SUBJECT: NEEDLESTICK, SPLASH AND SHARPS INJURIES PROCEDURE

1.0 INTRODUCTION

Because of the risks of blood borne diseases caused by hepatitis B virus (HBV), human immunodeficiency (HIV), hepatitis C (HCV), and other agents, it is necessary for staff to take precautions to protect themselves from contact with blood and other contaminants.

The Department of Health (2006) immunisation against Infectious Diseases provides guidance on Hepatitis B and C.

There is post-exposure treatment for Hepatitis B with specific immunoglobin and vaccination for non-immune staff exposed to Hepatitis B infection.

Hepatitis C has no vaccine or post-exposure treatment but post-exposure screening for hepatitis C antibody is carried out where indication by risk assessment. HIV post-exposure prophylaxis is available to those who have been exposed to HIV.

The procedure sets out how needlestick/sharps/splash injuries or incidents can be prevented and subsequently managed if injuries do occur.

2.0 SCOPE

The purpose of this procedure is to outline the Glamorgan Group position regarding the prevention and management of Needlestick, Splash and Sharps incidents and provide guidelines and procedures for staff to support compliance with the policy. Individuals who may be so exposed include laboratory staff, students, visitors, security patrolmen, parks staff, first-aiders, medical students and research nurses.

3.0 REFERENCES

3.1 Health and Safety at Work etc Act 1974
3.2 The Management of Health and Safety At Work Regulations 1999
3.3 Health Surveillance at Work HS(G)61 1999
3.4 Understanding Health Surveillance at Work IND(L)304 1999
3.5 Biological Monitoring in the Workplace HSG167 1997
3.6 Control of Substances Hazardous to Health (COSHH) Regulations 2002 (as amended)
3.7 Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995
3.8 Equality Act 2010 (incorporates the Disability Discrimination Act 1995)
3.9 OHSS 02.25, the procedure for Occupational Health
3.10 Personal Protective Equipment Regulations 1992
3.11 Hazardous Waste Regulations 2009
3.12 Control of Substances Hazardous to Health Regulations 2002
3.13 The Department of Health (2006) immunisation against Infectious Diseases
4.0 DEFINITIONS

Needlestick injury: A penetrating stab wound from a needle (or other sharp object) that may result in exposure to blood or other body fluids. The main concern is exposure to the blood or other body fluids of another person who may be carrying infectious disease. The pathogens of primary concern are the human immunodeficiency virus (HIV), hepatitis B virus (HBV) and hepatitis C virus (HCV).

5.0 PROCEDURE

5.1 It is important for staff to be aware of what to do in the event of an injury due to the following:

- Needlestick injury involving blood or other bodily fluids
- Contamination of broken skin with blood/body fluid
- Blood or body fluid splashes in the eye
- Contamination of oral mucosa with blood/body fluid

Including:

- what action to take
- where to go for treatment, follow-up support and ongoing support
- How to report the incident so that systems can be revised and future injuries reduced or avoided.

Needles, sharp-edged instruments or tissue such as bone or teeth fragments may also pose a risk of injury through puncture of the skin.

Blood or body fluids splashed into a mucus membrane of the eye, nose, mouth, or onto the skin surface, which has an open cut or abrasion.

Incidents involving risk of blood borne infection may involve:

- Inoculation of blood/body fluids by needle or other sharp
- Contamination of the broken skin with blood/body fluid
- Blood/body fluid splashes to the mucous membranes
- Human bites or scratches where the skin is broken
5.2 Responsibilities

The University requires that all individuals whose work potentially put them at such risk to be registered with the University Occupational Health Service (OHS). The information will be used by the OHS to initiate and maintain appropriate health surveillance. As regards Hepatitis B immunisation and associated immune response checking, the Independent Occupational Physician will further advise individuals who do not respond to immunisation.

Those who may be so exposed include laboratory staff, students, visitors, and security patrolmen, first-aiders, nursing staff, nursery staff, support workers (personal care assistants) and wardens across Campus.

5.2.1 It is the responsibility of the Head of Faculty/Department to ensure that a risk assessment of the work has been made, and documented, before any potentially infectious material is used. It is also the responsibility of the Head of Faculty/Department to ensure that all those potentially exposed to infectious material are familiar with this policy and are aware of the importance of reporting incidents of potential contamination and of seeking urgent advice.

5.2.2 Contingency plans for accidents and incidents in work involving biological hazards must be written and brought to the attention of all individuals who may be affected. Additional control measures may be needed for people at increased risk of infection because of, for example, pre-existing disease, compromised immunity, pregnancy or the effects of medication. It is also the responsibility of the Head of Faculty/Department to ensure that all those potentially exposed to infectious material are familiar with this policy and are aware of the importance of reporting incidents of potential contamination and of seeking urgent advice.

5.3 Incident Reporting

All staff/student injuries should be reported in accordance with the University Accident/incidence reporting procedure, OHSS 02.01. Staff must be aware of first aid measures for dealing with needlestick, sharps and contamination incidents and the reporting/recording mechanism of them appropriately.

5.4 Guidance for prevention of needlestick/sharps incidents

Extreme care must be taken to ensure needles and other sharp instruments are handled safely to prevent injuries. It is the responsibility of staff to ensure that used needles or other sharps are immediately placed in sharps containers. Never carry sharps in your hand, always take a sharps container to the point of use.

- Never leave sharps for others to clear away.
- Never place sharps or needles into plastic waste bags.
- Do not overfill sharps containers. When two thirds full, securely close the container, complete the label and place in a secure collection point.
- Avoid wearing open footwear in situations where blood may be spilt, or where sharp instruments or needles are handled.
5.5 Prevention of contamination accidents

For their own protection staff should cover any cuts, open lesions etc on exposed areas of their body with a waterproof dressing. If contact with blood or other body fluids is anticipated appropriate protective equipment should be worn.

5.6 Types of PPE

Gloves sterile/non-sterile disposable gloves should be used where contact with body fluid is possible. (Gloves are for single use only and must be disposed of after use). Aprons- disposable plastic aprons should be available where contact with blood/body fluids may occur and should be disposed of after use.

Glasses, goggles and visors should be worn where blood/body fluids or flying contaminated debris/tissue might splash into the face/mucous membrane.

Clear up any spillage of blood/body fluids promptly and disinfect surfaces.

5.7 Procedures for managing needlestick, sharps and contaminants incidents

5.7.1 Action to be taken if a needlestick, sharps or contaminants incident occurs:

- Apply immediate first aid procedures
- Squeeze the wound and encourage bleeding in the event of a needlestack, sharps injury, bite or scratch.
- Wash thoroughly in running water and use hand soap
- If splashed, wash the area immediately (if the eye has been splashed, before and after removing contact lens) Irrigate mucosal exposure under running water.
- Attend Accident and Emergency department as soon as possible.
- Report the incident to your manager.
- Complete the accident/incident form
- Contact Occupational Health.

6.0 DOCUMENTATION

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<tr>
<th>Document Reference</th>
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<th>Minimum Retention Period</th>
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<td>OHSS 02.01.6.1</td>
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Author: Helen Sheen  
Reference: OHSS 02.42-2  
Date: 05/13  
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