

<p>Status: Guideline: offers direction and guidance on good practice, need not necessarily be strictly adhered to.</p>	<p>Policy No: ICG 04 Revision No: 0 Date Approved: 01/03/11 Review Date: 01/03/13</p>
<p>Title: Guidelines for the Management of Sharps / Needlestick Adverse Events and other Exposure Incidents</p>	
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<p>Approved by: National Risk Management Committee</p>	
<p>Cross Reference:</p>	

1.0 Purpose

The purpose of these guidelines is to provide direction on the safe management of sharps / needlestick adverse events and the management of mucocutaneous (spits) exposure to blood or body fluids.

2.0 Scope

These guidelines refer to all Cheshire Ireland employees. The guidelines require all staff to adopt a responsible attitude to preventing and reporting such adverse events.

3.0 Responsibility

- It is the responsibility of all staff to be familiar with and adhere to these guidelines.
- It is the responsibility of service managers to ensure staff are familiar with the guidelines and to monitor compliance.

4.0 Definitions

Sharps include: any item which may puncture the skin e.g. needles, lancets, blades or teeth.

5.0 Guidelines

Management of needle stick/exposure incidents requires the following:

- Administration of First Aid.
- Report incident immediately to senior member of staff.
- Management of the exposed person in an Accident and Emergency Department, or with a GP or Occupational Health Physician.
- Appropriate follow-up offered to injured person and source person (for instance counselling, health surveillance).
- Blood test for baseline on source person (determined at A&E).
- Risk Assessment.

5.1 First Aid

The first aid given is based on the type of exposure (e.g. splash, needle-stick or other injury) and the means of exposure.

5.1.1 Needlestick, Sharps Injury or Cut (Refer to Flow-Chart Appendix 1)

Intact skin

The injured person should:

- Immediately wash the affected area with soap and water.
- Allow injury to bleed freely.
- **DO NOT SUCK THE PUNCTURE SITE.**
- Cover the site with water proof dressing.
- Dispose of sharp carefully into an approved sharps container.
- Report the incident to the senior member of staff on duty immediately.
- The injured person should then contact an Accident and Emergency Department, GP or Occupational Health Physician.

Non intact skin

The injured person should:

- Immediately wash the affected area with soap and water. **DO NOT** use disinfectant on skin. **DO NOT** scrub or rub the area.
- Dispose of sharp carefully into an approved sharps container.
- Report the incident to the senior member of staff on duty immediately.
- The injured person should then contact an Accident and Emergency Department, GP or Occupational Health Physician.

5.1.2 Splash of blood or body fluids to eyes

- Flush the area gently but thoroughly with running water or saline for at least 15 minutes while the eyes are open.
- Keep eyelid gently inverted.
- Report the incident to the senior member of staff on duty immediately.
- The injured person should then contact an Accident and Emergency Department, GP or Occupational Health Physician.

5.1.3 Splash of blood or body fluids to mouth or nose.

- Immediately spit out the blood or fluids and rinse the mouth with water several times.
- Blow the nose and clean the affected area with water or saline.
- Report the incident to the senior member of staff on duty immediately.
- The injured person should then contact an Accident and Emergency Department, GP or Occupational Health Physician.

5.2 Risk Assessment

- The appropriate adverse event, investigation and risk assessment documentation will be completed.
- The event will be examined locally by the Health and Safety Committee.
- The event may be brought to the attention of the National Risk Management Committee through the regional management structure.

6. Practical guidance on prevention of sharps injuries

To avoid sharps injuries:

- Ensure that the service user is adequately prepared for the procedure.
- Place the sharps container within arm's reach (preferably in a secured area) to allow for easy disposal of sharps.
- Do not bend, break, manipulate or manually remove needles before disposal; avoid recapping needles, but if a needle must be recapped, use a single-handed scoop technique.
- Discard used sharps and glass ampoules immediately after use in the location where they were used, disposing of them into a robust sharps container that is leak and puncture resistant. (Use of sealed, puncture and leak-proof sharps containers helps to prevent access to used devices.)
- Seal and replace sharps container.

6.1 Practical Guidance on Waste Management

To ensure that waste is dealt with safely:

- Transport and store sharps containers in a secure area before final disposal.
- Close, seal and dispose of sharps containers when the containers are three quarters full.
- Assign responsibility in written policy for monitoring the fill level of sharps containers and replacing them when three quarters full.
- Discard waste that is not categorised as sharp or infectious in appropriate colour-coded bags.
- Ensure that infectious waste bags and sharps containers are closed before they are transported for treatment or disposal.

7.0 References

Ayliffe, J (2000) *Control of Hospital Infection* (4th Ed) Arnold, New York.

Infection Control (2003) Journal of Hospital Infection, Vol 55, Supp. 2 December.

Wheatley C. (2003) *Evidence Based Guidelines for Preventing Hospital Acquired Infections in Primary and Community Care in England. