

NEEDLE STICK INJURY POLICY

RATIONALE

Staff should be aware that used sharps (including needles and Epipens) may be contaminated with a variety of blood-borne viral infections and diseases, some of which (eg. HIV, Hepatitis B & C) are extremely serious. For this reason you must avoid personal contact with them. Especially you should avoid 'needle stick' injury where your skin is penetrated/punctured. It is highly recommended any staff expecting to come into contact with used sharps or who is exposed to blood or other body fluids have Hepatitis B inoculation. All relevant staff will be made aware of this service.

SCOPE

Whole School Community

NEEDLE STICK INJURY PROCEDURES

Staff will be fully trained to implement appropriate site-specific control measures to avoid any incident, which may put themselves and others at risk. If any member of staff is unsure of their ability to deal safely with these, they should contact the Head teacher.

Best practice measures to prevent accidental needle stick injuries includes:

- All work activities will be risk assessed. Where there is a risk of staff coming into contact with discarded needles, they will be supplied with an appropriate sharps collection kit.
- Individuals are responsible for visually checking each work area prior to commencing an activity. This includes activities outside the school and on transport.

What to do if you find sharps:

- Make the area safe by asking all children and employees to leave the area.
- Send for help and request the Sharps collection kit (kept in the School Office) is brought to the location. Do not leave the area unattended.
- Personal contact with sharps should be avoided as far as possible. A litter picker (pick-up forceps) should be used and the sharp should be placed on a hard, clear surface, out of reach of children.
- While wearing sharps gloves, the sharp should be placed in an approved small sharps container. Staff must not recap, cut or bend the needle or carry it in their hands or pockets.
- Ensure the School Nurse / Head teacher is notified of the location and disposal of the needle.
- Record any incident in the Accident book

Action to be taken following a needle stick injury:

- Do not suck the wound
- Encourage bleeding from the puncture wound
- Wash the area thoroughly under running water and plenty of soap
- Don't scrub the wound
- Cover with a waterproof plaster or dressing
- Report the injury to the School Nurse / Head teacher as soon as reasonably practicable
- Seek immediate medical advice

SAFE USE AND DISPOSAL OF SHARPS

- All sharps must be disposed of safely and correctly immediately after use.
- Discard sharps personally – do not rely on others to do this for you.
- Sharps must not be passed from hand to hand, and handling should be kept to a minimum.
- Needles must not be recapped, bent, broken or disassembled before use or disposal. Discard needle & syringe as one unit directly into sharps container.

- Used sharps must be discarded into a sharps container at the point of use by the user. These must not be filled above the mark that indicates that they are full.
- Containers must be assembled correctly according to manufacturer's instructions i.e. ensuring that the lid is secure.
- Containers should be kept in a safe location out of the reach of children e.g. on a flat surface, below eye level, but not on the floor (free wall and trolley brackets are available from sharps bin manufacturers). This will reduce the risk of injury to patients, visitors and staff.
- When not in use the temporary closing mechanism on sharps containers must be activated.
- Full containers should not be allowed to accumulate. They must be sealed and labelled/identification tag attached before disposal by the licensed route.
- Needle safety devices must be used where there are clear indications that they will provide safer systems of working for healthcare personnel.
- Under no circumstances should items be retrieved from a sharps box.
- Under no circumstances should sharps or sharps boxes be put in yellow bags for disposal.

Under the Health and Safety Act (1974) it is the personal responsibility of the individual using a sharp to dispose of it safely, the exception being in situations where it may be necessary to delegate this responsibility to another named person (e.g. during surgical procedures)

INOCULATION ACCIDENTS

- Skin prick or laceration by a sharp instrument or needle contaminated with blood.
- Blood splashes onto an abrasion or cut.
- Contamination of mucous membranes of eyes or mouth with blood.
- Human bites.

Treatment of inoculation accidents:

- If it is a small wound, encourage bleeding by squeezing area, do not suck wound. Wash area thoroughly with soap and running water, and then cover with a waterproof dressing if necessary.
- If the eyes/mouth are involved irrigate with copious amounts of clean water.
- Following skin exposure, wash the affected area thoroughly with soap and water.
- Report the incident immediately to School Nurse and Principal.
- Arrange with your School Nurse / Principal for immediate referral either to Primary Health Center / Hospital for Prophylaxis; Take with you a completed accident/incident form – so that an urgent risk assessment can be undertaken.

