



Community Infection Prevention and Control
Policy for Domiciliary Care staff

Safe management of sharps and inoculation injuries

SAFE MANAGEMENT OF SHARPS AND
INOCULATION INJURIES

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SAFE MANAGEMENT OF SHARPS AND INOCULATION INJURIES

SAFE MANAGEMENT OF SHARPS AND INOCULATION INJURIES

1. Introduction

This Policy is one of the 'Standard infection control precautions' (SICPs) referred to as 'Occupational safety/managing prevention of exposure (including sharps injuries)' by NHS England in the *National infection prevention and control manual (NIPCM) for England*.

Refer also to the 'Safe Disposal of waste, including sharps Policy'.

A significant inoculation incident is:

- A cut or puncture wound from a used sharp or bite
- Blood or body fluid contamination of broken skin or mucous membrane, e.g. eyes, nose or mouth

Sharps

Sharps are items that can cause cuts or puncture wounds and include needles, razor blades and sharp instruments.

Sharps which are handled inappropriately or not disposed of correctly can cause inoculation incidents.

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.

Always use SICPs and, when required, 'Transmission based precautions' (TBPs), refer to the 'SICPs and TBPs Policy'.

When caring for service users in relation to any new or emerging infection, staff should refer to national infection prevention and control guidance.

2. Good practice in the safe management of sharps

Needle management

- Avoid unnecessary use of sharps.
- Where it is practical to do so, employers must substitute traditional

unprotected sharps with 'safer sharps devices' which incorporate protection mechanisms.

- 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 a reluctant or confused service user.
- Do not carry sharps in the hand. Sharps containers should be available at the point of use, i.e. where the sharp is used.
- 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 the needle and syringe 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 to avoid harm to, or misuse by others.
- Sharps should be placed into the sharps container by the person using them.
- Sharps containers must be correctly assembled, with the lid securely fastened to the base and dated, signed and location recorded.
- Sharps containers must not be used for any other purpose than the disposal of sharps.
- Never press down the contents to make more room or attempt to retrieve an item from the sharps container.
- Always use the temporary closure mechanism on the sharps container when not in use.
- Sharps containers must not be filled above the 'fill line' and must be disposed of when the 'fill line' has been reached.
- The opening must be 'locked' prior to disposal.
- Disposal of sharps containers will usually be undertaken by the community nursing team or the service user, returning it to where it was issued from, e.g. GP, Health Centre.
- Sharps containers must be dated and signed when locked and disposed of.

3. Prevention of inoculation incidents, including sharps injuries

An inoculation incident is where the blood/blood stained body fluid of one person

could gain entry into another person's body, such as:

- A sharps/needlestick injury with a used needle
- Spillage of blood or body fluid onto broken skin, e.g. graze, cut, rash, burn
- Splash of blood or blood stained body fluid into the mucous membrane, e.g. eyes, nose or mouth
- 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, sharps injury from an unused sharp. In these circumstances, wash the area thoroughly with liquid soap and warm running water. Exposure to vomit, faeces and urine (unless visibly blood stained) are also not considered as inoculation injuries.

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

In addition:

- All staff should protect their skin, as skin is an effective barrier to micro-organisms, e.g. bacteria and viruses. Any cuts or broken skin should be covered with a waterproof dressing
- Disposable apron and gloves must be worn when there is a risk of exposure to blood or body fluids. Gloves and apron should be changed between each task
- If there is a risk of splashing of blood and/or body fluids to the face, facial protection should be worn to protect the eyes, nose or mouth. For further information on personal protective equipment (PPE), refer to the 'PPE Policy'
- Dispose of single use items after one use
- Dispose of waste as per local policy

4. Risk of infection from inoculation incidents

Following a specific inoculation incident, the risk of infection will vary depending on the microorganism in the service user's blood, the type of injury and the amount of virus in the service user's blood or body fluid at the time of exposure.

- The risk of developing hepatitis B virus through inoculation from a hepatitis B positive service user is approximately 1 in 3, for unvaccinated domiciliary care staff.
- The risk of developing hepatitis C through inoculation from a hepatitis C positive service user is approximately 1 in 30.
- Studies indicate that the risk of developing HIV following inoculation to blood from HIV infected service user is approximately 1 in 300 following a

needlestick injury and 1 in 1,000 for mucous membrane exposure, e.g. splashing to the eyes, nose or mouth.

5. Action to be taken following an inoculation incident

Procedure following a splash or inoculation injury

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

1. Rinse affected area thoroughly with copious amounts of running water. Remove contact lenses before rinsing, if worn.

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, if required.

