

# POLICY FOR SAFE USE OF SHARPS, NEEDLE STICK INJURY OR BODY FLUID CONTAMINATION

# POLICY STATEMENT

Trinity is committed to the safety of all staff and patients. If an injury occurs due to a needle stick injury or contamination from body fluids, swift action following the correct procedure is essential. We work closely with the Occupational Health Department.

# RELATED POLICIES / PROCEDURES

E08 Near misses, incidents and serious untoward incident policy and procedure (inc pharmacy)

I01 Policy for Infection Prevention and Control

I22 Procedure for hand hygiene

I04 Policy for safe disposal of clinical waste

# RESPONSIBILITY AND ACCOUNTABILITY

Policy formulation and review: Infection Prevention and Control Lead Nurse and Clinical Manager

Approval: Clinical Director

Compliance: All clinical and medical staff at Trinity Hospice and Palliative Care Services

**Last review date: November 2015**

**Next review due by: November 2017**



**INTRODUCTION**

Every year, many healthcare workers sustain an injury caused by a clinical ‘sharp’.

Although rare, injuries from sharps contaminated with an infected patient’s blood can transmit more than 20 diseases, including Hepatitis B, C and Human Immunodeficiency Virus (HIV). Because of this transmission risk, sharps injuries can worry the many thousands who receive them (hse.gov.uk, 2010).

It is therefore imperative that all sharps are handled correctly and safely to reduce the risk of injury.

To improve on reducing the risk of injury and to provide improved protection for nurses and health care workers exposed to the risk of needlestick and other sharps injuries guidelines were produced from the European Union which is the European Directive (Council Directive 2010/32/EU). This in turn led to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 in which all areas where required to use safer sharps by the year 2015. To comply with these regulations, Trinity as an organisation has reduced the risk of harm by changing to safer sharps where appropriate and requires all staff to comply with their use.

**Remember** it is not only clinical staff that can become injured from a sharp. A significant proportion of sharps injuries occur when healthcare workers fail to follow safe disposal procedures and [standard precautions.](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4014474.pdf) [1] The person who is injured may be another healthcare worker, a volunteer, a patient or visitor.  It is thought that 75% of needle stick injuries could be preventable by ‘informing and educating healthcare professionals on the appropriate procedures to minimise the risks associated with handling and disposing of sharp objects (Bandolier, 2003 cited Rogers, 2010).

**WHAT IS A NEEDLESTICK INJURY?**

A needle stick injury is classed as any injury that occurs where the skin is punctured or scratched by a needle or sharp object. This could include:

* A sharp instrument such as a needle, blade, razor or broken glass
* A human bite that penetrates the skin
* A human scratch that breaks the skin
* Any other object that breaks the skin which may be contaminated with blood or bodily fluids

When carrying out clinical procedures that require the use of sharp instruments such as needles or blades, it is the responsibility of the individual using the sharp to dispose of it safely and correctly. In the event that the clinical procedure does not allow for the user to dispose of the sharp themselves, responsibility still remains with the user to ensure that the safe disposal of the sharp takes place.

**WHAT CONSTITUTES CONTAMINATION FROM BLOOD/BODILY FLUIDS?**

Contamination from blood or bodily fluids occurs when such fluid enters the body via needle stick injury or from splashes that enter the eyes, nose or inside of the mouth (mucous membranes). A splash of contaminated blood or bodily fluids can also enter the body via broken skin.

**HOW TO REDUCE THE RISK OF INFECTION**

In 1998 the Department of Health published ‘Guidance for Clinical Health Care Workers: Protection against infection with blood borne viruses’. The simplest recommendations included:

* Hand washing after each patient contact and after contact with blood or body fluids
* Appropriate PPE (Personal Protective Equipment)
* Disposable gloves should be worn whenever working with blood or body fluids
* Disposable plastic aprons/impermeable gowns should be worn when splashing with blood or body fluids may occur
* Eye protection (visors, goggles or safety spectacles) should be worn when blood, body fluids or flying contaminated debris/tissue might splash into the face.
* Covering any cuts or abrasions with waterproof plasters
* When carrying out any procedure which involves the use of a needle eg. Injection, syringe driver re-siting, a white plastic tray which houses a small sharps bin should be used to transport the injection to the patient.
* Immediate and safe disposal of sharps into appropriate, puncture-proof sharps bins.
* Not overfilling sharps containers.
* Never re- sheathing needles

