

NEEDLE STICK MANAGEMENT & POST PROPHYLAXIS POLICY

RATIONALE

All healthcare workers potentially are at risk from exposure to blood and/or body fluids. Whilst it is accepted that not all blood or body fluids are potentially infective, it is recommended that Universal Precautions be adopted whenever there is the potential for exposure to reduce the risk of transmission of blood-borne viruses. Exposure to blood or other potentially infectious body fluids may result in the transmission of blood-borne viruses (BBVs) including HIV, hepatitis B virus (HBV) and hepatitis C virus (HCV). Advice about other possible occupational risks for health care staff following such exposures, such as less common BBV's or transmissible spongiform encephalopathy (e.g. CJD), should be obtained from the Occupational Health Department or Dubai Health Authority (DHA).

POLICY SCOPE

This policy applies to all staff employed or undertaking work for or on behalf of SAFA British School. Whilst it is primarily concerned with occupational risks for health care staff and students, but may also be applied to visitors attending the clinic department after needle stick or other exposures in the school, when HBV infection is generally likely to be the most important risk.

AIM OF POLICY

This policy is intended to ensure all sharps/needles are risk assessed and where reasonably practicable replaced by a safety device in order to reduce the risk of exposure to blood borne viruses and transmission of these infections following needle stick or other exposures.

DUTIES (ROLES AND RESPONSIBILITIES)

All employees have a responsibility to follow policies and procedures and ensure they are trained in the use of all devices, and use them safely to reduce the risk of injury to themselves, their students, colleagues or members of the public.

Healthcare Professionals must ensure safe systems of work are in place, staff have received training in the use of any sharps, and a safety device risk assessment has been undertaken.

PREVENTION OF BLOOD AND BODY FLUID EXPOSURES

Healthcare professionals will ensure there has been an assessment of risk performed in the clinic, and will seek to eliminate risk as far as reasonably practicable.

SAFETY DEVICE RISK ASSESSMENT

Risk by amount of blood exposure per device	Critical		IV Catheter	Blood Collection	
	Serious		IM Injection	Lancet	
	Medium	Acupuncture	Blood Splashes		Surgical Devices
	Low	No Patient Contact		Heparin Injection	Insulin Injection

REQUIRED PREVENTATIVE ACTIONS

Use of Safety Devices essential, vaccination against Hepatitis B, information and training for staff mandatory

Use of Safety Devices required, vaccination against Hepatitis B, information and training for staff mandatory

Training for staff mandatory. Eliminate use of sharps if alternative available.

PREVENTION OF NEEDLE STICK/SHARP INJURIES

All staff who undertake work which requires them to use sharps should:

- Always ensure the correct device has been selected for the task, and ensure as far as practicable that a sharp with a safety device is selected for use.
- Always ensure that a sharp safe or sharp smart box is available to dispose of any sharp at the point of use or at the school clinic.
- Never start a procedure without having a facility available to dispose of sharps.
- Never re-sheath needles. This practice is nationally banned.
- Never allow sharps boxes to become more than two thirds full.
- It is the responsibility of the senior person on duty to ensure that sharps boxes are checked and changed when two thirds full.
- Never shake the sharps box contents down. Sharps can fly out of the box causing injury.
- Always place sharps boxes well away from public access areas at a suitable height, e.g. work surface level or waist level. Never place on the bottom shelf of a trolley or on the floor.
- Always concentrate on the task in hand and do not allow yourself to be side tracked.
- Never leave a used needle or blade unattended. Always dispose of your equipment safely, before undertaking another task.
- If you find a sharp/needle in an inappropriate place, always take extra care. Pick up the sharp with forceps, or gently scoop into a dustpan using a brush and place into the nearest Sharps box. Report the incident to your Manager.
- If handed a sharp instrument, e.g. scissors, scalpel, never take the sharp end first, use a receiver to take the instrument.
- When students are self-medicating insulin or checking their own glucose levels, they must be supplied with their own Sharp safe box so they can dispose of sharps directly after. Students who are self-medicating insulin or using sharps of any description must be educated and instructed as to the importance of the correct disposal of sharps by the nurse who is responsible for their care.

REPORTING AND MANAGEMENT OF NEEDLESTICK INJURIES

A risk assessment of all incidents (type of injury and donor risk factors) should be carried out by the most senior clinician available at the time and faxed to the DHA.

The risk assessment should not be carried out by the individual who has sustained the injury.

For source patients of unknown serological status, urgent serological testing for BBV infection with informed consent should be the norm.

POST-EXPOSURE PROCEDURES (PEP)

Following any exposure:

- Skin, wound or non-intact skin should be washed with soap and water, but without scrubbing. Antiseptics and skin washes should not be used.
- Free bleeding of puncture wounds should be encouraged gently but wounds should not be sucked.

- Exposed mucus membranes, including conjunctivae, should be irrigated copiously with water, before and after removing any contact lenses.
- Record the source of the exposure on the Risk Assessment Form.
- Staff MUST report the injury/contamination to the nurse in charge of the clinical area or their supervisor/manager and they, during normal working hours report without delay to the Occupational Health Department. The on-call for Infectious Diseases can be contacted for advice on risk assessment, counselling and need for PEP and must be contacted if the risk is high.

POST EXPOSURE PROPHYLAXIS

In certain circumstances the choice of drugs may require modification, e.g. depending on the medical history of the member of staff; depending on whether they are taking any other medication; where the virus may have developed resistance to the recommended drugs; or if the member of staff is pregnant. In ALL circumstances, expert advice should be obtained immediately before starting PEP, from the Infectious Diseases Team.

HEPATITIS B INFECTION

Following significant exposures the source patient should be tested urgently, with consent, for hepatitis B surface antigen. If the source patient refuses consent, manage as though exposure has been to an HBsAg positive source. Serological and clinical follow up for other BBV should also be undertaken.

If the source patient is unidentifiable or unavailable for testing, including most needle stick injuries in the school, manage as an unknown source exposure. It is seldom appropriate to test discarded needles and syringes; they should generally be safely disposed of instead.

The exposed member of staff's hepatitis B (HB) vaccination status and anti-HBs results, should be established from existing records or through urgent testing and hepatitis B prophylaxis given according to HBsAg/Ab status of the source patient and the recipient.

HEPATITIS C INFECTION

Following significant exposures the source patient should be tested with consent for hepatitis C antibody. Patients who are hepatitis C antibody positive should also be tested for HCV RNA.

Any Needlestick injury involving a patient who is HCV positive should be discussed with the ID On Call and follow up of the recipient arranged with ID.

FOLLOW UP ACTION

All health care workers occupationally exposed to HIV, HCV or HBV should have follow up counselling, post-exposure testing and medical evaluation whether or not they have received PEP. Healthcare workers employed in roles classified as EPP must attend all follow up appointments and have post-exposure testing performed within the Occupational Health Department.

Any acute illness compatible with a diagnosis of a BBV infection that occurs during the follow up period should be reported to the Occupational Health Department or Department of Infectious Diseases and appropriate diagnostic tests performed.

All high risk injuries, recipients put on PEP, recipients requiring HBIgG or rapid hep B vaccination or with exposure to HCV RNA positive material should be followed up by Infectious Diseases who will liaise closely with the Occupational Health Department

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