Policy for Standard Infection Control Precautions and Protection from Exposure to Blood Borne Viruses

Author(s)	Vickie Longstaff (Infection Control Nurse Consultant)
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Content:

1. Summary

Standard Infection Control Precautions including protection against BBV

- Hand hygiene (including skin care) – always clean hands before and after clinical contact with a patient, use the 5 moments for hand hygiene, use soap and water on visibly contaminated hands or after contact with a person with diarrhoea and refer any skin problems to EHMS

- Waste management – dispose of waste into the appropriate waste stream at the point of production

- Decontamination (including the environment, equipment and spillages) - ensure that the environment is clean and fit for purpose, terminal cleans to be performed following discharge or movement of a patient on infection control precautions. Equipment must be cleaned and disinfected or sterilised as required following every use and single use equipment must not be re-used. Blood and body fluid spills must be dealt with immediately using a chlorine based disinfect

- Linen handling – all linen must be handled appropriately and if contaminated with blood or body fluids it must be placed in a water soluble alginate bag prior to being placed in a linen bag

- Personal protective equipment - use personal protective equipment such as gloves, aprons, masks and goggles/eye protection for any procedures where there is a risk of contamination with blood or body fluids. In theatres or areas where there may be large volumes of body fluids present the PPE needs to assessed and appropriate for that area. PPE must be removed in the following sequence
    - Gloves
    - Aprons
    - Eye protection
    - Mask/respirator

  Hands must be decontaminated following the removal of PPE.

- Sharps safety – where possible eliminate the use of sharps, use safer needle devices where appropriate without compromising clinical practice, practice safe working procedures to avoid the risk of NSI, do not re-sheath sharps, do not pass sharps from person to person, the user to dispose of sharps at the point of use, dispose of all sharps in sharps container, do not over fill sharps containers and keep the number of people involved in the procedure to a minimum.

- Sharps injury - If a contamination or needle stick injury does occur - immediately bleed and wash the area. The injury must be reported the person in charge, reported as an incident on Datix and the injured person followed up as per Trust NSI policy

2. Introduction

There are a number of existing and new laws that require employers to protect health care workers from sharps injuries. A European directive was introduced in May 2010 that requires all member states, including the UK, to introduce further protection for health care workers exposed to the risk of sharps injuries. The directive has to be implemented in the UK by May 2013.
The overarching law is the Health and Safety at Work etc. Act 1974. This places general responsibilities on employers to ensure, so far as reasonably practicable, the health, safety and welfare of employees. The act requires employers to provide a safe working environment in relation to sharps injuries, together with safe equipment, training, information and instructions on safe systems of work.
Other key pieces of legislation are listed in the table in Appendix 1

The risks of contracting an infection

In the UK a small, but significant number of health care workers including nurses, have developed potentially life-threatening diseases as a result of a sharps injury. Since the late 1990s at least 17 health care workers have contracted hepatitis C and there have been five documented cases of HIV transmission (HPA, 2008 and 2010). All these transmissions have occurred following percutaneous exposure. Mucocutaneous exposures and bites also present the risk of injuries, although the risk is lower than percutaneous exposure.

<u>Percutaneous exposure</u>
The skin of the health care worker is cut or penetrated by a needle or other sharp object (for example, scalpel blade, trochar, bone fragment or tooth), which is contaminated with blood or other body fluid.

<u>Mucocutaneous exposure</u>
The eye(s), the inside of the nose or mouth, or an area of non-intact skin of the health care worker is contaminated by blood or other body fluid.

The risk of infection will depend on a number of factors. They include:

- the depth of the injury
- the type of sharp used (hollow bore needles are higher risk although subcutaneous needles also present a risk)
- whether the device was previously in the patient's vein or artery
- how infectious the patient is at the time of the injury.

The risk of infection by a contaminated needle is estimated as follows (HPA, 2008):
one in three for hepatitis B
one in 30 for hepatitis C
one in 300 for HIV.

The European Directive

Prior to the publication of European Directive 2010/32/EU, a framework agreement was developed that brought together a number of existing health and safety requirements in order to make the legal framework to protect workers from sharps injuries more explicit. The RCN and other European health care trade unions worked in partnership with European health care employers to develop the agreement. The adoption of the European Directive in May 2010 requires that the UK and all EU member states shall bring into force the laws, regulations and administrative provisions necessary to comply with this directive, or shall ensure that the social partners (employer and worker representatives) have introduced the necessary measures by agreement by 11 May 2013 at the latest.

