CH 22

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NHS

SAFE MANAGEMENT OF SHARPS AND INOCULATION INJURIES

Community Infection Prevention and Control Policy for Care Home settings

Safe management of sharps and inoculation injuries

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CH 22

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This Policy has been adopted by:

Organisation: ..... …

Signed: .....

Job Title: .....

Date Adopted: .....

Review Date: .....

If your organisation would like to exclude or include any additional points to this document, please include below. Please note, the Community IPC Team cannot endorse or be held responsible for any addendums.

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1. Introduction

This Policy is one of the 10 'Standard infection control precautions' (SICPs) referred to as 'Occupational safety/managing prevention of exposure (including sharps) by NHS England and NHS Improvement.

Sharps

Sharps are items that could cause cuts or puncture wounds and include needles and sharp instruments. It is the responsibility of the user to dispose of sharps safely into a sharps container.

Sharps which are handled inappropriately or not disposed of correctly are dangerous.

Health and Safety

Healthcare employers, their contractors and employees, have legal obligations under the *Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 (the Sharps Regulations)*. All employers are required to ensure that risks from sharps injuries are adequately assessed and appropriate control measures are in place.

Where it is practicable to do so, employers must substitute traditional unprotected sharps with a 'safer sharp' (medical sharps that incorporate features or a mechanism to prevent or minimise the risk of accidental injury).

2. Good practice in sharps management

Needle management

- Avoid unnecessary use of sharps.
- For certain procedures, needle free equipment is available and must be used, e.g. collecting a urine sample from a catheter.
- Request assistance when using sharps with reluctant or confused residents.
- Do not carry sharps in the hand. Sharps containers should be available at the point of use, i.e. where the sharp is used.
- Always use a sharps tray with an integrated sharps container.
- Do not pass sharps from hand to hand and keep handling to a minimum.
- Do not recap, bend or break needles before disposal.

- Dispose of needle and syringes as one unit into a sharps container.
- Always carry sharps containers away from the body, ensuring the temporary closure mechanism is in the 'closed' position.

Ensuring safe use

- All staff should be educated in the safe use and disposal of sharps and the action to take in the event of an injury.
- Sharps containers must be situated in a safe and secure place and not accessible to residents or visitors.
- In rooms or areas where sharps containers do not need to be moved, they should be wall-mounted near the point of use, i.e. where the sharp is used.
- At no time should a sharps container be placed on the floor.
- Sharps containers should comply with the UN3291 and British Standard BS7320.
- The correct size of the sharps container to be used should be determined according to the volume of sharps generated.
- Sharps should be placed into the correct colour coded sharps container:
    - Purple lid with matching purple labelled container – sharps contaminated with cytostatic or cytotoxic medicines
    - Orange lid with matching orange labelled container – sharps **not** contaminated with medicines
    - Yellow lid with matching yellow labelled container – sharps contaminated with medicines
- Sharps containers must be correctly assembled, with the lid securely fastened to the base and dated, signed and location recorded when assembled.
- Sharps containers must not be used for any other purpose than the disposal of sharps, e.g. no packaging, wrappers, cotton wool, gauze.
- Sharps should be placed into the sharps container by the person using them.
- Never press down the contents to make more room or attempt to retrieve an item from the sharps container.
- After disposing of a sharp into the sharps container, the aperture should be moved into the temporary closure 'closed' position.
- Sharps containers must **not** be filled above the 'fill line' as this could result in sharps protruding through the aperture.
- The aperture must be 'locked' prior to disposal.
- Sharps containers must be disposed of when the fill line has been reached or when the container has been in use for 3 months even if not full, in accordance with NIHCE guidance.

- Sharps containers must not be placed inside waste bags prior to disposal.
- Sharps containers must be dated and signed when locked and disposed of.

3. Prevention of inoculation incidents

An inoculation incident is where the blood/body fluid of one person could gain entry into another person's body, such as:

- A sharps/needlestick injury with a used instrument or needle
- Spillage of blood or body fluid onto damaged skin, e.g. graze, cut, rash, burn
- Splash of blood or blood stained body fluid into the eye, mouth or nose
- Human bite causing skin to be broken

Many accidental exposures to blood and body fluids are, therefore, not classed as inoculation incidents, e.g. splashes onto intact skin. In these circumstances, washing the contaminated area thoroughly with liquid soap and warm running water is all that is required. Exposure to vomit, faeces and urine (unless visibly blood stained) and to sterile sharps are also not considered as inoculation injuries.

Compliance with the above guidance on good practice in sharps management should reduce the risk of a contaminated sharps injury.

In addition:

- All staff should protect their skin, as skin is an effective barrier to micro-organisms, such as bacteria, viruses and fungi. Any cuts or abrasions should be covered with a waterproof dressing to provide a barrier
- Disposable gloves must be worn when there is a risk of exposure to blood or body fluids
- Facial personal protective equipment must be worn when there is a risk of blood splashing to the mucous membranes, e.g. eyes, nose, mouth

4. Always

- Use standard infection control precautions.
- Clean hands and wear appropriate personal protective equipment (PPE) when handling sharps.
- Dispose of single use items after one use.
- Dispose of waste as per local policy.

- Clean hands after removing and disposing of each item of PPE, e.g. pair of gloves, apron.

5. Risk of infection from inoculation incidents

Following a specific exposure, the risk of infection will vary depending on the nature of any pathogenic micro-organisms, such as bacteria, viruses and fungi, in the resident's blood, the type of inoculation and the amount of virus in the resident's blood or body fluid at the time of exposure.

- The risk of acquiring hepatitis B virus from a hepatitis B positive source is approximately 1 in 3, for an unvaccinated individual.
- The risk of acquiring hepatitis C through inoculation with a hepatitis C positive source is approximately 1 in 30.
- Surveillance studies indicate that the risk of seroconversion following exposure to blood from HIV infected residents is approximately 1 in 300 for percutaneous (needlestick) injury and 1 in 1,000 for mucous membrane exposure.

6. Action to be taken following an inoculation incident

Procedure following a splash or inoculation injury

In the event of a splash injury to eyes, nose or mouth

1. Rinse affected area thoroughly with copious amounts of running water.

In the event of a bite or skin contamination

1. Wash affected area with liquid soap and warm running water, dry and cover with a waterproof dressing.

In the event of a needlestick/sharps injury

1. Encourage bleeding of the wound by squeezing under running water (do not suck the wound).
2. Wash the wound with liquid soap and warm running water and dry (do not scrub).
3. Cover the wound with a waterproof dressing.

In all cases

4. Report the injury to your manager immediately.

If the injury is caused by a used sharp or sharp of unknown origin, splash to non-intact skin or mucous membrane or a bite has broken the skin

5. Immediately contact your GP or Occupational Health department. Out of normal office hours, attend the nearest Accident and Emergency (A&E) department.

6. If you have had a needlestick or sharps injury from an item which has been used on a resident (source), the doctor in charge of their care may take a blood sample from the patient to test for hepatitis B, hepatitis C and HIV (following counselling and agreement of the resident).
7. At the GP Practice/Occupational Health/A&E department:
    - A blood sample will be taken from you to check your hepatitis B vaccination/antibody levels and you will be offered immunoglobulin if they are low. The blood sample will be stored until results are available from the resident's blood sample. If the source of the sharps injury is unknown, you will also have blood samples taken at 6, 12 and 24 weeks for hepatitis C and HIV
    - If the resident (source) is known or suspected to be HIV positive, you will be offered Post Exposure HIV Prophylaxis (PEP) treatment. This should ideally **commence within 1 hour of the injury,** but can be given up to 2 weeks following the injury

7. Reducing the risk of hepatitis B transmission

Hepatitis B vaccination is effective in preventing hepatitis B transmission.

- All staff exposed to sharps or other inoculation risks should have had the opportunity for hepatitis B vaccination and antibody measurement to check for their response.
- All staff likely to be in contact with sharps or inoculation risks should be aware of their immunisation status regarding hepatitis B.
- Depending on the circumstances of the exposure and the immune status of the recipient, the recipient may be advised to have immediate additional vaccine doses or to receive hepatitis B immunoglobulin.
- Seeking early advice is the key to successful intervention to prevent transmission.

8. Reducing the risk of hepatitis C transmission

No specific post exposure prophylactic measures are advised beyond basic first aid. In the event of a source proving to be hepatitis C positive, specific advice on subsequent testing and management will be provided through your GP or Occupational Health provider including advice on preventing onward transmission.

9. Reducing the risk of HIV transmission

In the case of a significant exposure to a known or suspected HIV infected source, or if there is evidence of AIDS related illness, then HIV post exposure prophylaxis (PEP) should be offered. HIV post exposure prophylaxis is most effective if started within 1 hour of exposure, but can still be offered up to 2 weeks later. Advice must be sought from your Occupational Health provider/ GP or A&E, who will perform a risk assessment, and advise on therapy.

PEP treatment is usually only available from an A&E department, so if the resident is known or suspected to be HIV positive, go straight to A&E.

10. Infection Prevention and Control resources, education and training

The Community Infection Prevention and Control (IPC) Team have produced a wide range of innovative educational and IPC resources designed to assist your Care Home in achieving compliance with *The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance* and CQC registration requirements.

These resources are either free to download from the website or available at a minimal cost covering administration and printing:

- 29 IPC Policy documents for Care Home settings
- 'Preventing Infection Workbook: Guidance for Care Homes'
- 'IPC CQC Inspection Preparation Pack for Care Homes'
- IPC audit tools, posters, leaflets and factsheets
- 'IPC Bulletin for Care Homes'

In addition, we hold educational study events in North Yorkshire and can arrange bespoke training packages and 'Mock IPC CQC Inspections'. Prices vary depending on your requirements and location.

Further information on these high quality evidence-based resources is available at www.infectionpreventioncontrol.co.uk.

11. References

Department of Health (2015) *The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance*

Department of Health (2013) *Health Technical Memorandum 07-01: Safe management of healthcare waste*

Department of Health (2008) *HIV Post Exposure Prophylaxis. Guidance from the UK Chief Medical Officers Expert Advisory Group on AIDS*

Health and Safety Executive (2013) *The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013*

Health and Safety Executive (2013) *Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 (the Sharps Regulations).* HSE Information sheet

Loveday HP et al (2014) *Epic 3: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospital in England*

National Institute for Health and Care Excellence (2012 - updated February 2017) *Healthcare-associated infections: prevention and control in primary and community care Clinical Guidelines 139*

NHS England and NHS Improvement (March 2019) *Standard infection control precautions: national hand hygiene and personal protective equipment policy*

Public Health England (2013 updated September 2014) *The Green Book Immunisation against infectious diseases* – latest revisions can be accessed at www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book