**STEPS TO REDUCE THE RISK OF NEEDLESTICK INJURY**

* Safer sharps should be used at every opportunity, where appropriate. For delivering injections to patients, insulin needles, blood taking and for delivery of medication via a syringe pump a selection of devices are available to use.
* Clinical staff at Trinity Hospice & Palliative Care Services should be immunised against the Hepatitis B Virus. ( If you are not sure if you are covered please contact the occupational health department on 01253 300000)
* Staff must always ensure that even minor cuts and abrasions are adequately covered by a waterproof dressing before undertaking any procedures.
* Staff must wear the appropriate personal protective equipment for the task they are undertaking, i.e. gloves, plastic apron, eye and mouth protection if there is a risk of splashing.
* Needles must **never** be re-sheathed (40% of self inoculated accidents occur whilst re-sheathing needles).
* A used needle should not be removed from a syringe after use. It must be disposed of as one unit. The only EXCEPTION being when there is a need to decant a specimen of blood/body fluid into a collection bottle. In this instance the needle must be removed using the needle remover slot on a sharps container.
* All disposable sharps must be immediately discarded into a designated Sharps Container at the point of use by the user and not to be left for other members of staff. **NEVER** attempt to remove an item from a sharps container.
* Approved Sharps Containers must be conveniently located in clinical areas. It is a nursing responsibility to check these containers are correctly assembled prior to use. The lid should click several times when pressing it onto the base unit which is then checked by the nurse that it is secure before signing the container to acknowledge it has been assembled correctly.
* When performing any procedure that requires the use of a needle i.e. injection or syringe driver, a white tray complete with small 1 litre sharps box should be used to transport all equipment to the place where it will be used. The sharp can then be discarded at the point of use.
* Between use, sharps containers must always have their temporary closure mechanism in use.
* Sharps Containers must be sealed securely when ¾ full.
* All Sharps Containers must comply with BS7320 or its equivalent, and be labelled Trinity Hospice by the person assembling the container, in order to provide an audit trail.
* When a sharps container is ¾ full and ready for disposal, it needs to be closed by pushing the horizontal closure on the lid until it ‘clicks’ shut and cannot be re-opened. The sharps container should then be signed by the nurse that has closed it and taken to the clinical waste container outside which is identified with a yellow tag marked sharps.

**WHAT TO DO IF YOU SUSTAIN A NEEDLESTICK INJURY**

1. Make the wound bleed (do not suck the wound) then wash with soap and warm water.
2. Cover any broken skin with a waterproof dressing.
3. The injured person must report the incident to the person in charge of their work area immediately after having performed first aid.
4. Consult appendix 1 to determine course of action to be taken
5. A risk assessment must be carried out jointly by the person to whom the incident is reported to along with the injured person, as soon as possible by completing the forms in Appendix 2
6. A Trinity Incident Form must be completed as soon as possible

**What to do if exposure to contaminated body fluids occurs**

1. For contamination from a splash, rinse the affected area with water until free from body fluids. If affected area is broken skin then wash with soap and water.
2. Cover any broken skin from sharps injury or scratch etc. with waterproof dressing or plaster.
3. The injured person must report the incident to the person in charge of their work area immediately after having performed first aid.
4. Consult appendix 1 to determine the course of action to be taken.
5. A risk assessment must be carried out jointly by the person to whom the incident is reported to along with the injured person, as soon as possible by completing the forms in Appendix 2
6. A Trinity Incident Form must be completed as soon as possible

**REFERENCES**

# [www.dh.gov.uk](http://www.dh.gov.uk)

# [www.hse.gov.uk](http://www.hse.gov.uk)

Blackpool Teaching Hospitals (2010) Policy for Injuries and Accidents Involving Exposure to Blood and Body Fluids in Staff

Council Directive 2010/32/EU (2010) Implementing the framework agreement on prevention from sharps injuries in the hospital and health care sector, concluded by HOSPEEM and EPSU, Official Journal of European Union.

DoH (1998) Guidance of Health Care Workers: Protection against infection with blood borne viruses.

Health and Safety Executive (2013) Health and Safety (Sharp Interments) in Healthcare Regulations 2013 – Guidance for employers and employees. Available at <http://www.hse.gov.uk/pubns/hsis7.pdf>

RCN – Sharps Safety – RCN guidance to support the implementation of The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013

Rogers J (2010) Venous thromboprophylaxsis: reducing needlestick injury Nursing Standard Vol.25, No.49

Appendix 1, 2, and 3 are reproduced with kind permission from Blackpool Teaching Hospitals, to allow for a quick response in the event of injury.

