


NEEDLESTICK / SHARPS INJURIES

VERSION No	3	
REVIEWED BY	Clinical Lead (RQ)	
NUMBER OF PAGES	4	

Introduction

For the purposes of this procedure, the term 'health care worker' includes all workers in the health care setting who use, or may be exposed to, needles and other sharp devices that may contain blood or other potentially infectious materials.

Health care workers who use or may be exposed to needles are at increased risk of needlestick injury. Such injuries can lead to serious or fatal infections by blood-borne pathogens such as hepatitis B virus (HBV), hepatitis C virus (HCV), or Human Immunodeficiency Virus (HIV).

Procedures

1. As an employer we aim to prevent needlestick injuries through:

- 👉 Eliminating the use of needles where safe and effective alternatives are available
- 👉 Implementing the use of devices with safety features and evaluating their use to determine which are most effective and acceptable
- 👉 Analysing needlestick and other sharps-related injuries in the workplace to identify hazards and injury trends
- 👉 Setting priorities and strategies for prevention by examining local and national information about risk factors for needle stick injuries and successful intervention efforts
- 👉 Ensuring that nurses are properly trained in the safe use (where applicable) and disposal of needles
- 👉 Modifying work practices that pose a needle stick injury hazard to make them safer
- 👉 Promoting safety awareness in the work environment
- 👉 Establishing procedures for, and encouraging the reporting and timely follow up of, *all* needle stick and other sharps-related injuries
- 👉 Evaluating the effectiveness of prevention efforts and providing feedback on performance
- 👉 Ensuring written instructions are available for employees
- 👉 Providing clearly marked and secure containers located close to areas where medical sharps are used at work.

2. Nurses should take the following steps to protect themselves and their fellow workers from needle stick injuries:

- 👉 Avoid the use of needles where safe and effective alternatives are available
- 👉 Help your employer select and evaluate devices with safety features
- 👉 Use devices with safety features provided by your employer
- 👉 Plan for safe handling and disposal before beginning any procedure using needles
- 👉 Dispose of used needles promptly in appropriate sharps disposal containers
- 👉 Never re-cap needles; always put them in sharps container
- 👉 Report all needle stick and other sharps-related injuries promptly to ensure that you receive appropriate follow-up care
- 👉 Tell your employer about hazards from needles that you observe in your work environment
- 👉 Participate in blood-borne pathogen training and follow recommended infection prevention practices, including hepatitis B vaccination.

3. **Sharps injury:** A sharps injury is an incident that causes a needle, blade (such as scalpel) or

other medical instrument(s) to penetrate the skin. This is sometimes called a 'percutaneous injury'. If you suffer an injury from a sharp that may be contaminated the following action should be taken:

- ⚠ Encourage the wound to gently bleed, ideally holding it under running water for at least 2 minutes. If running water is not immediately available then use cleansing wipes.
- ⚠ Don't scrub the wound whilst washing it
- ⚠ Don't suck the wound
- ⚠ Dry the wound and cover with a waterproof plaster or dressing
- ⚠ Seek urgent medical advice, as effective prophylaxis is available
- ⚠ Report the injury to your employer and follow the organisation's procedures for reporting incidents.

4. **What is the risk?** The main risk from a sharps injury is the potential exposure to infections such as blood-borne viruses (BBV). This can occur where the injury involves a sharp that is contaminated with blood or a bodily fluid from a patient. The blood-borne viruses of most concern are:

- 👉 Hepatitis B (HBV)
- 👉 Hepatitis C (HCV)
- 👉 Human Immunodeficiency Virus (HIV).

The transmission of infection depends on a number of factors, including the person's natural immune system. The number of sharps injuries each year is high, but only a small number resulted in infections that led to serious illness. Nevertheless, the effects of the injury and anxiety about its potential consequences, including the adverse side effects of post-exposure prophylaxis, can have a significant impact on an injured employee. There is a higher risk of infection from a sharps injury involving hollow-bore needles. Higher risk procedures include intra-vascular cannulation, venepuncture and injections and use of IV cannulae, winged steel (butterfly) needles, needles and syringes, and phlebotomy needles.

5. **Health and safety** law applies to risks from sharps injuries, just as it does to other risks from work activities. Relevant legislation includes:

- *Health and Safety at Work etc. Act 1974*
- *Control of Substances Hazardous to Health Regulations (COSHH) 2002*
- *Management of Health and Safety Regulations 1999*
- *Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)*
- *Health and Safety (Sharp Instruments in Healthcare) Regulations 2013*. These Regulations will implement the EU Council Directive 2010/32/EU on the prevention of sharps injuries in the hospital and healthcare sector. Many of the requirements contained in the Directive already form part of health and safety law in Great Britain. The new regulations only contain those requirements that are not specifically addressed in existing legislation, as listed above. The Regulations only apply to employers, contractors and workers in the healthcare sector. NHS Trusts/Boards, independent healthcare businesses and other employers whose main activity is the management, organisation and provision of healthcare will be subject to the Regulations.

