

Core brief

Daily update

(18 June 2024, 12.10pm)

Topics in this Core Brief:

- Reduced Working Week
- Showcasing our staff
- Management of occupational exposure to blood or body fluids

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

Reduced Working Week

As we continue to roll out the implementation of the reduction of the working week for all agenda for change staff a number of challenges and concerns have arisen. In order to provide all staff and managers with guidance to address these challenges the Reduced Working Week working group continue to update the FAQ's and the [Staffnet](#) page. Please ensure that you are referring to this as issues arise within your teams.

One particular issue that has arisen is with the averaging of hours over the period of the rota for rostered staff. New rotas must be created based on the 37 hour working week. However in some areas the old rotas have remained in place, based on 37.5 hours, and staff are being given the time back on a set day, this is not within the spirit of the agreement and is effectively TOIL rather than a reduced working week.

During the transition period and where old rotas, in place prior to 1 April, still have a number of weeks left to run, this approach is ok however all **new** rotas must be based on 37 hours per week.

Please see GGC Q21 in the [FAQs](#) for more information about averaging the hours over the rota period.

Showcasing our staff

Today we are showcasing our last Excellence Award winner for 2024, and that is the **Volunteer** winner – The HUB Café Volunteers, Gartnavel Royal Hospital.



With a pragmatic approach and attention to detail the volunteers have played a key role in developing all operational and delivery aspects of the Hub Café project, from the opening hours to the range of activities on offer, to the menu, the volunteers have been proactive in making the café the best it can be.

[Click here](#) to watch a video about the team and read about all the winners [here](#).

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](#)

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](#)