Who does the directive cover?
It applies to all workers in the hospital and health care sector, including staff working in the private and public sector. Students and agency nurses are also covered, along with health care staff in other workplaces such as prisons.

Underlying principles of the directive
There are a number of underlying principles that need to be applied to ensure the effective implementation of the directive. These include:

- the need for a well trained, adequately resourced and secure health service workforce
- in accordance with their training, workers to take care, as far as possible, of their own health and safety and that of other persons affected by their actions
- prevention of exposure is a priority; never assume there is no risk of exposure following a sharps injury
- the important role of safety representatives in prevention and the development of health and safety policies and practices
- the importance of partnership working and consultation with workers and their representatives on safe systems of work, selection of safety equipment and how best to carry out training, information and awareness raising
- the employers duty to ensure the health and safety of workers including psycho-social factors and work organisation e.g. stress, shift work and working hours
- the need to promote a *no blame* culture to ensure that incident reporting procedures focus on systemic factors rather than individual mistakes

The main requirements of the directive

Risk assessments must be carried out to assess the risk of exposure to blood-borne infections from sharps injuries.

- Where there is a risk of exposure, employers need to identify how exposure could be eliminated.
- Where exposure cannot be eliminated, exposure should be prevented through:
    - implementing safe procedures for using and disposing of sharp medical instruments and contaminated waste
    - eliminating the unnecessary use of sharps by implementing changes in practice and providing medical devices incorporating safety-engineered protection mechanisms
    - providing sharps disposal equipment as close as possible to the assessed areas where sharps are being used or found
    - banning the practice of recapping
- Implement safe systems of work by:
    - developing an overall prevention policy that looks at the use of technology, how work is organised (e.g. safe staffing numbers, long working hours), working conditions (e.g. lighting and space) and psycho-social factors (e.g. stress, fatigue).
    - training staff appropriately
    - health monitoring
- Use of personal protective equipment e.g. gloves
- Where available, ensuring appropriate vaccination (e.g. hepatitis B vaccine) is readily available and should be given to at risk workers and students free of charge.
- Make information and awareness raising on risks, good practice, recording incidents/ accidents and support available.
- Training on the correct use of medical devices incorporating sharps protection mechanisms, the risk associated with blood and body fluid exposures, safe systems of work and correct use and disposal procedures. Training should also include the importance of immunisations, reporting procedures and measures to be taken in case

of injury. The training should be for all new and temporary staff as well as existing employees.

- Employers must release workers who are required to attend training and the training must be available on a regular basis.
- Local, national and European-wide reporting systems.
- Employers need to revise reporting procedures with health and safety representatives.
- Workers need to report immediately any accident or incident involving sharps to the employer and/or other person in charge or responsible for health and safety at work.
- Policies and procedures need to be in place in case a sharps injury occurs. The employer needs to:
  - take immediate steps to care for the injured worker, including the provision of post-exposure prophylaxis and any necessary medical test and appropriate health surveillance
  - investigate the cause and circumstances of the accident/incident
  - where appropriate consider counselling and medical treatment for the injured worker.

The purpose of this policy is to provide guidance to all Trust staff having patient contact to assist in reducing the risk of exposure to BBV and NSI. Also to ensure systems are in place to provide and monitor education and training to all staff on practices to reduce the risk of exposure to risk of exposure of BBV and NSI.

3. Scope

This policy applies to all employees of the Trust in all locations including the Non-Executive Directors, temporary employees, locums and contracted staff.

4. Role and Responsibilities

Corporate level

To ensure that there are adequate systems in place to reduce the risk of staff exposure to blood borne viruses via exposure or needle stick injuries.

Infection Control Committee

To receive quarterly reports on the activities of the infection prevention & control team - this will include training, compliance audits and policy development and review NSI data provided by the Occupational Health team (EHMS)

Infection Prevention & Control Team

To provide training on practices to reduce risk of exposure to BBV and NSI to all staff on formal induction programmes and refresher training courses.