Implementation Date: September 2019

Review Date: September 2020

Reviewed by: _____

**May Ann Angeles, DHA-RN
Lead School Nurse**

Approved By: _____

**Zara Harrington
Principal**

Needle stick & Sharp Object Injury Report

Name of injured person: _____

Date of injury: _____

Time of injury: _____

Location of incident occurred: _____

1. What is the job category of the injured worker? (check one box only)
 - Doctor
 - Nurse
 - Others, Specify: _____

2. Where did the injury occur? (check one box only)
 - School Clinic
 - Others, Specify: _____

3. Was the source patient identifiable? (check one box only)
 - Yes
 - No
 - Unknown
 - Not applicable

4. Was the injured worker the original user of the sharp item? (check one box only)
 - Yes
 - No
 - Unknown
 - Not applicable

5. The sharp item was: (check one box only)
 - Contaminated (known exposure to patient or contaminated equipment)
 - Yes
 - No
 - Was there blood on the device?
 - Yes
 - No
 - Uncontaminated (no known exposure to patient or contaminated equipment)
 - Yes
 - No
 - Unknown

6. For what purpose was the sharp item originally used? (check one box only)
 - Unknown/Not applicable
 - Injection, intra-muscular/subcutaneous, or other injection through the skin (syringe)
 - Finger stick
 - To start IV
 - Others, Specify: _____

7. Did the injury occur? (check one box only)
 - Before use of item (item broke/slipped, assembling device, etc.)
 - While recapping used needle
 - From item left on or near disposal container

- Device left on floor, table, bed or other inappropriate place
- During use of item (item slipped, patient jarred item, etc)
- Other after use-before disposal (in transit to trash, cleaning, sorting, etc.
- While putting item into disposal container
- Disassembling device or equipment
- After disposal, stuck by item protruding from undetected opening in disposal container
- Item pierced side of disposal container
- Sharp item protruding from a trash bag or other inappropriate waste container
- In preparation for reuse of reusable instrument (sorting, disinfecting, sterilizing, etc.
- Withdrawing a needle from rubber or other resistant material (rubber stopper, IV port, etc.)
- Others, Specify: _____

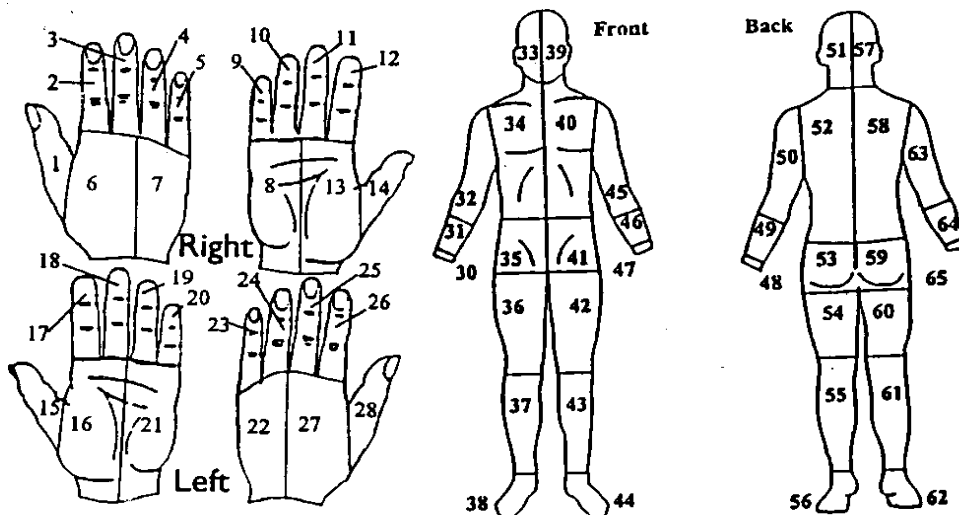
8. What type of device caused the injury? (check one box only)

- Needle, hollow bore
- Lancet (finger sticks)
- Scissors
- Surgical instrument
- Glass

9. Which device caused the injury? (check one box from one of the three sections only)

- Needles
- Disposable syringe
- Insulin
- 21- 25 gauge needle
- Unattached hypodermic needle
- Needle on IV line
- Others, Specify: _____

10. Mark the location of the injury:



11. Was the injury?

- Superficial (little or no bleeding)
- Moderate (skin punctured, some bleeding)
- Severe (deep stick/cut, or profuse bleeding)

12. If injury was to the hand, did the sharp item penetrate?

- Single pair of gloves
- Double pair of gloves
- No gloves

13. Dominant hand of the injured worker:

- Right-handed
- Left-handed
-

14. Describe the circumstances leading to this injury (please note if a device malfunction was involved):

Sharps Disposal & Needlestick Injuries

WHAT ARE SHARPS?

Although the term 'sharps' is frequently used to refer to hypodermic needles, it can also be applied to scalpels, other types of knife, broken glass, broken ceramics and even bone fragments.

Appropriate handling and disposal of sharps is essential to avoid needlestick injuries that can result in serious infection.

This guide outlines some of the risks posed by sharps, how to dispose of them properly and what to do in the event of a needlestick injury.



