to be taken should an incident occur where transmission of a Blood Borne Virus could take place.
LINCOLNSHIRE PARTNERSHIP FOUNDATION TRUST

Safe Management and Disposal of Sharps and Avoidance of Occupational Exposure to Blood Borne Viruses

ISSUE 2

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1.0 INTRODUCTION

1.1 The greatest risk of transmission of Blood Borne Viruses (BBV's) from patient to a healthcare worker (HCW) is usually from a ‘sharps’ injury including bites. There is also a small risk from a splash to the eyes and mouth or skin. The risk to the HCW depends upon the prevalence of the virus in the population served, the infectious status of the patient, and the risk inherent in the procedure being carried out.

1.2 A significant number of Healthcare Workers (HCWs) in the UK are injured as a result of a needle stick injury (NSI) every year. Between 2004 and 2013, 4766 occupational exposures to blood or other high risk body fluid were reported. Of these exposures, 3396 (71%) were caused by a NSI with 45% experienced by HCWs (NHS Employers 2015).

1.3 As a consequence, a small, but significant number of these developed a potentially life-threatening disease such as Hepatitis B, Hepatitis C and Human Immunodeficiency Virus (HIV).

1.4 According to the Health Protection Agency (2008) the risk of infection by a contaminated needle is estimated to be:

- 1 in 3 for hepatitis B,
- 1 in 30 for hepatitis C and
- 1 in 300 for HIV

Any exposure to blood and body fluids through a sharp object, bite or splash into the eyes or mouth must be managed appropriately, using local guidelines immediately to prevent the risk of infection.

1.5 The risk of transmission from a HCW to a patient remains extremely small, as exposure prone procedures do not commonly take place within Lincolnshire Partnership Foundation Trust (LPFT).

2.0 POLICY PRINCIPLES

2.1 The Trust has a duty to protect staff, patients and others from the risk of acquiring Healthcare Associated Infections (HCAI) and BBVs and will ensure that all such risks are assessed and that appropriate actions are taken to reduce or control these risks.

2.2 The Trust are committed to ensuring safe practice by effective sharps management in accordance with the Directive 2010/32/EU ‘Prevention from sharp injuries in the hospital and healthcare sector’ which has formed part of the national legislation from 11th May 2013 and Health and Safety (Sharp Instruments in Healthcare) Regulations (Health and Safety Executive(HSE) 2013)

2.3 This policy gives guidance for the protection of staff against an occupationally acquired blood borne viral (BBV) infection and the action to be taken should an incident occur where transference of a BBV could take place to minimise the risk of transmission.

2.4 The Trust will identify and support HCWs who have a known BBV or are at risk of
acquiring a BBV through the performance of their duties, by having an immunisation programme in place and by putting in place appropriate control measures for staff considered to be a transmission risk to patients.

3.0 RESPONSIBILITIES.

Responsibilities are as set out in the overarching Infection Prevention and Control (IPC) policy 7a except:

3.1 LPFT has in place arrangements to reduce the risk of exposure to BBV by implementing appropriate control measures such as:

- management of clinical waste,
- provision of appropriate Personal Protective Equipment (PPE)
- provision of safer sharps
- Reduction in the use of sharps as far as possible
- Provision of suitable sharps containers
- Equipment for safe transportation of sharps in the Community
- training in the management of violence and aggression
- hand hygiene and IPC training.

3.2 IPC advice and Occupational Health Services are available to all staff. The Trust ensures that staff are aware of these services through induction, training, the Trust website, Occupational Health policies, IPC information boards and the Trust Intranet site.

3.4 Line managers will undertake general risk assessments to identify suitable control measures for the protection of staff against BBVs. Managers and Team Leaders must make all staff aware of local arrangements for this procedure, using available resources such as the direction for safe collection and disposal of discarded sharps and drugs paraphernalia on LPFT premises.

Senior staff on duty, will undertake a specific risk assessment following an potential occupational exposure of a member of staff to a blood borne virus. (appendix)

They will undertake a dynamic risk assessment following the identification of a discarded sharp or drug paraphernalia on LPFT premises.

3.5 Occupational Health is responsible for providing guidelines on immunisation against infectious diseases for employees of the Trust. It provides advice to healthcare workers who believe they may have acquired a BBV, either occupationally or in other circumstances or those known to have acquired a BBV. It will provide on-going support to the HCW following an accidental occupational exposure to a BBV.

3.6 Despite the provision of SEDs, training and safe working environments, sharps injuries particularly NSIs still occur. Research has identified risk perception as a key theme and strong motivation factor in determining whether or not staff adhere to sharps management policies. Staff should not base their adherence to policy based on their risk perception of individual service users. A service users infectious status is not always known, therefore all blood and body fluid must be treated as potentially infectious and the principles of Standard IPC precautions applied at all times.

Employees must:
- adhere to safe working practices in order not to harm either themselves or others
follow guidance issued by their Professional Bodies and the Trust in respect of BBV’s
undertake clinical procedures in accordance with guidelines or established practice.
Familiarise themselves with the guidance regarding the safe collection and disposal of discarded sharps and drug paraphernalia on LPFT premises
Be aware of the necessary action to take in the event of a sharps injury, body fluid splashes or spillages

Health and Safety Advisor/ Estates and Facilities Advisor (Waste)

The Health and Safety Advisor/Estates and Facilities Advisor will monitor the incidents of discarded waste which may affect individual staff or staff groups. These will be reported through the Infection Prevention and Control Steering Group and escalated to the legislative Committee if considered necessary by the Steering Group.

4.0 DEFINITIONS

4.1 Blood Borne Viruses (BBV)

Hepatitis B (HBV) and Hepatitis C (HCV) are viral infections that are present in blood and other body fluids. They attack the liver and can lead to serious liver disease. Human Immunodeficiency Virus (HIV) is viral infection that attacks the body’s natural defence mechanisms (your immunity to disease).