Divisions

To ensure that all staff within their teams attend training, comply with Trust policies and practices and review incidents and practices within the division.

Department/team Managers

To ensure that all staff attend trust induction and refresher training on infection prevention and control which includes practices to reduce risk of exposure to BBV and NSI.

Clinical staff

To attend the Trust induction which includes infection prevention & control and practices to reduce risk of exposure to BBV and NSI and receive annual refresher infection prevention & control updates. To comply with practice recommendations.

5. Practice recommendations

5.1 Standard Infection Control Precautions.

SICPs consist of a number of activities which include:

Hand hygiene (including skin care)
Personal protective equipment
Waste management
Sharps safety
Decontamination (including the environment, equipment and spillages)
Linen handling

A number of these are covered in separate policies which are all available on the intranet:

Hand hygiene – the hand hygiene policy covers hand hygiene practices, monitoring and skin care.
Waste management – the waste management policy covers the waste stream used by the Trust in line with current legislation.
Decontamination – the body fluid spillage, disinfection and cleaning of isolation rooms, decontamination re-usable medical equipment and single use medical device policies all cover decontamination practices.
Linen handling – the laundry policy covers practices to reduce the risk of infection from used linen
Personal protective equipment (PPE) and sharps safety will be covered in section 5.2 of this policy on protection from exposure of blood borne viruses. PPE is also covered in the isolation policy when used in the process of isolating patients and reducing risk of spread of infection.

5.2 Protection from exposure to blood borne viruses

Immunisation
All staff in the Trust have pre-employment checks and clearance by EHMS and are assessed dependent on their role for the requirement for immunisation. The immunisation procedures and staff groups are detailed in the EHMS policies and ensure there are robust systems in place for recording staff immunisation history. These records are then used when staff are referred following an injury to assist in the appropriate case management.

Personal Protective Equipment
PPE is available in all clinical areas to staff where required.

- Wear gloves for all clinical procedures when contact with blood or high risk fluids can be anticipated e.g. when taking blood. Gloves do not need to worn for contact with intact skin e.g. vital sign monitoring, washing patients. Follow guidance in the IV line policy available on the Trust intranet on use of gloves in relation to central and peripheral lines specifically.
- Change gloves between patients.
- Wear gloves when cleaning equipment prior to sterilisation or disinfection, when handling chemical disinfectant and when cleaning spillages.
- Wear gloves for venepuncture and cannulation.
- Gloves cannot prevent percutaneous injury but they may reduce the risk of acquiring a blood borne virus (BBV) infection. Although punctured gloves allow blood to contaminate the hand, the *wiping* effect can reduce the volume of blood inoculated in a percutaneous injury by as much as 80%.

- The single use medical gloves stocked by this Trust conform to European Standards. All non-sterile gloves are made latex free. All clinical areas stock non-sterile latex free gloves in a variety of sizes. Staff who suspect or know that they are sensitised to latex are advised to refer themselves to the Employee Health Management Services (Occupational Health). The majority of sterile gloves continue to be latex due to the requirements of the product in relation to dexterity.
- Plastic aprons are advised for all clinical encounters where contact with body fluids may occur. This is to protect the clothing in the event of a spill and to prevent the inadvertent transfer of organisms between patients as a result of contamination of the HCW`s clothing or uniform.
- In A&E, full length waterproof aprons or gowns are available and are advisable for resuscitation, especially for trauma situation or upper GI tract bleed. An alternative to waterproof gowns would be a surgical gown with waterproof cuffs and sleeves, under which a plastic apron is worn.
- Open footwear should be avoided in situations where blood may be spilt, or where sharp instruments or needles are handled.
- Masks should be worn for all procedures where there is risk of blood, body fluids, secretions, and excretions splashing into the mucous membranes. This includes obstetric procedures, in A&E and endoscopy suites. In some cases full face visors maybe more appropriate. A risk assessment of the procedure should be performed and the appropriate protection used.
- Protective eyewear should be worn to protect the mucous membrane of eyes. The eyewear chosen should prevent splash injuries (including lateral splashes) without loss of acuity and without discomfort.
- PPE must be removed in the following sequence to minimise the risk of cross/self contamination:
    - Gloves
    - Aprons
    - Eye protection
    - Mask/respirator
- Hands must be decontaminated following the removal of PPE.