**Sharps safety**

**RCN Guidance to support the implementation of**

***The Health and Safety (Sharp Instruments in Healthcare***

***Regulations) 2013***

**Appendix 1 Immediate Guidance on action to take following a needlestick or contamination incident**

**FIRST AID**

Immediately wash wound under running water using soap (NOT disinfectant) and squeeze to encourage bleeding. (DO NOT SUCK!)

**REPORT** the incident immediately to the person in charge who can help with risk assessment

Complete joint risk assessment immediately using **Appendix 2**

Is the needlestick injury from a known source?

NO

YES

Has the needlestick occurred in a high risk area e.g GUM?

Is the source patient known to be HIV +ve, and/or Hep B +ve?

YES

YES

NO

NO

Go to A&E immediately. Take completed Appendix 2 risk assessment with you. Tell triage nurse you have had high risk needlestick/ exposure so arrangements are made to see you quickly.

Go to A&E immediately. Take completed Appendix 2 risk assessment with you. Tell triage nurse you have had high risk needlestick/ exposure so arrangements are made to see you quickly.

Is the source patient known to be Hep C +ve?

YES

Take storage bloods from the injured person. This should be a 7.5ml sample in a brown tube and labelled on a Virology form as ‘staff member – needlestick accident Blood is for storage’

NO

Does the source patient have any high risk factors? E.g IVDU, risky sexual behaviour?

YES

NO

Take bloods from source patient (with consent) for HIV, Hep B and Hep C. This should be a 7.5ml sample in a brown tube and labelled on a virology form as ‘Source Patient for needlestick accident. Please test for HBsAg, and HIV and HCVAntibodies’. *ALSO* put the injured person’s name and d.o.b. too so that

the laboratory and OHD can link the two samples together.

The blood test must be from the clinician in charge.

Injured person must inform Occupational Health (01253 300000). If out of hours leave a message with a contact number for the injured person)

Take storage bloods from the injured person. This should be a 7.5ml sample labelled on a virology form as ‘staff member – needlestick accident blood is for storage’



**Appendix 2 Exposure Risk Assessment Record**

**This section to be completed by the injured person** (Please PRINT in block capitals and CIRCLE relevant alternative answers)

Surname………………………………………….. Forenames…………………………..……………..

Date of birth………………………………. Male/Female

Job Title…………………………………. Department/Ward……………..………

Contact telephone numbers Work………………………. Bleep…………………..

Home……………………… Mobile………………….

Date of incident………………………….. Time of incident ….……………….

Place of incident………………………..

Type of exposure Blood Yes/No Other (please state)…………………….

Type of injury…………….If needle Hollow bore (e.g. green needle, venflon)

Solid bore (e.g. suture, lancet)

OR Splash/Scratch/Bite or Other (describe)………………………………………………..

Give a short description of the incident. What happened? How it happened? Why it

happened?

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Have you completed a full (3 doses) of hepatitis B vaccine? Yes/No

Approximate date this was completed?……………………….

Were you confirmed as immune after the antibody blood test? Yes/No/Don’t know

Are you a known non-responder to hepatitis B vaccine? Yes/No

Signature…………………………………… Date………………………………

**This section to be completed jointly** by injured person and person in charge of work area, or other suitably experienced person

Is the source patient known? Yes/No Hospital number…………………………

If known give details of source patient.

Surname…………………………………….. Forenames……………………………………..

Date of birth………………………………. Male/Female

With consent, test source patient for;

HIV antibody **and** Hepatitis B surface antigen **and** Hepatitis C antibody

If source patient blood cannot, or has not been obtained please explain why

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

If source is unknown, refer to Appendix 1 for further action.

**For completion by A+E or Occupational Health**

Date of assessment…………………………………. Time………………………………………..

Name of assessor……………………………………. Job Title……………………………………

Risk Assessment HIGH RISK LOW RISK

Storage bloods taken from injured person? Yes/No If No Why?.............................. Storage blood form labelled correctly? Yes/No

Treatment given

Hepatitis B vaccine booster Yes/No Batch no………………………..

Hepatitis B Immunoglobulin Yes/No Batch no………………………..

PEP prescribed (A+E only) Yes/No

If PEP is prescribed, what follow up arrangements have been made with the infectious disease consultant or GU medicine consultant/BBV team? E.g. time and date of appointment

…………………………………………………………………………………………………………………………

If they are not available during office hours via switchboard, have you instructed the injured person to contact Occupational Health on the next working day?