4.2 COSHH substances

These are substances and preparations that are covered by the Control of Substances Hazardous to Health Regulations 2002 that have the potential to cause harm if they are inhaled, ingested or come into contact with or absorbed through the skin. They include chemicals such as cleaning materials and biological agents such as viruses.

4.3 Exposure Prone Procedures (EPP)

Exposure Prone Procedures occur mainly in surgical procedures They are procedures where there is a risk that injury to the HCW could result in that person’s blood contaminating a patients open tissues. They include procedures where the workers gloved hands maybe in contact with sharp instruments inside a patient’s open body cavity. These procedures do not commonly occur in the delivery of care in LPFT teams.

4.4 Sharps

A ‘sharp’ is defined as any object, which can pierce or puncture the skin, which is potentially contaminated with blood or body fluids e.g. needles, razor blades, glass vials/ampoules, lancets or stitch cutters. (Department of Health (DH) 2002).

4.5 Safety Engineered Devices (SEDs)

SEDs are medical devices that are engineered with a manually or automatically activated mechanism to protect the user from the exposed sharp. The use of SEDs has long been recognised as a fundamental solution in reducing the unnecessary risk and harm caused by sharps injuries. The Trust provides SEDs in the form of retractable syringes and staff who take part in activities where these are available are expected to use them unless there is a clear clinical exception for a particular patient, which is fully care planned.
4.5 Sharps injury

The three types of exposure in healthcare settings where there is known to be significant risk are:

- percutaneous injury-penetration of the skin with a contaminated item (e.g. used needles, surgical instruments, but also human bites and scratches);
- exposure of broken skin to potentially infectious body fluids (e.g. abrasions, cuts, active eczema);
- exposure of mucous membranes, including the eye, mouth and gums to body fluids (mucotaneous exposure)

4.5 Standard Precautions

Standard Precautions are guidelines to protect staff, patients and visitors from the spread of infection. This means that the HCW should assume that all body fluid containing blood is potentially infectious and that personal protective equipment (PPE) must be worn as appropriate.

4.6 Healthcare Associated Infections (HCAI)

Can also be referred to as “nosocomial” or “hospital” infection.

“An infection occurring in a patient during the process of care in a hospital or other healthcare environment which was not present or incubating at the time of admission. This includes infections acquired in the health-care environments but appearing after discharge, and also occupational infections among health-care workers.

4.7 Discarded sharps and drug paraphernalia

Found items on LPFT premises of unknown origin that pose a risk of sharps injury and are not have been utilised in illicit drug use

4.8 LPFT premises.

Any premise that LPFT own, lease or share where LPFT staff work or where patients are seen.

5.0 SHARPS MANAGEMENT.

5.1 Sharps Containers must comply with British Standard BSENIS023970:2012, United Nation Standard 3291, and meet the full specification and colour requirements for sharps containers as stated in The Health Technical Memorandum 07-01: Safe management of healthcare waste (Department of Health 2013).

5.2 Assembly, Disposal and Storage of Sharps Containers

- Ensure the sharps bin is the correct colour for the type of clinical activity being undertaken (see appendix) and the correct size for the amount / size of waste being produced.
- Ensure containers are correctly and securely assembled (follow manufacturers’ instructions).
- Ensure the lid is pressed firmly into position all the way around.
7 Safe Management and Disposal of Sharps and Avoidance of Occupational Exposure to Blood Borne Viruses

- Ensure the label is completed fully to identify date of assembly – this also identifies source and audit trail.
- Sharps containers should ideally be bracketed and wall mounted to prevent the risk of spillages. If this is not possible they must be positioned safely and below eye level.
- When not in use, containers should be stored with the lid in the ‘temporary closed’ position to prevent spillage of sharps. The sharps container must be positioned and stored safely, ideally locked away in a cupboard.
- Dispose of the container when it reaches the fill line – securely close, lock and complete the label. Sharps bins should never be placed in any waste bags or waste bins.
- Avoid prolonged use of sharps containers – maximum period of use three months.
- Always store locked, used containers in a safe, designated, secure area. Containers should never be placed in corridors or areas with access to the general public.
- The Trust sharps safety posters must be displayed in all clinical areas where activity is undertaken using sharps.

5.3 Safety Precautions when Using and Disposing of Sharps

- LPFT fully endorses the use of SEDs to reduce the potential harm caused by sharps injuries. Trust staff are expected to use SEDs wherever possible. Conventional equipment including hollow bore needles should only be used in exceptional circumstances whereby a SED cannot be used i.e. administering drugs dispensed as a single unit (with a non-removable needle).
- There is a significant risk of contamination and transmission of micro-organisms from a patient’s blood, bodily fluids and secretions. It is therefore imperative that all HCWs undertaking any clinical activity using sharps wear appropriate personal protective equipment at all times depending on the risk associated with the activity.
- The sharps container should always be taken to the point of use (unless the patient has been identified as a risk).
- Discard sharps directly into a sharps container immediately after use.
- NEVER re-sheath a needle.
- Staff must NEVER manually handle an exposed needle. Dispose of the needle and syringe as a complete unit. A needle must never be detached.
- Do not pass sharps directly from hand to hand, or pass to another person – handling should be kept to a minimum. Only the person using the sharps must dispose of them.
- Hand hygiene must be performed prior to and following the handling of sharps as per Hand Hygiene Policy.

6.0 EMPLOYMENT ISSUES

6.1 The Trust will take all reasonable action to eliminate any discrimination in recruitment against applicants, internally or externally, solely on the grounds of having a BBV. The criteria for any applicant will be medical fitness to carry out the job as recommended by Occupational Health, following the pre-employment health screening, based on medical information supplied in confidence, and the nature of the work to be undertaken.

6.2 Any harassment, victimisation or discrimination directed against employees, patients or visitors by a member of staff on the basis of them having a BBV, now or in the past, may be regarded as a discrimination which is a disciplinary offence and will be dealt with accordingly.

