Standard operating procedure (SOP) · WRK-SOP-002 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 2E.3

At a glance

- Wash the area at once. Do not squeeze the wound.
- Report the exposure to your line manager and occupational health the same day.
- Attend the post-exposure assessment within the time set by occupational health.
- Record the exposure on the incident system.
- Stop and get help straight away if: a staff member has a needlestick or splash, and the source patient or the staff member’s status is unknown and no one has been told.

1. Purpose

To make sure every exposure to blood or body fluid is treated at once and followed up in time [EC].

2. Scope

Applies to	All staff, students and volunteers
Locations	All premises and outreach work
When	After any needlestick, sharps injury, or splash to eyes, nose, mouth or broken skin
Does not apply to	Intact skin contact with no risk

3. Definitions

Term	Meaning
Exposure	A percutaneous, mucosal or broken-skin contact with blood or body fluid
Source patient	The patient whose blood or fluid was involved
Post-exposure prophylaxis (PEP)	Medicine given after an exposure to reduce infection risk

4. Background

Most exposures are preventable, but when one happens the time before treatment decides whether PEP can work. A fixed route protects the staff member.

5. Responsibilities

Role	Responsibility	Competence
Exposed person	Starts first aid and reports at once	Trained in first aid for exposures
Line manager	Makes sure the exposure is reported and the person is seen in time	Management
Occupational health	Assesses, offers PEP and follow-up tests	Occupational health clinician

6. Materials and equipment

Item	Requirement	Condition
Exposure first-aid kit with running water and eye wash	In every clinical area	Checked weekly
Exposure reporting form (incident system)	Current	Available on all wards

7. Safety

- Do not delay first aid to report. Do not squeeze the wound. Wear gloves when cleaning.

8. Before you start

- Confirm the occupational health contact number and the out-of-hours route are on the wall of each clinical area.

9. Procedure

Step 1. Give first aid.

- Wash the area with soap and running water.
- For eyes, irrigate with clean water or saline for 15 minutes.

Key point: Do this first, before anything else.

Step 2. Report.

- Tell the line manager and occupational health the same day.
- Give the time, the cause and the source, if known.

Key point: The report starts the clock for PEP.

Step 3. Get assessed.

- Attend occupational health within the time set (usually within 2 hours for PEP).
- Ask for the source patient to be tested, with consent, where the policy allows.

Key point: PEP is most effective when started early.

Step 4. Record and learn.

- Enter the exposure on the incident system.
- Review the cause at the monthly safety meeting.

Key point: Every exposure is a learning point.

10. Decision points

- If the source is high risk, occupational health advises on PEP at once. The staff member may not defer this decision.

11. Special situations

Situation	Action
Out of hours	Use the out-of-hours number on the wall. The on-call doctor starts PEP within the time set.
Source patient refuses testing	Occupational health assesses the risk and advises on PEP for the staff member.

12. Escalation

- If PEP cannot be started in time, the chief executive is informed the same day.

13. Monitoring

Measure	Target	Frequency	Owner	If not met
Exposures reported the same day	100%	Monthly	Occupational health lead	Escalate to chief executive
PEP started within the time set	100%	Monthly	Occupational health lead	Escalate to chief executive

14. Records

Record	Kept in	Retention
Exposure report on the incident system	Occupational health file	Employment plus 40 years

15. Training

- All clinical staff are trained in this procedure at induction and at each annual refresher.

16. Related documents

ID	Title	Use
WRK-POL-003	Occupational health, safety and wellbeing policy	Policy this procedure supports
WRK-SOP-003	Staff vaccination and immunisation	Hepatitis B and other vaccinations

17. Evidence

Reference	Note
E-001	WHO Guidelines on Hand Hygiene in Health Care (2009).

E-009	ASF Expert Committee consensus. Time limits set by the ASF Expert Committee by occupational health.

18. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

E-learning for this document

No e-learning course is linked to this document yet.

Planned course: New course planned.

References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)
- World Health Organization (2009). WHO Guidelines on Hand Hygiene in Health Care. Geneva: WHO. **Open source** (E-001)

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