

# Needlestick Injuries



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## Introduction

Schools, Children's Homes and Youth centres are busy places and there is always the possibility of accidents occurring. The medical needs of pupils, residents and service users are varied ranging from simple medicines to the requirement to have injections. The injections might be self-administered or given by a member of staff, the used equipment could be a risk to others if handled or disposed of inappropriately.

Conditions such as diabetes can require needles for blood sampling as well as insulin injections. Much of this equipment is now either single use or designed with retractable needles but care must still be exercised.

In addition to the medical use of injections there is also a risk from maliciously discarded needles and syringes from drug abusers. These can be thrown into grounds or gardens or even hidden in toilets and become a risk to Cleaners and Caretaking staff.

However an injury from a used syringe/needle is preventable and only requires simple procedures when moving, handling and disposing of used needles etc.

The generally accepted term for this type of accident is "Needlestick" and is used to describe injuries not only involving needles and syringes but also any other sharp items e.g. Lancet, Scalpel, Razor, Scissors etc that could be contaminated with infectious material or medication ampoule, drug containers etc. This term will be used in this guidance and means anything with the potential to puncture the skin with the possibility of introducing infected body fluids or unintended medication into the bloodstream.

"Sharps" is the term used to describe items that have the potential to cut or pierce the skin. This might be items of equipment such as scalpel, razors or items of glass etc. and will be used in this guidance in this context.

In addition to the medical use of needles there is also the use of either needles or scalpels etc. in the teaching of science. These may not carry human blood borne viruses but they may have come into contact with animal tissue or are very sharp. These items must also be disposed in a safe and appropriate manner. When ready for disposal a similar process should be adopted for these items as would be for medical sharps.

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### **What are Needlestick injuries?**

Needlestick injuries are wounds caused by needles and possibly other sharp equipment/items that accidentally puncture the skin. This is a hazard for anyone who uses or assists in the use of syringes or other needle equipment. These injuries can occur when people use, assemble, disassemble or dispose of needles etc.

There are occasions when needles are discarded maliciously or incorrectly these then become a serious hazard for employees who clean and service establishments and there have been injuries caused in this manner.

### **The Hazards of Needlestick Injuries?**

Accidental punctures of the skin by used needles can inject hazardous fluids into the body through the skin. There is the potential for the injection of hazardous drugs, but the introduction of infectious fluids; especially blood is of the greatest concern as these may be carrying blood borne viruses that might lead to AIDS (HIV virus), hepatitis B and hepatitis C.

### **Safe Working Practices**

This can be divided into 3 stages; prior, during and after use.

#### **1. Prior to use:**

- a) A full risk assessment must be undertaken to identify the risks, who might be harmed and the measures needed to control the risks during planned use and the unexpected discovery of incorrectly or maliciously discarded needles.
- b) Any employee that is required to use or assist in the use of needles or sharps must be informed of the risk assessment and receive appropriate information, instruction and training.
- c) Any employees that are required to collect and dispose of discarded needles or sharps must be informed of the risk assessment and receive appropriate information, instruction and training and be provided with suitable equipment for the task.
- d) Except in extreme emergency situations where there is a risk to life e.g. where there is a risk to life without immediate intervention, before any activity where a member of staff may come into contact with blood, or other body fluids then protective gloves must be worn.
- e) Wear facemasks and eye protection (goggles/safety glasses and mask or a full face visor) where there is a risk of blood / body fluid splashes.
- f) A sharps container must be available that complies with the British Standard (BS7320). **(See Appendix 1)**
- g) Ensure there are adequate sharps bins of appropriate sizes situated in suitable locations

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- h) Place bins at the point of use on a hard even surface
  - i) Keep sharps bins out of the way of children and other vulnerable people
  - j) A sharps disposal pack should be available where there is the possibility of maliciously discarded needles. This should contain protective gloves, forceps/pick up device and portable sharps container.

## **2. During use:**

- a) Wear appropriate personal protective equipment
- b) Never carry sharps in your hand
- c) Carefully assemble the device to be used
- d) Do not take the device apart unless unavoidable
- e) If unavoidable use the device provided on the sharps bin to remove needles from syringes and blades from scalpel handles
- f) Do not re-sheath needles
- g) Use tray to carry sharps devices
- h) Activate temporary closure mechanism on sharps bin between uses
- i) Never move an open sharps bin
- j) Be especially careful of sharps risks during emergency procedures

## **3. After Use:**

Safe disposal is the responsibility of the member of staff assisting or administering the treatment.

- a) Dispose of sharps directly into a sharps bin **at the point of use**
- b) Discard disposable needles and syringes as one unit immediately after use
- c) Dispose of sharps bins when  $\frac{3}{4}$  full
- d) Dispose of sharps bin securely as clinical waste
- e) Do not put sharps bins in clinical waste bags
- f) Sharps, their associated syringes, tubes, bags etc. and drug vials which are not fully discharged and contain prescription only medicine must be treated as "Special Waste" and must be disposed of in a sharps bin, which must be clearly marked "**For Incineration**"
- g) Dispose of gloves into waste bag
- h) Wash and dry hands thoroughly

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### **Maliciously Discarded Needles/Sharps**

Staff who may be at risk from discarded needles or sharps must follow the recommended good practice and be aware of “high risk” situations.

Make sure that you know the sort of places where needles may be discarded these include:-

- a) Playgrounds and planted areas, grounds of premises, especially secluded areas, toilets and cisterns outside drains etc.
- b) Needles may be deliberately concealed to cause injury
- c) Do not pick up or touch a discarded needle unless you are wearing disposable or protective gloves
- d) A sharps disposal pack should be available where there is the possibility of maliciously discarded needles. This should contain protective gloves, forceps/pick up device and portable sharps container.

### **On finding a discarded needle: -**

- a) When a discarded needle is found prevent any further persons from coming into contact with the needle by placing substantial object over the needle
- b) Where possible put portable sharps container as close as possible to needle/syringe etc
- c) Use forceps/pick up device to move item into container securely close lid.
- d) Remove sharps container to a safe place to await collection.
- e) Dispose of gloves into waste bag (disposable type only)
- f) Wash and dry hands thoroughly

### **First aid treatment for needlestick injuries**

#### **Immediate first aid**

- Gently encourage free bleeding of puncture wounds but do not suck the wound.
- Immediately wash the wound liberally with soap and water but without scrubbing.
- Dry the area and apply a waterproof dressing.
- Do not use antiseptics and skin washes - there is no evidence of their effectiveness and their effect on local body defences is unknown.

In the event of contamination of skin, eyes or mucous membranes:

- Immediately irrigate the area copiously with water.
- In the case of eye contamination, irrigate with water. Contact lenses wearers should irrigate both before and after removing any lenses.

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**Further Actions that must be taken in the event of needle-stick injuries are set out in a flowchart at the end of this guide.** This flowchart should be printed out and displayed in the first aid room.

All injuries of this type must be immediately reported to the Headteacher or Manager who should contact the Occupational Health Units at the hospitals listed in Appendix 2 below, to make arrangements for the injured person to attend as soon as possible on the same day the injury occurred and be treated appropriately within 48 hours.

The following arrangements have been agreed between Birmingham City Council Occupational Health Service and the Heart of England NHS Trust group of hospitals. The agreed procedure is open to all Birmingham schools but **all stages must be followed**. Alternatively, schools that have arranged their own external Occupational Health provision can choose to follow the procedures agreed with their Occupational Health providers but in all cases clear instructions **MUST** be given to the employee.

**NOTE: Because this is a work related injury, there is a charge for this service and it may also require a programme of ongoing health screening.**

If the Headteacher or Manager is unavailable then the injured person should make contact directly with the Occupational Health Units (listed in **Appendix 2**) to make arrangements to attend as soon as possible on the same day the injury occurred.

If contact cannot be made with either of these units then the injured person must attend their nearest Accident and Emergency centre. The circumstances of the injury should be explained and that it involved a needlestick injury. Follow the course of actions advised by the centre and inform your Line Manager ASAP.

In the event that the above cannot be carried out immediately then the injured person should attend their own GP, the circumstances of the injury should be explained and that it involved a needlestick injury. Follow the course of actions advised by the GP.

### **Reporting**

Needlestick and sharps injuries are potentially very serious and must always be reported, recorded and investigated.

All such accidents and incidents must be reported.

### **Injured Person**

- Report to your manager or supervisor
- Complete an accident form (LACA104) Part 1.

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## **Managers/Supervisors**

- Managers and/or Supervisors should establish the cause of the accident or incident and identify what should be done to prevent any recurrence.
- Complete accident form (LACA104) Part 2
- The most senior Manager or Supervisor of the employee and the establishment where the accident occurred must be informed.

## **Manager or Supervisor of the Employee**

- Review and update risk assessment if necessary.
- Complete accident form (LACA104) Part 3.

Forward fully completed accident form as soon possible and in any event within five working days of the accident. to:

Safety Services (CYPF)  
Corporate Resources  
10 Woodcock Street  
PO Box 15630  
Birmingham  
B2 2QF

Telephone 0121 675 0364

## **Appendix 1**

A sharps container must be available that complies with the British Standard (BS7320). A full range of sharps bins and emergency syringe pick up kits may be found in the catalogue on the Voyager System.