6.3 Where an employee contracts a BBV, the Trust will provide reasonable arrangements to
allow the employee to continue working in their role based on a robust assessment of the transmission risk.

6.4 Employees who become aware of having contracted a BBV must:

- Take particular personal responsibility to ensure they take every practical precaution to protect patients and colleagues from the spread of infection
- Discuss the matter with Occupational Health who will deal with the information in strict confidence in accordance with procedure.

6.5 Where redeployment as a medical necessity is advised by the Occupational Health Physician, the appropriate General Manager /Head of Service or equivalent should be advised accordingly and the appropriateness of redeployment will be considered. Knowledge of infection will be treated in strict confidence and disclosed only with the employee’s permission, except on medical advice where disclosure is necessary to protect the safety of others.

6.6 Redeployment at the employee’s request, as a result of having a BBV, will be considered following discussion between the manager, the employee and Occupational Health.

6.7 The Trust recognises that flexible working arrangements can be crucial to the continued employment of staff that develop, or are recovering from, long term illness. Absence of staff will be managed in accordance with the Trust Policy on the management of Sickness Absence.

6.8 No patient will be denied the care to which he or she is is entitled because of infection with a BBV. Refusal to care for such a patient may lead to disciplinary action. As part of the overall consideration of such a refusal, further help, counselling and training will be available to the employees.

7.0 TARGET AUDIENCE

All Trust employees who handle sharps or have the potential to be exposed to contaminated body fluids in their duties.
All Trust staff who discover a discarded sharp or piece of drug paraphernalia and those who are deemed competent or may be required to undertake the urgent, ad hoc collection and disposal of such items, as necessary to prevent injury to patients, visitors, staff or members of the public, where this is deemed to be a Trust responsibility.

8.0 TRAINING

8.1. The IPC Nurse Specialist can offer additional training on request which will include information contained in his policy.

8.2. All members of staff have an individual responsibility to ensure that they access IPC mandatory training.

9.0 CHAMPION AND EXPERT WRITER.

9.1 The Champion for this policy is the Director of Nursing and Quality

9.2 The Expert Writer is the Infection Prevention and Control Nurse Specialist
10.0 **CONSULTATION.**

Consultation for version 1 occurred through:
- Infection Prevention and Control Committee
- Nursing Executive members
- Public Health England

Additional Consultation for the revised version:
- Head of Physical Healthcare, IPC, Medical Devices and Smoking Cessation.
- IPC link practitioners
- Matrons
- Physical Healthcare Practitioners

11.0 **LEGISLATION, GUIDANCE AND REFERENCES**

The Health and Safety at Work Act (H&SAWA 1974) provides the legislative framework to secure the health, safety and welfare of persons at work. In addition the Waste framework directive and Duty of Care regulations 2011 for waste details responsibilities for responsibilities for safe waste management.

- COSHH Regulations 2005 (HSE)
- Hepatitis B Infected Health Care Workers. NHS Executive 2000
- World Health Organisation (WHO GLOVE USE INFORMATION LEAFLET)

12.0 **MONITORING COMPLIANCE.**

12.1 The effectiveness of the policy will be monitored by IPCNS and matrons who will provide highlight and/or exception reports following any reported sharps or body fluid exposure incidents to the Patient Safety and Experience Committee as necessary.
12.2 The management of sharps is an integral part of the annual IPC audit, waste audits and pharmacy audits. An annual external sharps audit is also conducted by the Trust supplier of sharps bins.

12.3 There will be on-going monitoring and quarterly reporting through the Infection Prevention and Control Steering Group by the Health and Safety Advisor/ Estates and Facilities Advisor of the frequency of the discovery and collection of discarded sharps and drug paraphernalia as recorded by the Trust Datix incident reporting system.

**13.0 ASSOCIATED TRUST POLICIES.**

7a. Infection Prevention and Control  
7b. Hand Hygiene  
7n. Correct Use of Personal Protective Equipment in the Healthcare Environment  
Waste Management  
Occupational Health  
Human Resources and Employment Services  
Equality and Diversity

**14.0 REVIEW DATE**

14.1 This policy will be reviewed in 3 years or following a significant change in legislation or Department of Health Guidelines.

14.2 Review will be undertaken by the Expert Writer.

**15.0 Record of changes**

<table>
<thead>
<tr>
<th>Date</th>
<th>Author</th>
<th>Policy/Procedure</th>
<th>Details of change(s).</th>
</tr>
</thead>
</table>
| July 2017  | J. Lord| j i and j        | Extensive changes throughout to combine policies to reduce duplication of information  
Addition of appendices regarding sharps management |
APPENDIX 1  Measures to reduce the incidence of inoculation exposure injuries

- Avoid the use of needles if at all possible and effective alternatives are available
- Correct use of personal protective equipment
- Cover existing wounds, skin lesions and all breaks in exposed skin with waterproof dressings
- When performing procedures involving sharps, take sharps bin to the site of use
- Dispose of sharps immediately after use into a designated sharps bin
- Do not bend, re-sheath or otherwise disassemble used needles
- Always use the temporary closure when the sharps bin is not in use
- Always dispose of a sharps bin when it is ¾ full according to the manufacturer's instructions
- Store sharps bins off the floor preferably using a wall or trolley bracket
- Never place sharps down on chairs, examination beds, work surfaces or in pockets or handbags or leave them lying amongst swabs, paper towels or bed linen
- Never dispose of sharps into clinical or household waste bins or bags
- Clear up bodily fluid spillages promptly and correctly according to the procedure
- Pick up dropped sharps carefully, preferably not by hand and dispose of safely
- Never, under any circumstances attempt to retrieve or otherwise remove anything from a sharps bin
- Always perform Hand Hygiene prior to and after handling sharps
WHAT TO DO IF YOU have a sharps / needlestick or blood splash injury or bite

1. **BLEED IT**
   - Squeeze wound to encourage bleeding

2. **WASH IT**
   - With soap, under running water

3. **COVER IT**
   - With a waterproof dressing

4. **REPORT IT**
   - Contact the Trust’s Occupational Health Team or Accident & Emergency Department as soon as possible following the needlestick injury. Complete an Datix Incident form.

