

16 November 2011

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To: NHS Acute Trust Chief Executives, Medical  
Directors and Directors of Nursing  
Cc: NHS Foundation Trust Chief Executives, Medical  
Directors and Directors of Nursing

Gateway reference: 16903

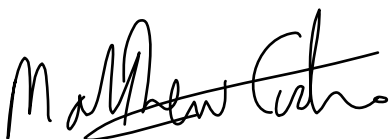
Dear Colleague

**Subject: Management of blood-exposure in personnel of public and  
voluntary services**

I wrote to you on 21 July 2011 clarifying existing policy on how police officers exposed to the blood of others in the course of their professional duties should receive assessment and any necessary treatment through NHS A&E departments. I said that although each police service has its own occupational health service, it will not usually provide 24 hour emergency cover or timely access across the whole area. Therefore NHS A&E departments were the appropriate location for police officers to have such injuries treated, have appropriate blood samples taken and to receive initial necessary post exposure prophylaxis, in the same way as other patients involved in blood exposure incidents were treated.

This was intended to highlight the particular issue of the management of blood exposure in police officers, and not to signal any restrictions limiting such arrangements to the police. I would now like to clarify that personnel of other important public and voluntary services, such as the fire and rescue and prison services, who may be similarly exposed to the blood of others, should receive treatment from NHS A&E departments in exactly the same way.

The NHS should make local arrangements to ensure that fire and rescue service officers, prison officers and others are able to access the emergency care they need and appropriate procedures are in place for collection of any evidence when this is required. Follow up care should then take place according to local arrangements in place between the NHS and occupational health services, which may vary according to local circumstances.



Professor Matthew Cooke  
National Clinical Director for Urgent and Emergency Care