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 broken skin or mucous membrane or a bite has broken the skin

5. Immediately seek medical advice.
6. If you have had a needlestick or sharps injury from an item which has been used on a service user, their GP may take a blood sample from them to test for hepatitis B, hepatitis C and HIV (following counselling and agreement of the service user).
7. 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 service user'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.

Investigation to understand the circumstances of the incident should be undertaken and any identified actions to prevent similar incidents should be implemented. This can be used to demonstrate continuous improvement.



6. 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 their antibody levels checked to measure 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 staff member, they may be advised to have immediate additional vaccine doses or to receive hepatitis B immunoglobulin.

7. Reducing the risk of hepatitis C transmission

No specific post exposure protection measures are advised beyond basic first aid. In the event of a service user proving to be hepatitis C positive, specific advice on subsequent testing and management will be provided through your GP, including advice on preventing onward spread.

8. Reducing the risk of HIV transmission

If the service user is confirmed or suspected to be HIV positive, you may be offered HIV Post Exposure Prophylaxis (PEP) treatment. To be most effective, this should **commence as soon as possible after the incident and ideally within 24 hours of the injury**. PEP is not recommended if more than 72 hours has elapsed since the incident. PEP treatment is only available from an Emergency Department (ED), so if the service user is confirmed or suspected to be HIV positive, go straight to ED.

9. Infection Prevention and Control resources, education and training

See Appendix 1 for the 'Safe management of sharps and inoculation injuries: Quick reference guide'.

The Community Infection Prevention and Control (IPC) Team have produced a wide range of innovative educational and IPC resources designed to assist Domiciliary Care 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:

- 24 IPC Policy documents for Domiciliary Care staff
- Preventing Infection Workbook: Guidance for Domiciliary Care staff
- IPC audit tools, posters, packs, leaflets and factsheets
- IPC Bulletin for Domiciliary Care staff

In addition, we hold educational study events in North Yorkshire.

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

10. References

Care Quality Commission (Updated 2022) *Handling sharps in adult social care*.

Department of Health and Social Care (Updated December 2022) *Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance*

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

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

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 (Updated 2017) *Healthcare-associated infections: prevention and control in primary and community care Clinical Guideline 139*

NHS England (2022) *Health Technical Memorandum 07-01: Safe and sustainable management of healthcare waste*

NHS England (Updated 2024) *National infection prevention and control manual (NIPCM) for England*

Public Health England (2019) *Guidance on management of potential exposure to blood-borne viruses in emergency workers: For occupational health service providers and frontline staff*

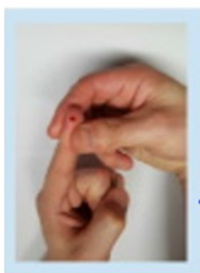
UK Health Security Agency (Updated 2020) *The Green Book Immunisation against infectious disease*

11. Appendices

Appendix 1: Safe management of sharps and inoculation injures: Quick reference guide



Safe management of sharps and inoculation injuries: Quick reference guide for Domiciliary Care



Introduction

A significant inoculation incident is:

- A cut or puncture wound from a used sharp or bite
- Blood or body fluid contamination of broken skin or mucous membrane, e.g. eyes, nose or mouth

Sharps are items that can cause cuts and puncture wounds, including needles, razor blades and sharp instruments.

Good practice

Examples of good practice to prevent needlestick/sharps injuries include:

- Avoiding unnecessary use of sharps and, where practical, use a safer sharps device which incorporates a protection mechanism
- For certain procedures, needle free equipment is available and must be used, e.g. collecting a urine sample from a catheter
- Disposing of sharps at the source by the person using them. Passing used sharps from person-to-person increases the risk of injury
- Requesting assistance when using sharps with reluctant or confused service users
- Situating sharps containers in a safe and secure place to avoid harm to, or misuse, by others

Don't forget

- Use 'Standard infection control precautions' (SICPs).
- Clean hands and wear appropriate 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 PPE.

Procedure following a splash or inoculation injury

- In the event of a splash to the eyes, nose or mouth, rinse the affected area with copious amounts of running water.
- In the event of a needlestick/sharps injury:
 - Encourage the wound to bleed by squeezing under running water (never suck the wound)
 - Wash the wound with liquid soap and warm water and dry (do not scrub)
 - Cover the wound with a waterproof dressing
- In all cases, report the injury to your manager immediately.
- Immediately seek medical advice if the injury is caused by a used sharp or sharp of unknown origin.
- If your injury is from a needlestick/sharp which has been used on a service user, the doctor in charge of their care may take a blood sample from the service user to test for Hepatitis B, C and HIV, (following service user counselling and agreement).

For further information, please refer to the full Policy which can be found at www.infectionpreventioncontrol.co.uk/domiciliary-care/policies/

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