   In the case of a blood splash injury - rinse with copious amounts of water and contact the trust's Occupational Health Team or Accident & Emergency Department as soon as possible.

**Occupational Health Department**

Tel: 01522 573 597
Staff can self refer or refer team members on occupationalhealth@ulh.nhs.uk
For more information contact the Trust’s Infection Prevention & Control Lead
tel: 01529 222 335 mob: 07964 380 820
Appendix 3 Managing Your Sharps Bin

MANAGING YOUR SHARPS BIN

Ensure that the temporary closure (aperture) is in situ when not in use

Seal sharps bin when 3/4 full

Ensure the label is completed with dates and location

Use the correct sized bin for the type of activity being undertaken

Use the correct colour bin for the type of activity being undertaken

Ensure the bin is positioned safely and at eye level

SHARPS BINS ARE FOR THE DISPOSAL OF SHARPS ONLY
Appendix 4 Sharps Safety

SHARPS SAFETY

Never assume that you are not at risk of sharps injury

Ensure the sharp is disposed of immediately at the point of use

Eliminate the unnecessary use of sharps

The disposal of a sharp is the responsibility of the user

Use a safety engineered device wherever possible

Do not pass a sharp directly from hand to hand, or pass to another person - handling should be kept to a minimum

Wear gloves at all times when handling sharps

Never resheath a needle

REFER TO SAFE MANAGEMENT AND DISPOSAL OF SHARPS POLICY IC7i
Available on www.lpft.nhs.uk
Appendix 5 PROCEDURE FOR THE PREVENTION OF INFECTION WITH A BBV

1.0 Blood Borne Infections are well documented as being under identified and under diagnosed, particularly Hepatitis C and HIV. Therefore, it is essential that all blood and body fluids are regarded as potentially infectious and therefore high risk. Healthcare workers should practice Standard Infection Prevention and Control precautions to avoid contact with them.

2.0 When the wearing of PPE such as gloves, aprons, masks and goggles is identified as a control measure they must be worn as recommended in the Policy for Correct Use of Personal Protective Equipment in the Healthcare Environment and disposed of correctly in the appropriate waste stream as advised in the Trust Waste Management Policy and guidance.

2.1 Gloves

Wear single use, non-latex, powder-free disposable gloves when it can be reasonably anticipated that contact with blood or other body fluids, mucous membranes, non-intact skin or potentially infectious material will occur.

This may occur when:

- performing clinical or personal care, wound dressing or taking blood or other samples.

  Gloves are not generally indicated for performing subcutaneous and IM injections (WHO GLOVE USE INFORMATION LEAFLET)

- when cleaning/decontaminating equipment.

New gloves must be worn for each patient or task.

2.2 Plastic Aprons

Wear a single use, disposable colour coded plastic apron when it can be reasonably anticipated that contact with blood or other body fluids, mucous membranes, non-intact skin or potentially infectious material will occur and there is a risk of clothing becoming contaminated.

This may occur when:

- Performing personal care
- cleaning/decontaminating equipment or the environment
- when serving food.

A new apron should be worn for each patient or task.

**NB. Full body suits must be worn in cases of extensive soiling of the environment.**

2.3 Face Protection

Wear face protection – i.e. mask, goggles or a face shield – during procedures/tasks where there is a possibility of aerosolisation of blood/body fluids or COSHH substances, to protect from transmission of infection through the mucous membranes of the mouth, nose and eyes.
2.4 Hand washing

Hand Hygiene must be performed following removal of protective clothing.

3.0 Occupational Health will offer vaccination to all healthcare workers (including students and trainees who are involved in healthcare of patients of the Trust) against Hepatitis B Virus (HBV) if they are performing tasks that may result in contact with blood or body fluids.

Non-responders (non seroconverters) to vaccination will be investigated for HBV infection. Non responders to HBV vaccination are at risk of acquiring HBV through their work or other source. It is the responsibility of Occupational Health to inform them and their manager of this risk and ensure they are aware of correct action to take in the event of a sharps injury.

4.0 The Appointing Officer will inform the Occupational Health Department on appointment, so that immunisation status can be determined.

5.0 Occupational Health is responsible for administering the immunisation programme. It keeps a register of staff immunised and organises blood tests to establish immunity status. Occupational Health is also responsible for informing employees of their individual immunity status. It is a manager’s responsibility to ensure that employees attend for HBV immunisation.
APPENDIX 6

ACTION TO BE TAKEN FOLLOWING AN ACCIDENTAL OCCUPATIONAL EXPOSURE TO A BLOOD BORNE VIRUS

1.0 INTRODUCTION

1.1 This procedure describes the action to be taken following occupational exposure to the risk of infection with a BBV

2.0 DEFINITIONS OF OCCUPATIONAL EXPOSURE

2.1 The three types of exposure in healthcare settings where there is known to be significant risk are:

a) percutaneous injury (from needles, instruments, human bites etc.);
b) exposure of broken skin (abrasions, cuts, active eczema, etc.);
c) exposure of mucous membranes, including the eye, mouth and gums. (mucotaneous exposure)

3.0 RESPONSIBILITY

3.1 It is the responsibility of the affected individual to carry out first aid as described in Appendix, report to person in charge immediately, and complete a Datix form.

3.2 It is the responsibility of the person in charge of shift to:

- support the staff member
- ensure they can seek advice from OH Occupational Health or, if out of hours, the nearest Accident and Emergency Department
- ensure the Datix is completed
- undertake a specific risk assessment using the table in Appendix 5. The risk assessment will provide guidance on the urgency with which investigation and treatment need to be undertaken.