Dispose of sharps safely

- Avoid sharps usage where possible, and where sharps usage is essential, exercise particular care in handling and disposal.
- Sharps must be disposed into sharps boxes at the point of use. The use of mini-sharps boxes is recommended, as they can be taken to the patient's bedside or home for disposal immediately after use.
- When visiting a patient's own home a community sharps bin must be used and the temporary closure mechanism in place if transported. Sharps bins must be disposed of in accordance with Trust waste management policy.
- All sharps containers must be sited appropriately for their use, but out of the reach of children. They must be puncture resistant, of adequate depth and capacity, suitable for incineration.
- Sharps containers should be supplied in adequate numbers and should *never be more than 3/4 full before sealing.* They should be closed properly and tagged, before being disposed of as clinical waste.
- ***Never*** re-sheath needles.
- Needles and syringes should be discarded as a single unit into the sharps container immediately and separated.
- Intravascular guide wires and glass slides must be disposed of as sharps.

Safety engineered devices
There are a number of devices available and the Trust has reviewed and implemented these where appropriate. There are some procedures where safety devices are not available (e.g chest drain insertion, bone marrow aspirate, lumbar puncture and CSF sampling) and safe working practice must be followed to reduce the risk injury.

IV lines
The Trust uses safety cannula in adults to reduce the risk of sharps injury to staff when cannulating patients. There are currently no safer products on the market for inserting central or arterial lines. As products become available these will be reviewed and assessed for appropriateness of use.

Injection and hypodermic needles
The Trust has a number of safety devices in place for injections. These include the following:
Insulin pen needles - BD safety needle for insulin pens in use.

Needles for injection- BD safety needles (green, blue and orange) have been introduced in and these cover most of the injections given.
Blunt needles for drawing up medications have been implemented Trust wide.

Blood and body fluid sampling
The safer SARSTEDT® needle device is in place for adults Trust wide with ongoing training.
A safer needle device has been introduced for taking blood cultures in adults.
Arterial blood gas (ABG) sampling in adults is done using an ABG syringe and needle. The BD safety needles have been introduced and these will be used with the ABG syringes.
Most samples from neonates and children from an existing or new IV line as required.
Blood glucose/ BM – safety lancets used Trust wide.
For other body fluid samples such CSF, bone marrow amniotic fluid there are no safety devices available at present.

Theatres
The following advice is applicable to surgery and midwifery. Risk reduction strategies are particularly important in Obstetrics and Gynaecology, where the highest rates of occupational exposure of HCW to the blood of patients have been recorded. The following strategies are also of particular relevance to workers who provide emergency care. Injury minimisation procedures are in place which include some of the below practices.

<u>Gloves</u>
Perforations of surgical gloves are common, increase in number according to the length of surgical procedure and often go unnoticed. Gloves can also become porous during prolonged procedures due to hydration of the latex. Double gloving does not prevent sharps injury, but has been shown to achieve up to a 6-fold decrease in inner glove puncture. In the event of percutaneous injury, the volume of blood transmitted may also be reduced due to the enhanced wiping effect of two layers of glove.

<u>Management</u>
In order to minimise the risk of injury, the tasks of each member of the surgical team should be outlined. Specific hazards and measures to reduce their risks should be identified for each team member and reviewed periodically.

<u>Reducing the risk of percutaneous exposure: methods, procedures and equipment:</u>
- Have no more than one person working in an open wound/body cavity unless this is absolutely essential

- Use a “hands - free” technique where the same sharp instrument is not touched by more than one person at the same time
- Avoid hand to hand passing of sharp instruments
- Assure safer passage of necessary sharps by announcing “neutral zone” whenever the sharp is placed there. The “neutral zone” and receivers which could be a tray, kidney dish or a predetermined area in the operative field
- Ensure that sharps are not left exposed in the operative field but are rapidly removed by the scrub nurse from the neutral zone
- Use instruments rather than fingers for retraction and for holding tissues
- Use instruments to handle needles and to remove scalpel blades
- Direct sharps away from non-dominant or assistant’s hand
- Blunt-tipped suturing needles are in use. Although unsuitable for suturing skin and bowel, they can be used for all other components of abdominal closure. Stapling devices are a safer alternative than a sharp suture needle for skin and bowel closure.
- The use of instruments instead of fingers to hold tissue whilst suturing is also advised where possible.
- Remove sharp suture needles before tying suture; tie suture with instruments rather than fingers