Yes/No

Please make sure that this form (2 sides) Is delivered or faxed to the occupational health Department by the next working day so that the appropriate follow up arrangements can be made.

Fax no. 01253 657947

**For completion by injured member of staff**

1.How would you be able to prevent this incident from happening to yourself in the future?

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Appendix 3 Plan A: Needlestick from a known HIV+ve and/or Hep B +ve source patient**



**Plan B: Needlestick from a known source with risk factors for BBV or is known to be HCV +ve**



**Plan C: Needlestick from a known source patient with no known risk factors**



**EQUALITY AND DIVERSITY IMPACT ASSESSMENT TEMPLATE**

**POLICY STATEMENT:**

Trinity Hospice is committed to creating a culture in which diversity and equality of opportunity are promoted actively and in which unlawful discrimination is not tolerated.

Trinity Hospice believes in the principles of social justice, acknowledges that discrimination affects people in complex ways and is committed to challenge all forms of inequality. To this end, The Hospice will aim to ensure that:

* individuals are treated fairly, with dignity and respect regardless of their age, marital status, disability, race, faith, gender, language, social/ economical background, sexual orientation or any other inappropriate distinction;
* it affords all individuals, volunteers and employees the opportunity to fulfil their potential;
* it promotes an inclusive and supportive environment for staff, volunteers and visitors;
* it recognises the varied contributions to the achievement of the Hospice’s, mission made by individuals from diverse backgrounds and with a wide range of experiences.

|  |  |
| --- | --- |
| Title of policy/ proposal/ activity: | Policy for the safe use of sharps, needlestick injuries or body fluid contamination |
| Equality Impact Assessment Group (names): | Debra Green |
| Date: | 9.11.15 |

|  |  |
| --- | --- |
| 1. Briefly describe the aims, objectives and purpose of the proposal | To ensure safe procedure are in place relating to the safe use of sharps, needlestick injuries or body fluid contamination |
| 2. Are there any associated objectives of the proposal, please explain | No |
| 3. Who is intended to benefit from the proposal and in what way? | Organisation, staff, students, visitors and patients |
| 4. What outcomes are wanted from this proposal? | Safety of patients, students, visitors and staff |
| 5. What factors/forces could contribute/detract from the outcomes? | Failure to follow the recommendations |
| 6. Who are the main stakeholders in relation to the proposal? | All patients and staff |
| 7. Who implements the proposal and who is responsible? | Clinical Director / Clinical Manager |
| 8. Is it likely that that the proposal **could** have a positive or negative impact on minority **ethnic** groups.  What existing evidence (either presumed or otherwise) do you have for this? | NO |
| 9. Is it likely that that the proposal **could** have a positive or negative impact due to **gender.** If so, please outline what the impact might be.  What existing evidence (either presumed or otherwise) do you have for this?  7. Who implements the proposal and who is responsible for the propos | NO |
| 10. Is it likely that that the proposal **could** have a positive or negative impact due to **disability.** If so, please outline what the impact might be.  What existing evidence (either presumed or otherwise) do you have for this? | NO |
| 11. Is it likely that that the proposal **could** have a positive or negative impact on people due to **sexual orientation.** If so, please outline what the impact might be.  What existing evidence (either presumed or otherwise) do you have for this? | NO |
| 12. Is it likely that that the proposal **could** have a positive or negative impact on people due to their **age.** If so, please outline what the impact might be.  What existing evidence (either presumed or otherwise) do you have for this? | NO |
| 13. Is it likely that that the proposal **could** have a positive or negative impact on people due to their **religious belief.** If so, please outline what the impact might be.  What existing evidence (either presumed or otherwise) do you have for this? | NO |
| 14. Is it likely that that the proposal **could** have a positive or negative impact on people with **dependants/caring responsibilities?** If so, please outline what the impact might be.  What existing evidence (either presumed or otherwise) do you have for this? | NO |
| 15. Is it likely that that the proposal **could** have a positive or negative impact on people due to them being **transgender or transsexual.** If so, please outline what the impact might be.  What existing evidence (either presumed or otherwise) do you have for this? | NO |
| 16. Can any adverse impact be justified on the grounds of promoting equality of opportunity for a particular group? (For example, the proposal may be deliberately designed to promote equality for disabled people but may run the risk of this being at the expense of non-disabled people). | NO |
| 17. Is a full Equality Impact Assessment necessary? | NO |
| 18. If Yes date on which full impact assessment is to be completed by |  |
| Signed on behalf of the organisation. | Debra Green |
| Agreed review date | November 2017 |