

Core brief

Daily update

(11 April 2024, 11.45am)

Topics in this Core Brief:

- FairWarning – Appropriate Access to Clinical Records
- Policy Development Framework
- Management of occupational exposure to blood or body fluids

Remember, for all your latest news stories, visit our new Staffnet Hub:
[GGC-Staffnet Hub - Home \(sharepoint.com\)](#)

FairWarning – Appropriate Access to Clinical Records

The Board has a moral and legal responsibility to protect the confidentiality of the data it holds and patients expect the information we retain about them will be kept secure and confidential. Your job role may give you access to patients' clinical information and you are reminded of your responsibility to access only the information that is required to allow you to carry out your legitimate duties. **This includes never accessing HEPMA records on occasions where either you or somebody you know personally is receiving treatment as an inpatient.**

To protect against inappropriate access to records, the Board continues to use an audit system called FairWarning which was put in place to provide assurance that clinical information is kept safe. The system provides the Information Governance Team with daily audit reports from clinical systems which allows them to monitor and investigate any potential inappropriate access to records, including staff accessing their own records and those of family members. If, after investigation, a record is found to be accessed inappropriately, then a formal discussion between the member of staff and manager will take place and depending on the severity of the breach, there could be a number of consequences including refresher training and/or formal disciplinary action. Some good practice tips are:

1. Never share passwords with other colleagues or managers.
2. Keep your LearnPro Safe Information Handling Training up to date. [learnPro NHS - Login \(learnprouk.com\)](#)

3. Be familiar with the FairWarning guidelines: [GGC eHealth - FairWarning Staff Guide](#)

Staff are reminded that if they wish to access their own health information, they should submit a subject access request. The Board's Subject Access Policy provides the relevant information and forms needed and can be found here [Subject Access Policy](#)

If you have any questions on FairWarning or data protection in general, including training, please visit our Information Governance Knowledge Hub here [Information Governance Knowledge Hub](#) or contact the Information Governance Team at: data.protection@ggc.scot.nhs.uk.

Policy Development Framework

NHSGGC has a detailed framework for the development, approval and management of policies and other associated documents in line with the approach to Active Governance. This framework aims to ensure that:

- There is a consistent and clear approach to policy development, consultation, approval, dissemination/communication, access to documents and review.
- NHSGGC complies with relevant legislation, governance, audit and controls assurance requirements.
- Policy processes are appropriate for new organisational arrangements and single system working.
- The impact of policies is fully assessed and understood.
- Policies in use are current, relevant, up to date, have clear ownership, and formal approval, including agreement in partnership with our Area and local Partnership Forums.
- NHSGGC meets its commitment to embed an equalities approach into all our functions.

If you are developing or reviewing a policy then you should visit: [NHSGGC - Finances, Publications and Reports](#) and follow the requirements of the Policy Development Framework. Policies that do not follow the correct process will not be approved.

Management of occupational exposure to blood or body fluids

Occupational exposure to blood or body fluids: How can you be exposed to blood or body fluids?

Exposure to blood or high risk body fluids can occur as a result of one of the following types of incident:

- Percutaneous injury e.g. from needles, medical instruments, teeth or bone fragments or bites which break the skin
- Exposure of broken skin (abrasions, cuts, eczema etc.)
- Splashes of blood or body fluids into mucous membranes including the mouth or eyes

Contamination on intact skin is **not** a risk of exposure.

What are High Risk Body Fluids?

In addition to blood, high risk body fluids are pleural fluid, blood stained low risk fluid, saliva associated with dentistry, semen, vaginal secretions, breast milk, CSF synovial fluid, pericardial fluid, unfixed tissues or organs.

These types of exposure present a risk of blood borne virus (BBV) transmission e.g. HIV, hepatitis B and C. However, the likelihood of transmission is influenced by a number of factors:

- the virus e.g. Hepatitis B is 50-100 times more infectious than HIV
- the amount of exposure and the amount of virus present in the fluid an individual is exposed to e.g. someone who is regularly taking HIV medication, is unlikely to pose a risk of transmission due to reduced viral load
- the immune status of the exposed person e.g. If you have received vaccination for hepatitis B.

What should you do following exposure?

- Immediate first aid
- Squeeze the affected area to encourage bleeding and wash with warm water and soap
- Do not suck the affected area and do not scrub or use bleach
- Splashes to eye - Rinse out with saline, then remove contact lenses if worn and then rinse eye again. Clean contact lenses with contact lenses cleaner
- Splash into mouth - rinse mouth out with saline and spit out, do not swallow the saline
- Report the injury to your Line Manager/ Supervisor.

Nurse in Charge of Source patient

The nurse in charge of source patient (the patient whose body fluid the injured person has been exposed to) is responsible for the initial assessment and management of the source patient (if known) however this assessment can be delegated to a doctor or other clinician as appropriate.

Contact Occupational Health

Contact the Occupational Health needlestick line on 0141 201 0595 between 8.00am – 5.30pm Monday to Friday, to report the injury, to obtain further advice and to arrange any necessary follow up.

Out with these hours you must attend your local Emergency Department (ED) for the initial assessment - you must also provide ED with the details and outcome of the source patient risk assessment. Where you attend ED you must also report your injury to Occupational Health on the next working day to arrange for follow up.

Further information and advice can be found on the Occupational Health section of HR Connect [Needlestick and Similar Injuries - NHSGGC](#).



Getting the right care this winter is as easy as ABC

<p>A</p> <p>Ask yourself Do I need to go out? For information on treating minor illnesses and injuries from home, go to NHS inform or download the NHS 24 App.</p>	<p>B</p> <p>Be aware There is help on your doorstep. Your local GP, pharmacy or optician offer a range of services.</p>	<p>C</p> <p>Call 111 If it's urgent, or you're unsure, call NHS 24 on 111. They'll get you the care you need.</p>
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Unless it's an emergency think ABC before visiting A&E.
For more information: www.nhsggc.scot/rcrp



Staff are reminded to make sure their [personal contact details are up to date on eESS](#).

It is important to share Core Brief with colleagues who do not have access to a computer.

A full archive of printable PDFs are available on [website](#)