Consider safer alternatives to conventional techniques:
- Eliminate any unnecessary use of sharp needles and instruments
- Opt for alternative, less invasive surgical alternatives where practicable
- Use disposable scalpels, or those which have retraceable blades or a blade release device
- Use blunt clips for surgical drapes or disposable drapes with self-adhesive operating film
- When double gloving, wear the bigger pair *inside* for maximum comfort

Reducing the risk of blood-skin contact:
- If a glove puncture is suspected, rescrub as soon as possible, and reglove
- Choose waterproof gowns or wear a surgical gown with waterproof cuffs and sleeves and a plastic apron underneath
- When the patient is in the lithotomy position, ensure that the impermeable gown covers the legs and wear impermeable footwear. Use surgical drapes with “catch-basins”
- Wear protective headgear and surgical masks
- Ensure that all blood is cleansed from the patient’s skin post-operatively
- Remove protective clothing including footwear on leaving the contaminated area

5.3 NSI incident reporting

Homerton University Hospital NHS Foundation Trust is committed to ensuring that any activity undertaken, is free from risks to health, so far as is reasonably practicable. The safe disposal of sharps and blood/bodily fluid stained equipment is imperative to reduce the risk of injury to health care workers. However, in the event of an exposure to blood or bodily fluids, staff are required to report any incidents promptly and encouraged to seek appropriate treatment to minimise the risk of transmission of blood borne viruses.

Previously, risk assessment has been a common approach to needle stick injury (NSI) management, but blood sample testing speeds have recently improved. The Trust has therefore taken the decision to test patients for blood borne viruses, namely HIV, as soon as possible, after a member of staff has been exposed. This approach is designed to ensure that the appropriate treatment is given to staff immediately. The Trust Policy for the Management of Occupational Needle stick and other Occupational Contamination Incidents is available on the intranet and details the full process for management and follow up of individuals who have a sustained an injury.

All incidents are reported on the Trust electronic incident reporting system. Incidents are reviewed by the manager of that area and discussed at divisional meetings. All NSI incidents are reported to the Trust Health and Safety Committee and Infection Control Committee where incidence and preventative measures are reviewed as required. Staff management is also reported on in relation to following up cases and those requiring post-exposure prophylaxis (PEP).

6. Training and awareness.

All Infection Prevention and Control training sessions contain a section on prevention of exposure to BBV and NSI. Infection Prevention and Control training is part of the trust mandatory training programme contained in the Trust Mandatory Training Policy available on the Trust intranet.

Managers are responsible for identifying staff training requirements, booking and following up attendance/non-attendance of Infection Prevention & Control/hand hygiene mandatory training. Identification of what training staff require can be found in the Trust mandatory training policy.

7. Review

This policy will be reviewed by the Infection Prevention and Control team in 2016 or sooner if new guidance/ policy is published.

8. Monitoring

Measurable Policy Objective	**Monitoring/Audit**	**Frequency of monitoring**	**Responsibility for performing the monitoring**	**Monitoring reported to which groups/committees, inc responsibility for reviewing action plans**
Department of Health high impact interventions including use of PPE	ICT sends monthly figures to ward managers, consultants, exec directors, lead nurses and senior nurses.	Monthly/Quarterly	Ward/unit manager or sister	Division performance meetings/ Lead nurses responsible for action plans. Quarterly reports to ICC and included in DIPC reports to the board.
Reduced risk of NSI/contamination	Any instances NSI/contamination injury is reported as an incident via the Trust incident reporting system	Monthly Quarterly	Clinical staff Occupational health	Division meetings, Health and safety and infection control committee

9. References / Bibliography

Royal College of Nursing. (2011) RCN guidance to support implementation of the EU Directive 2010/32/EU on the prevention of sharps injuries in the health care sector.