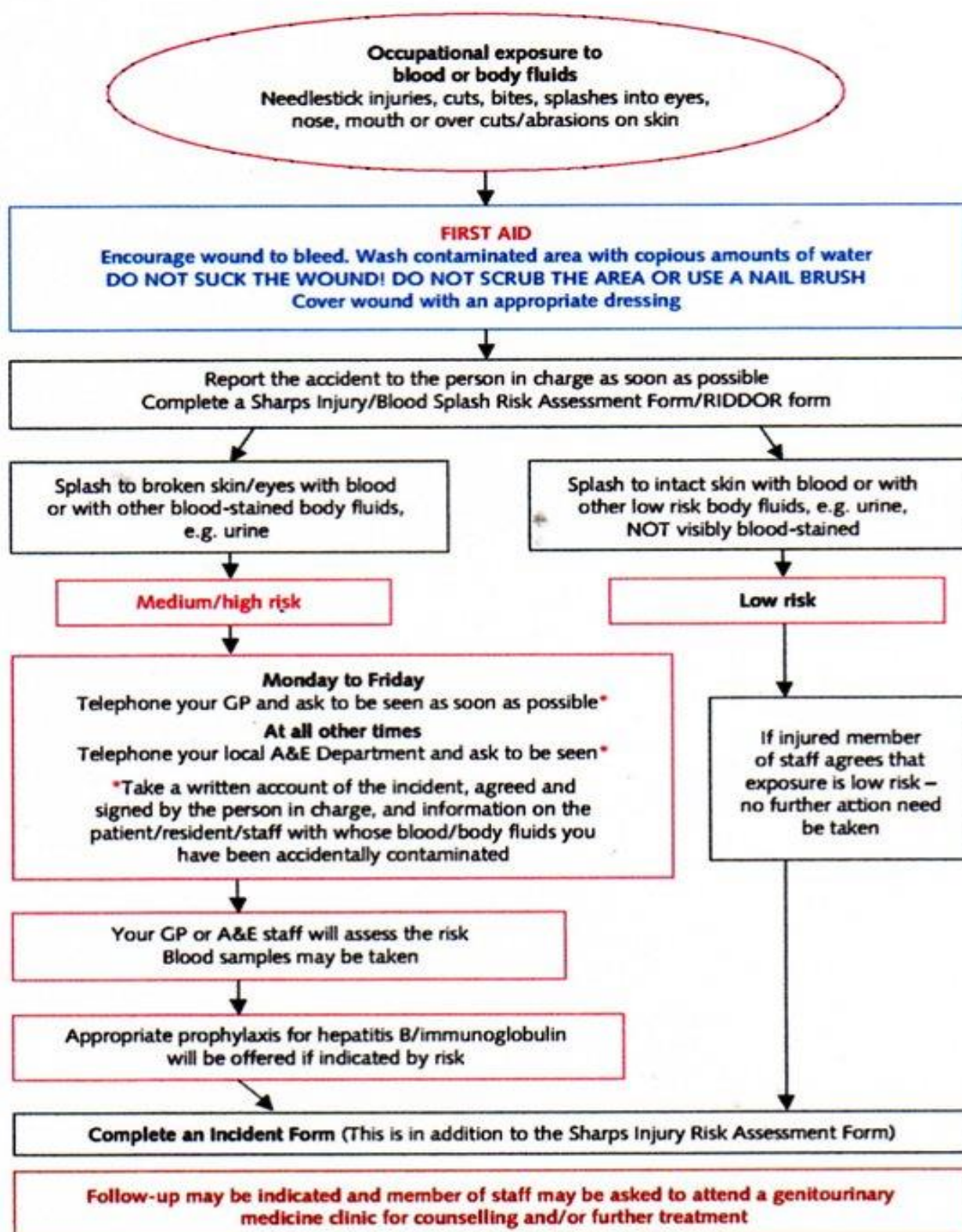
Further Guidance

<http://www.hse.gov.uk/healthservices/needlesticks/>

This procedure should be read in conjunction with the COSHH and RIDDOR policies.

Appendix 3

Sharps injury flowchart










* See A Guide to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995. HSE Books (1999).

SHARPS INJURY: STEP BY STEP (DoH)

1. What to do if you receive a sharps injury





The risk when injury is received by a sharp that is new and unused is usually minimal or none. If you suffer an injury from a sharp which may be contaminated (when used):

-  Encourage the wound to gently bleed, ideally holding it under running water
-  Wash the wound using running water and plenty of soap
-  Don't scrub the wound whilst you are washing it
-  Don't suck the wound
-  Dry the wound and cover it with a waterproof plaster or dressing
-  Seek urgent medical advice (for example from your Occupational Health Service) as effective prophylaxis (medicines to help fight infection) are available
-  Report the injury to your employer.











2. Elimination, prevention and protection

The Directive states that employers must comply with the hierarchy of controls as set out in European Directives 89/391 and 2000/54. Directive 89/655/EEC (Minimum safety and health requirements for the use of work equipment by workers at work) in Article 3.2 says that where risk cannot be eliminated the employer shall take appropriate measures to minimise the risks.

Where the results of the risk assessment reveal a risk of exposure, this must be controlled, by:

-  Elimination - eliminating the unnecessary use of sharps by implementing changes in practice and on the basis of the results of the risk assessment;
-  Safe Procedures - specifying and implementing safe procedures for using and disposing of sharp medical instruments and contaminated waste. The practice of recapping shall be banned with immediate effect. These procedures shall be regularly reassessed and shall form an integral part of the measures for the information and training of workers;
-  Engineering Controls - providing medical devices incorporating safety engineered protection mechanisms;
-  PPE - the use of Personal Protective Equipment (gloves, masks, gowns, etc).

3. When considering safety-engineered medical devices the following selection criteria should be applied:

-  The device must not compromise patient care;
-  The device must perform reliably;
-  The safety mechanism must be an integral part of the safety device, not a separate accessory;
-  The device must be easy to use and require little change of technique on the part of the health professional;
-  The activation of the safety mechanism must be convenient and allow the care-giver to maintain appropriate control over the procedure;
-  The device must not create other safety hazards or sources of blood exposure;
-  A single-handed or automatic activation is preferable;
-  The activation of the safety mechanism must manifest itself by means of an
-  audible, tactile or visual sign to the health professional;
-  The safety mechanisms should not be easily reversible once activated.