3.3 It is the responsibility of the manager to:
- investigate the incident,
- ensure the Datix has been completed correctly
- complete a SI form if necessary
- review the risk assessments as appropriate.

3.4 It is the responsibility of Occupational Health to:
- arrange investigation and treatment if necessary of the healthcare worker as soon as is reasonably practicable after the incident, having established the level of risk.

3.5 It is the responsibility of the doctor in charge of the patient to:
- consider whether to approach the source patient to obtain consent for testing for BBVs and if appropriate,
- to arrange for the test to be carried out
## APPENDIX 7 : ACTION REQUIRED

<table>
<thead>
<tr>
<th>ACTION BY AFFECTED INDIVIDUAL</th>
<th>ACTION BY PERSON IN CHARGE OF SHIFT</th>
<th>ACTION BY MANAGER</th>
<th>ACTION BY OCCUPATIONAL HEALTH DEPARTMENT (OHD)</th>
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<tbody>
<tr>
<td><strong>First Aid</strong></td>
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<tr>
<td>• If the skin has been broken, encourage the wound to bleed.</td>
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<td>• Wash well and cover with a waterproof dressing</td>
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<tr>
<td>• If the eyes, mouth or skin have been contaminated: wash thoroughly for at least ten minutes</td>
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<td>• If eye involved and contact lens worn, remove lens prior to irrigation</td>
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<tr>
<td>• If body fluid splash to mouth, try not to swallow. Rinse with water and spit out liquid</td>
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<td></td>
</tr>
<tr>
<td>• If body fluid splash to nose, blow nose on disposable tissue and discard soiled tissues into appropriate waste stream</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Remove any contaminated clothing and either discard into potentially contaminated waste or launder according to guidelines</td>
<td>When OHD is open</td>
<td>• Support the staff member and ensure they are able to contact the OHD immediately by phone on 01522 573597 and to attend as advised by Occupational Health.</td>
<td>• Ensure Datix is completed. Exposure incidents should be reviewed by the appropriate line manager or senior manager of the area concerned to see if future recurrences can be prevented.</td>
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<tr>
<td>• Undertake specific risk assessment using Appendix 5.</td>
<td>• Ensure Datix is completed. Exposure incidents should be reviewed by the appropriate line manager or senior manager of the area concerned to see if future recurrences can be prevented.</td>
<td>During open hours</td>
<td>• Follow local OH service arrangements for the management of HCW following exposure to BBVs including on-going support and follow up tests as appropriate.</td>
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<tr>
<td>When the OHD is closed</td>
<td>When OHD is closed</td>
<td>Contact doctor responsible* for the source patient to:</td>
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<tr>
<td>Arrange to go to the nearest A&amp;E Department, informing them that you are a HCW involved in a BBV exposure incident.</td>
<td>Undertake specific risk assessment using Appendix 5.</td>
<td>Request a review of source patients notes to determine risk factors for carriage of BBVs (see below)</td>
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<tr>
<td>Contact Occupational Health as soon as possible to report the exposure incident.</td>
<td>Telephone the nearest A&amp;E dept. (see contact details) and inform them that an injured staff member is expected to attend.</td>
<td>Request that the doctor considers whether the source patient can be approached to obtain consent to provide a sample to be tested for BBVs</td>
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</tr>
<tr>
<td>*The doctor responsible for the patient is normally the appropriate specialist covering the ward or department concerned, or in that doctors absence the duty doctor. It is also appropriate to ensure that the Consultant is informed of the incident when next on duty.</td>
<td>Give details of the source patient including any known risk factors for BBVs</td>
<td>Arrange for the injured member of staff to attend the nearest A&amp;E Department.</td>
<td></td>
</tr>
<tr>
<td>*Follow up with A&amp;E to ensure all actions taken as appropriate following the incident at the earliest opportunity</td>
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APPENDIX 8

ACTION BY THE DOCTOR IN CHARGE OF THE PATIENT

Obtaining consent

1. Consider whether to approach the source patient to obtain consent for testing for BBVs and if appropriate, to arrange for the test to be carried out. A Patient Information Leaflet is available (Appendix 7)

2. Where the source patient is able to give informed consent the doctor should document the agreed consent in the patients records

3. Where the source patient is unable to give informed consent (refer to GMC publication ‘Serious communicable diseases 1997’, the doctor should contact the Consultant or duty consultant and request permission to screen the patient for BBVs and take a sample of blood.

4. If consent is refused this fact must be documented in the patient’s notes and the Occupational Health Department informed.

Taking a blood sample from the source patient:

1. Inform the source patient that a HCW has had accidental contact with the patient’s blood or body fluids

2. Do not give the name of the HCW to the source patient

3. Explain that it will allay anxieties for the HCW and allow early treatment to be given if it can be established whether or not the source patient carries a BBV.

4. This will require a blood test which will involve the use of needles and an invasive procedure

5. Explain that when the result of this test is known, the source patient will be informed if they are carrying a blood borne virus. This information will be helpful because if positive will enable treatment to be considered and if negative for Hepatitis B, immunisation may be offered.

6. Give the source patient the Patient Information Leaflet below and, if necessary, their carer/ nearest relative

7. Obtain consent (see above)

8. Arrange for 10mls of clotted blood to be taken and label the request for, ‘Source patient of exposure to HCW. Please test for markers of HIV, HBV and HCV’

9. Ensure that the source patient is informed of the result

10. Occupational Health will inform the injured HCW of the result.
APPENDIX 9

RISK FACTORS

<table>
<thead>
<tr>
<th>Is the source patient</th>
<th>Has the source patient ever</th>
<th>Does the source patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Known to be positive for HIV.</td>
<td>Refused a test for HIV</td>
<td>Have haemophilia</td>
</tr>
<tr>
<td>Known to be positive for Hepatitis B or Hepatitis C.</td>
<td>Had unprotected sex with anyone abroad or from abroad</td>
<td></td>
</tr>
<tr>
<td>A sexual contact of someone with HIV, Hepatitis B or Hepatitis C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A man who has ever had sex with a man</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Known to have injected non prescribed drugs, even once</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immunocompromised and, if so, is HIV a possibility?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

When Post Exposure Prophylaxis (PEP) would be considered:

PEP is not considered necessary following contact through any route with low risk materials (e.g. urine, vomit, saliva, faeces) unless they are visibly blood stained.

PEP should be considered whenever the healthcare worker has been exposed to blood or other high risk body fluids or tissues* known to be, or strongly suspected to be, infected with HIV.

* Amniotic fluid, vaginal secretions, semen, human breast milk, cerebrospinal fluid, peritoneal fluid, pleural fluid, pericardial fluid, synovial fluid, saliva in association with dentistry, unfixed tissues and organs.

To be most effective, post-exposure prophylaxis medication should be commenced as soon as possible after the incident and ideally within the hour.

The decision to offer PEP is by either the Occupational Health Physician (based in the OH Service where they have the facility to prescribe the medication) or by the Medical Microbiologist on call in the Accident and Emergency Department.

What is PEP?

There is evidence that in HIV infected persons the use of combinations of antiretroviral drugs suppresses viral replication. This, together with the knowledge of antiretroviral resistance in this population, has led to the introduction of antiretroviral drug combinations for prophylaxis following occupational exposure to HIV.
APPENDIX 10

Occupational Health Contact details

In office hours: 01522 573597

occupationalhealth@ulh.nhs.uk

Accident and Emergency Departments Lincolnshire

ACCIDENT AND EMERGENCY DEPARTMENTS

Lincoln County Hospital
Greetwell Road
Lincoln
LN5 5QY

Tel: 01522 512512

Pilgrim Hospital
Sibsey Road
Boston
Lincolnshire
PE21 9QS

Tel: 01205 364801

Grantham and District Hospital
101, Manthorpe Road
Grantham
Lincolnshire
NG34 8DG

Tel: 01476 565232

Louth County Hospital
High Holme Road
Louth
Lincolnshire
LN11 0EU

Tel: 01507 600100
## Appendix 11

### Occupational Health Post Incident Sharps Injury Questionnaire

<table>
<thead>
<tr>
<th>Completed by</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date and Time of Incident</td>
<td></td>
</tr>
<tr>
<td>Location of Incident</td>
<td></td>
</tr>
<tr>
<td>Job Title/Post</td>
<td></td>
</tr>
<tr>
<td>Phone number of department</td>
<td></td>
</tr>
<tr>
<td>What exactly happened (the important points are what body fluid was involved, and whether a large amount was inoculated)</td>
<td></td>
</tr>
<tr>
<td>What were the staffing levels at time of the incident?</td>
<td></td>
</tr>
<tr>
<td>What are the expected staffing levels for this time?</td>
<td></td>
</tr>
<tr>
<td>Was Personal Protective Equipment used (i.e. gloves)?</td>
<td></td>
</tr>
<tr>
<td>Was a mechanically engineered safety device used?</td>
<td></td>
</tr>
<tr>
<td>Please state the device used.</td>
<td></td>
</tr>
<tr>
<td>Have you received training in Sharps safety?</td>
<td></td>
</tr>
<tr>
<td>Is there a risk assessment in place for administering injections?</td>
<td></td>
</tr>
<tr>
<td>Was Occupational Health Contacted?</td>
<td></td>
</tr>
<tr>
<td>Was post incident support offered?</td>
<td></td>
</tr>
<tr>
<td>Was counselling required?</td>
<td></td>
</tr>
<tr>
<td>Was this a first sharps injury?</td>
<td></td>
</tr>
</tbody>
</table>
PATIENT INFORMATION LEAFLET - BLOOD TESTING FOR HEPATITIS B; C; & HIV

WHAT IS HEPATITIS?
Hepatitis is inflammation of the liver. Hepatitis B and hepatitis C are viral infections that attack the liver and can lead to serious liver disease. There are other forms of Hepatitis but these are not generally of concern in these circumstances as they are transmitted in different ways.
You can be immunised against hepatitis B, but if you catch it, there is no treatment.
You cannot be immunised against hepatitis C, but if you catch it, treatment is available.

WHAT IS HIV?
HIV stands for Human Immunodeficiency Virus. It is a viral infection that attacks the body’s natural defence mechanisms (your immunity to disease).

You cannot be immunised against HIV but if you catch it, treatment is available.

HOW DO YOU CATCH HEPATITIS OR HIV?

- Having unprotected sex with a person who already has one of the viruses.
- Sharing needles with a person who already has one of the viruses.
- Unsterile body piercing and tattooing.
- Receiving a blood transfusion or organ transplant in the UK before 1986 or in countries where donors are not screened.
- Occasionally healthcare workers can catch hepatitis or HIV by accidentally injecting themselves after giving an injection to a patient who already has one of the viruses.
- A woman who already has one of the viruses can pass it to her baby during pregnancy or at birth.

WHAT SHOULD I DO IF I THINK I HAVE BEEN AT RISK OF CATCHING HEPATITIS OR HIV?
If you think you might have been ‘at risk’ of catching hepatitis or HIV you can be tested for them.
Ask the ward doctor for a consent form for you to sign. This gives your permission for the test to be carried out. A small sample of blood is taken from your arm and is sent away to the laboratory of the local hospital for testing.

RESULTS
The test results take 1-2 weeks to come back. They are strictly confidential and as well as You, only the nursing and medical staff who look after you will know the result.

A Negative Result
This probably means you do not have any of the viruses – BUT if you were ‘at risk’ recently your body may not have reacted yet, and it may be necessary to do another test in 3-6 months.

A Positive Result
You will be referred to a specialist, who will examine you and discuss treatment. You may want to let your close contacts know so they can be tested also. Ask the ward staff about this.
APPENDIX 13

GUIDANCE FOR DEALING WITH BLOOD / BODY FLUID SPILLAGE

Blood or other body fluids spillages may expose staff to blood-borne viruses or other pathogens. They are categorised as follows:

<table>
<thead>
<tr>
<th>Body Fluid</th>
<th>Risk Category</th>
<th>Cleaning Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saliva</td>
<td>LOW RISK</td>
<td>Detergent and hot water (if visibly stained or of a known infectious nature follow below)</td>
</tr>
<tr>
<td>Tears</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sweat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood / any visible blood stained fluids</td>
<td>HIGH RISK</td>
<td>Spill kits/packs</td>
</tr>
<tr>
<td>Urine</td>
<td></td>
<td>Then: Chlorine releasing agent as described in the Cleaning Manual</td>
</tr>
<tr>
<td>Faeces</td>
<td></td>
<td>Then: Followed by detergent and hot water.</td>
</tr>
<tr>
<td>Vomit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sputum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breast Milk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaginal Secretions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Semen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amniotic fluid</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Safety Procedures
All spillages of blood / body fluids must be cleaned up immediately.

Minimum Protective Clothing to be worn in all instances

- Single use, colour coded plastic disposable apron
- Single use, non-powdered, non-latex disposable gloves or colour coded reusable household gloves
- eyes and mouth protection - goggles and mask (or full face visor) if splash or spray is likely

Extreme care must be taken to avoid skin, eye and mucous membrane contamination whilst cleaning and disinfection of spillages.

Staff must follow Standard IPC precautions in all instances when dealing with blood / body fluids.

All cuts and lesions must be covered with waterproof dressings when at work.

All exposures to blood / body fluids must be reported to the Occupational Health Department for advice and the Trusts reporting procedures must be followed.

Staff who may be exposed to spillages of blood / body fluids should be vaccinated against hepatitis B virus. Advice should be sought from the Occupational Health Department.
First Clean of body fluids is usually a clinical responsibility but spillages should not be left in the absence of a clinical member of staff if a suitably trained person can perform the task and it may put people at risk if not immediately dealt with.

Clinical Waste
Soiled / used protective clothing and contaminated waste must be disposed in the appropriate waste stream in accordance with the Trusts Management of Waste Policy.

Hand Washing
Always wash hands after dealing with spillages or contaminated waste. See the Trust Hand Hygiene Policy and Procedure.
Appendix 14. Flow Chart for the management of blood or bodily fluid exposure/sharps injury

**FIRST AID**
Encourage bleeding by gentle squeezing - DO NOT SUCK the area.
Wash the affected area with soap & water – DO NOT scrub.
For exposure involving eye, nose, mouth, or broken skin/abrasion rinse/irrigate the area thoroughly with water – DO NOT swallow.
Apply waterproof plaster/occlusive dressing as appropriate.
Dispose of any sharp (if applicable) safely and appropriately (as per Trust policy).

The staff member who has been exposed is the one responsible to ensure all actions on flow chart are completed.

The senior clinician/manager on duty must be informed immediately of the incident.
The Infection Control Nurse Specialist must be informed as soon as possible.

**Has a significant exposure occurred?**

- **Yes**
  - Is the injured person a staff member?
    - **Yes**
      - Contact Occupational Health during office hours
        - 01522 573597
      - At other times attend A&E within 3 hours of incident occurring so that if required the appropriate prophylaxis can be given in a timely manner
    - **No**
      - Wound management. Consider need for prophylactic antibiotics
      - Managing clinician to check And/or source patient consent to test blood for BBV and arrange testing if not research recent or reliable data in their notes.

- **No**
  - Complete untoward incident form Datix
  - Review, learn and share
  - Ensure Occupational Health is informed of the incident

**Has the source person/patient been identified?**

- **Yes**
  - Is the source in a high risk group for carrying a BBV? (Appendix 5)
    - **Yes**
      - Ensure clinician managing incident, A&E and Occupational Health aware of risk
    - **No**
      - Update incident form as necessary

- **No**
  - Can the source person/patient be identified?
    - **Yes**
      - Update incident form as necessary
    - **No**
      - Refer to A&E immediately
      - Details to be telephoned to A&E by referring clinician
      - Inpatients will be managed by the ward clinicians
Appendix 15

Procedure for the Safe Collection and Disposal of Discarded Sharps and Drug Paraphernalia on LPFT premises

1.0 INTRODUCTION

1.1 Amongst the potential risks associated with clinical waste, the risk presented by coming into contact with “sharps” (hypodermic syringes & needles and other sharp items) probably gives rise to greatest public concern. Sharps discarded in public places present a risk of injury and possibly infection, not only to employees but also to the public at large and especially children.

1.2 In order to protect public health, systems are required at a local level to ensure the safe and efficient removal of discarded sharps in the community. Such systems require a co-ordinated approach to protect both employees involved in the collection of sharps and any members of the public who may be exposed to possible risk of infection.

1.3 The types of exposure with significant risks when handling discarded sharps and other hazardous waste are:
   - Percutaneous injury (e.g. From needles and other contaminated sharp items)
   - Contact with contaminated items via broken skin (e.g. cuts, abrasions)

2.0 ON DISCOVERING, OR BEING INFORMED OF A DISCARDED SHARP OR DRUG PARAPHERNALIA

5.1 Any member of LPFT staff should, in the first instance:

   Make the area safe for members of the public and others by:
   - Remaining with the sharp(s) until it can be picked up and disposed of, or
   - Covering it to minimise the risk of anyone coming into contact with it, or
   - Indicating its presence prior to collection and disposal.

   DO NOT JUST LEAVE IT.

   Inform the building manager or most senior member of staff on duty.

5.2 The building manager or senior member of staff will then:

   Consult the Building Log Book/Health and Safety Folder and ascertain who is responsible for the safe removal and disposal of the discarded item(s).

   Conduct a dynamic risk assessment following the identification of a discarded sharp or drug paraphernalia on LPFT premises.

   Ascertain if there is a competent member of staff available to deal with the item(s)

   Support the member of staff to collect and dispose of the items according to the protocol (Appendix 1)
Identify a safe area to store the collected item(s) until they can be collected by the designated waste contractor or member of LPFT staff.

If the discarded items are too big to be placed in the sharps container provided, contact the IPC Nurse Specialist or the Health and safety Advisor at the earliest opportunity once the item/area has been made safe.
How to collect and dispose of discarded sharps.

You should only attempt to remove and dispose of discarded sharps if you feel adequately prepared and comfortable to do so.

The safety of service users, members of the public and members of staff teams is paramount and is the responsibility of everyone to maintain.

In the first instance, make the area safe for members of the public and staff teams by:

- Remaining with the sharp until it can be picked up and disposed of, or
- Covering it to minimise the risk of anyone coming into contact with it, or
- Indicating its presence prior to collection and disposal.
- Inform the building manager or most senior member of staff on duty
- Check your local protocol (usually found in building log book or safety folder) to ascertain the responsibility for picking up and disposing of contaminated sharps on your premises.

**Do not just leave it.**

- Consider the safety of the location, including the slope and the surface and the likelihood of being bumped or pushed while picking up the syringe or sharp.
- Take the sharps container to where the syringe(s) has(ve) been left.

- The sharps container must be placed on the ground or a flat stable surface beside the syringe (not held in the hand).
- Make sure you have a clear view of the syringe or sharp. Carefully remove any nearby rubbish or debris that is obstructing your view of the syringe(s). Do not put your hand into any area that you do not have a clear view of.

- Put on disposable gloves from the pack. Gloves will not prevent you from being injured by the sharp, but will form a clean barrier between the hands and the syringe.
- Thicker gloves such as gardening gloves reduce your dexterity and make it difficult to safely handle the syringe and therefore are not recommended for use in these circumstances.

- If there is more than one syringe, only pick one syringe up at a time. If syringes are close together carefully separate them by using a stick or the end of a broom.

- Do not attempt to recap the needle – this is how most accidental needle-stick injuries happen. The cap is usually bright orange and can be disposed of like normal rubbish if it is not contaminated with body fluids such as blood.

- Do not break, bend or otherwise try to render the syringe or sharp useless.

- Pick up the used syringe by the plunger / barrel (plastic end), using the forceps provided with the needle pointing away from you. Never touch the sharp end/point with your fingers or hands.

- Place each needle/syringe into the sharps container and then close the lid ensuring that it locks securely. Complete the label on the container with the name of the person locking it and the date.

- Remove gloves and put them in the supplied waste bag. Use the cable tie supplied to secure the bag. Place into the appropriate waste stream.

- Wash your hands with running water and soap.

- Place the container in a secure/child proof location.

- Contact Estates and Facilities Helpdesk on …….who will arrange for the sharps container to be collected.

- Complete a Datix incident form ensuring that Estates and Facilities and the Infection Prevention and Control Team are listed as reviewers.

If the discarded items are too big to be placed in the sharps container provided, contact the IPC Nurse Specialist or the Health and Safety Advisor at the earliest opportunity once the item/area has been made safe.
Appendix 16 Equality Analysis Form

<table>
<thead>
<tr>
<th>Name of Policy/ project/ service</th>
<th>Infection Prevention and Control Occupational Exposure to Blood Borne Viruses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aims of policy/ project/ service</td>
<td>This policy gives guidance for the protection of staff against an occupationally acquired blood borne viral (BBV) infection and the action to be taken should an incident occur where transference of a BBV could take place</td>
</tr>
<tr>
<td>Is this new or existing?</td>
<td>Existing</td>
</tr>
<tr>
<td>Person(s) responsible</td>
<td>Jane Lord</td>
</tr>
<tr>
<td>Key people involved</td>
<td>Jane Lord</td>
</tr>
<tr>
<td>Who does it affect?</td>
<td>Service users □√</td>
</tr>
</tbody>
</table>

Is the policy/ project/ service likely to have an effect on any of the protected characteristic groups? (please tick)

<table>
<thead>
<tr>
<th>Positive</th>
<th>Negative</th>
<th>None</th>
<th>Is action possible to mitigate any negative impact?</th>
<th>Details of action planned (including dates or why action is not possible)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>√</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disability</td>
<td>√</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td>√</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender Reassignment</td>
<td>√</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td>√</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Race</td>
<td>√</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religion and Belief</td>
<td>√</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marriage and Civil Partnership</td>
<td>√</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The Safe Collection and Disposal of Discarded Sharps and Drugs Paraphernalia on LPFT premises.

<table>
<thead>
<tr>
<th>Pregnancy and Maternity</th>
<th>✓</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Carers</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Any other information that is relevant to the equality impact of the policy/project/service?

Detail any positive outcomes for any of the protected groups listed above

The policy will ensure best practice to prevent transmission of infectious disease

**Result of Equality Analysis**
Based on the information above - what is the outcome of the Equality analysis?

<table>
<thead>
<tr>
<th>a) No change</th>
<th>✓</th>
<th>□</th>
</tr>
</thead>
<tbody>
<tr>
<td>b) Adjust the activity</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>c) Stop/remove the activity</td>
<td>□</td>
<td></td>
</tr>
</tbody>
</table>

Detail any adjustments that are to be made and how these will be monitored

Person who carried out this assessment: Jane Lord
Date assessment completed: 25/07/2017
Name of responsible Director/General Manager: Anne-Maria Olphert
Date assessment was signed: 
Date of next review: 19/07/2020