Centers for Disease Control and Prevention (2010) *Workbook for designing, implementing and evaluating a sharps injury prevention programme*. Available at: www.cdc.gov

Council Directive 2010/32/EU (2010) Implementing the framework agreement on prevention from sharps injuries in the hospital and health care sector, concluded by HOSPEEM and EPSU, *Official Journal of European Union*. Available at: http://eur-lex.europa.eu/LexUriServ/LexUriServ. do?uri=OJ:L:2010:134:0066:0072:EN:PDF

Loveday H,P, Wilson J,A, Pratt R,J, Golsorkhi M, Tingle A, Bak A, Browne J, Prieto J, Wilcox M. (2014) epic3: National evidence based guidelines for preventing healthcare acquired infections in NHS hospitals in England. Journal of Hospital Infection 86 (supplement 1)

See appendix 1 for key legislation

Appendix 1 Key pieces of legislation

Regulations	Key requirements	Application to sharps injuries
Control of Substances Hazardous to Health Regulations 2002 (COSHH)	Employers must identify any exposure to substances hazardous to health, assess the risks from exposure and put measures in place to prevent or reduce and control the exposure (known as *control measures*). There is also a requirement to monitor exposure, to provide health surveillance and provide information and training.	Assess the risk of exposure to biological hazards including blood-borne viruses and put measures in place to eliminate exposure to such hazards. Where it is not reasonably practicable to do so, employers need to prevent the exposure through using safety-engineered devices, designing safe systems of work and providing protective equipment. Information and training must be provided to all workers exposed to blood-borne viruses. Health surveillance in the form of follow up blood tests is required where there has been a significant exposure to blood-borne viruses.
Management of Health and Safety at Work Regulations 1999	Employers must carry out suitable and sufficient risk assessments of all significant hazards in the workplace. Employers must also provide employees with information on the risks to their health and safety, preventative and protective measures in place and emergency procedures.	Employers to assess the risk of sharps injuries from work procedures and activities. Employers must provide information and training on the risks of sharps injuries and what measures employees should take to reduce injury risk. Instruction and information on measures to be taken in the event of an injury should be provided.

Regulations	Key requirements	Application to sharps injuries
The Provision and Use of Work Equipment Regulations 1998	Employers to select and provide suitable work equipment and provide information and instruction on safe use.	Selection of suitable equipment e.g. sharps bins and instructions and information on how to use safely.
Reporting of Diseases Injuries and Dangerous Occurrences Regulations 1995 (RIDDOR)	Employers to report formally to the Health and Safety Executive (HSE) certain types of occupationally acquired diseases, injuries and dangerous occurrences.	Employers are required to report formally known exposures to blood-borne viruses following a sharps injury e.g. where the patient is known to be hepatitis C positive. Cases where a health care worker develops a blood-borne virus as a result of a sharps injury or other occupational exposure need to be reported retrospectively if the employer is aware of them.
The Personal Protective Equipment Regulations 1992	Employers to assess, select, provide and maintain personal protective equipment.	Selection of suitable gloves, aprons and goggles where the risk of exposure to blood-borne viruses cannot be eliminated or reduced effectively through other measures.
Health and Safety (First Aid) Regulations 1981	Employers to provide adequate and appropriate equipment, facilities and personnel to ensure their employees receive immediate attention if they are injured or taken ill at work.	Provide first aid treatment following a sharps injury – including out-of-hours support.
Safety Representatives and Safety Committee Regulations 1977	Employers to consult with safety representatives on matters affecting the health and safety of members. Employers to allow safety representatives paid time off to: • inspect documents relating to health and safety • investigate RIDDOR incidents and complaints from members • inspect the workplace • set up a health and safety committee.	Consult with safety representatives on the choice of equipment e.g. safety-engineered devices and gloves, and allow safety representatives paid time-off to inspect: • sharps injury reports • wards and departments for safe working practices and safe working environment to prevent sharps injuries.

Appendix 2

Equalities Impact Assessment

This checklist should be completed for all new Corporate Policies and procedures to understand their potential impact on equalities and assure equality in service delivery and employment.