WHAT ARE THE DANGERS?

Unfortunately needlestick injuries are no longer limited solely to medical environments. As the presence of sharps in our everyday environments increases, so does the risk of infection. The most serious infections stemming from needlestick injuries are all transmitted through blood or bodily fluid and include:

HEPATITIS B

Hepatitis B is a virus that infects the liver and is one of the more common infections to stem from needlestick injuries.

Many people infected with hepatitis B have no symptoms and frequently do not know that they are infected. Occasionally flu like symptoms may develop as well as a slight yellowing of the skin around the eyes (jaundice).

It is possible to protect oneself against possible Hepatitis B infection through a course of vaccines. Speak to your doctor or Occupational Health nurse about these vaccines if you regularly come into contact with sharps at your place of work.

HEPATITIS C

Hepatitis C also infects the liver but unlike hepatitis B, there is no vaccine to protect against infection.

Although signs and symptoms of infection can vary and are often uncommon, they may include:

1. Aching muscles and high temperature
2. Fatigue
3. Nausea & loss of appetite
4. Weight loss
5. Depression
6. Liver pain
7. Mild jaundice
8. Joint pains
9. Poor memory

Your doctor can perform a blood test to find out whether you are infected with Hepatitis C.

Courses of drug therapy are available that can clear the virus in around 50% of cases.

If you do become infected with hepatitis C, it is essential to limit alcohol intake or cut out alcohol altogether.

HIV

Human Immunodeficiency Virus (HIV) is the virus that causes AIDS, a fatal disease.

There is no vaccine to protect against HIV infection although there are drugs that can reduce the onset of AIDS in some cases.

Although there are some symptoms associated with HIV infection, many people who become infected with the virus do not display any symptoms for many years.

The only way to determine whether you are infected is to be tested by a doctor.



SAFE HANDLING & DISPOSAL OF SHARPS

The majority of needlestick injuries occur as a result of inappropriate use of sharps and the methods used to dispose of them. When handling sharps the following rules should always apply:

1. Always wear gloves when handling sharps. Wear two pairs of gloves if necessary. (Fig 1)
2. Never pass sharps directly from hand to hand.
3. Handling should be kept to a minimum. Forceps and grabbing devices should be used wherever possible. (Fig 2)
4. Never re-sheath needles by hand. (Fig 3)
5. Always dispose of sharps at the point of use.



6. Always dispose of sharps in a suitable container that complies with BS 7320. (Fig 4)
7. Where approved sharps disposal containers are not available, sharps should be placed in an appropriate puncture resistant container with a secure lid or cap. (Fig 5)
8. Never fill containers above the manufacturer's marked line.
9. Always lock the container in accordance with the manufacturer's instructions when ready for disposal.
10. Never dispose of sharps with other clinical waste.
11. Never dispose of sharps in yellow clinical waste bags.
12. Always dispose of syringes and needles as one whole unit.
13. Always dispose of sharps either by incineration or maceration.

DEALING WITH CONTAMINATED SHARPS IN PUBLIC AREAS

Cases of sharps being disposed of 'maliciously' have increased greatly over recent years. This is particularly so with hypodermic needles that are often left in public places and, on occasion, placed deliberately where they will cause injury. This has vastly increased the dangers of needlestick injury to those involved in tasks such as cleaning and building maintenance in public areas.

The previously outlined guidelines for disposing of sharps can also be applied to contaminated sharps found in public areas.

Precautions should centre on minimising contact with the contaminated object and safe disposal.

1. Specialist kits complete with gloves, disinfectant materials and sharps disposal containers should be made available to individuals who may come into contact with contaminated (Fig 1) sharps in their every day work.
2. Reinforced 'sharps disposal' gauntlets should always be used when there is a risk that sharps have been deliberately placed where they will cause injury. Common locations where this might occur include underneath banister rails and on top of poster/picture frames. (Fig 2)



WHAT TO DO IN THE EVENT OF A NEEDLESTICK INJURY?

In the vast majority of needlestick injuries, it is not known whether the person who used the needle had an infection. The chances of infection from a contaminated needle depend upon a number of factors. These include:

1. The number of needle users in the area who have an infection.
2. How long the needle was left on the ground.
3. Whether the needle caused a deep injury or a scratch.
4. Whether there was a syringe attached to the needle.
5. Whether the injured party has been vaccinated against possible infection.

If you should receive a needlestick injury (Fig 1) take the following actions:

1. Gently squeeze the area around the puncture to encourage it to bleed. **DO NOT SUCK THE WOUND** (Fig 2)
2. Hold the wound under running water for at least 5 minutes. Wash the area with soap and cover with a waterproof plaster. (Fig 3)
3. Always visit your Doctor or Accident & Emergency Department immediately. They will be able to advise you on the relevant immunisations.