## **Appendix 2**

The following Occupational Health Units will provide advice and treatment:

Good Hope NHS Trust  
Rectory Road  
Sutton Coldfield  
B75 7RR

Telephone 0121 424 7952 (ask for Occupational Health)

Heartlands Hospital  
Bordesley Green East  
BIRMINGHAM  
B9 5SS

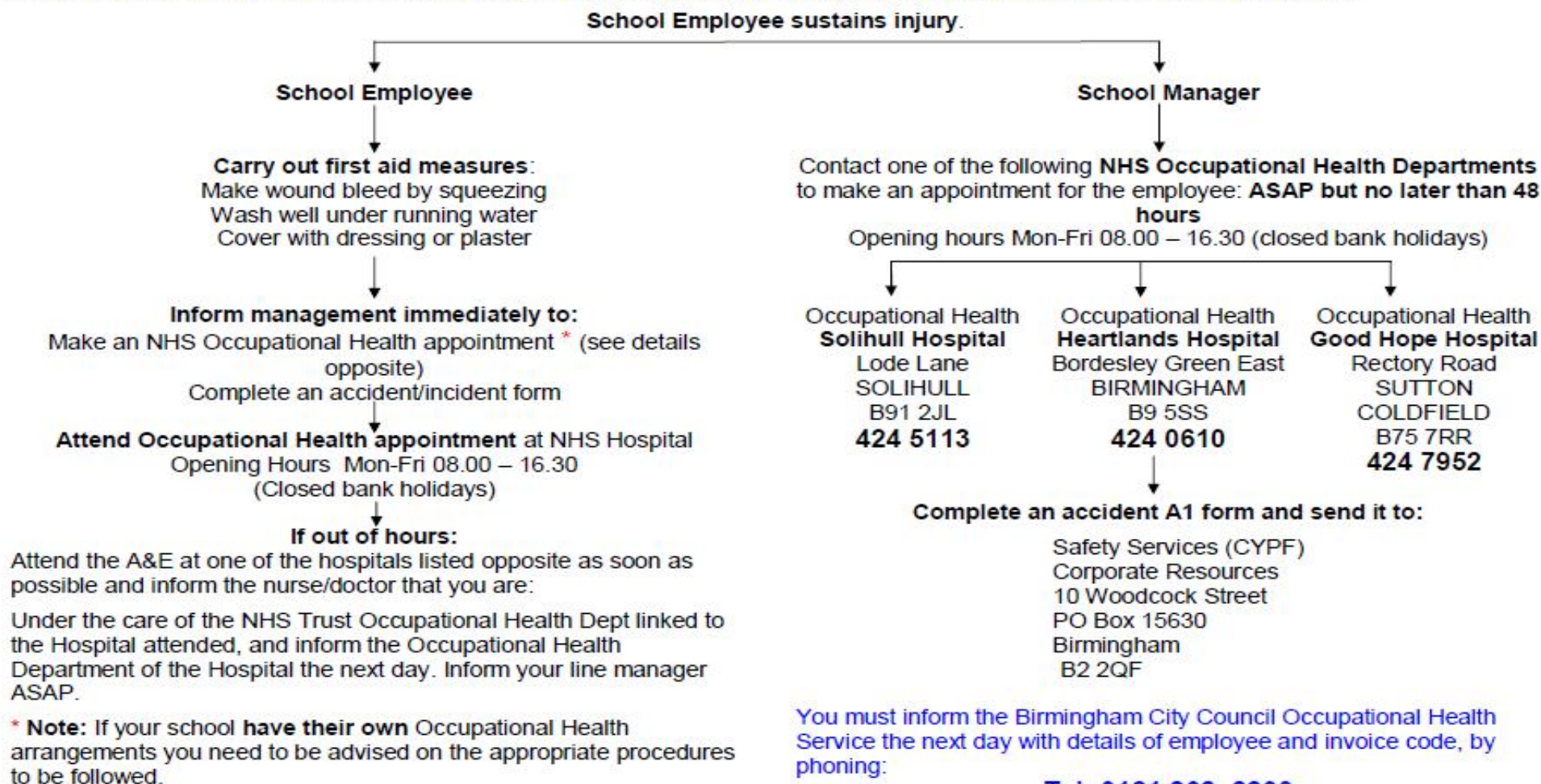
Telephone 0121 424 0610 (ask for Occupational Health)

Solihull Hospital  
Lode Lane  
SOLIHULL  
B91 2JL

Telephone 0121 424 5113 (ask for Occupational Health)

## NEEDLE STICK INJURY FLOW CHART FOR SCHOOLS

The following arrangements have been agreed between Birmingham City Council Occupational Health Service and the Heart of England NHS Trust group of hospitals. You are advised to consult full needle stick guidance. The agreed procedure set out below, is open to all Birmingham schools but **all stages must be followed**. Schools that have arranged their own external Occupation Health provision can choose to follow the procedures agreed with their Occupational Health providers but clear instructions of what to do **MUST** be given to the employee.



(Revised March 2013)