Policy/Service Name:	**Prevention of Exposure to Blood Borne Viruses and Needlestick Injuries Policy**
Author:	**Vickie Longstaff**
Role:	**Nurse Consultant**
Directorate:	**DSO**
Date	**18/04/2013**

Equalities Impact Assessment Question	Yes	No	Comment
1. How does the attached policy/service fit into the trusts overall aims?			Compliance with health and social care act 2009
2. How will the policy/service be implemented?			Systems already in place as any changes have already been implemented
3. What outcomes are intended by implementing the policy/delivering the service?			Compliance with health and social care act 2009
4. How will the above outcomes be measured?			Compliance with health and social care act 2009
5. Who are they key stakeholders in respect of this policy/service and how have they been involved?			Infection control and health and safety committee given opportunity to comment
6. Does this policy/service impact on other policies or services and is that impact understood?		No	
7. Does this policy/service impact on other agencies and is that impact understood?		No	
8. Is there any data on the policy or service that will help inform the EqIA?		No	

9. Are there are information gaps, and how will they be addressed/what additional information is required?		No	
Equalities Impact Assessment Question	**Yes**	**No**	**Comment**
10. Does the policy or service development have an adverse impact on any particular group?		No	
11. Could the way the policy is carried out have an adverse impact on equality of opportunity or good relations between different groups?		No	
12. Where an adverse impact has been identified can changes be made to minimise it?		No	
13. Is the policy directly or indirectly discriminatory, and can the latter be justified?		No	
14. Is the policy intended to increase equality of opportunity by permitting Positive Action or Reasonable Adjustment? If so is this lawful?		No	

EQUALITIES IMPACT ASSESSMENT
FOR POLICIES AND PROCEDURES

2. If any of the questions are answered 'yes', then the proposed policy is likely to be relevant to the Trust's responsibilities under the equalities duties. Please provide the ratifying committee with information on why 'yes' answers were given and whether or not this is justifiable for clinical reasons. The author should consult with the Director of HR & Environment to develop a more detailed assessment of the Policy's impact and, where appropriate, design monitoring and reporting systems if there is any uncertainty.

3. A copy of the completed form should be submitted to the ratifying committee when submitting the document for ratification. The Committee will inform you if they perceive the Impact to be sufficient that a more detailed assessment is required. In this instance, the result of this impact assessment and any further work should be summarised in the body of the Policy and support will be given to ensure that the policy promotes equality.

Policy Submission Form

To be completed and attached to any policy or procedure submitted to the Trust Policy Group

1	**Details of policy**	
1.1	Title of Policy:	Prevention of Exposure to Blood Borne Viruses and Needlestick Injuries Policy
1.2	Lead Executive Director	Chief Nurse and Director of Governance
1.3	Author/Title	Vickie Longstaff (nurse consultant)
1.4	Lead Sub Committee	Infection Control Committee
1.5	Reason for Policy	Compliance with Health and Social Care Act 2009
1.6	Who does policy affect?	All Trust staff
1.7	Are national guidelines/codes of practice incorporated?	Yes
1.8	Has an Equality Impact Assessment been carried out?	Yes
2	**Information Collation**	
2.1	Where was Policy information obtained from?	See references
3	**Policy Management**	
3.1	Is there a requirement for a new or revised management structure if the policy is implemented?	No
3.2	If YES attach a copy to this form	N/A
3.3	If NO explain why	Systems already in place
4	**Consultation Process**	
4.1	Was there internal/external consultation?	Internal and external – Infection Control and health and safety Committee
4.2	List groups/Persons involved	Infection control committee and health and safety committee– April 2013

4.3	Have internal/external comments been duly considered?	Yes
4.4	Date approved by relevant Sub-committee	
4.5	Signature of Sub committee chair	
5	**Implementation**	
5.1	How and to whom will the policy be distributed?	All staff via the policy update information produced as part of team briefing
5.2	If there are implementation requirements such as training please detail?	Training has already been provided on safety devices and will continue as part of infection control training.
5.3	What is the cost of implementation and how will this be funded?	None
6	**Monitoring**	
6.1	List the key performance indicators e.g. core standards	Compliance with Health and Safety at work Act, EU directive and Health and Social Care Act - Code of Practice for reducing HCAI
6.2	How will this be monitored and/or audited?	See section 8
6.3	Frequency of monitoring/audit	See section 8

Date policy approved by Trust Policy Group:

25/6/14

Signature of Trust Board Group chair: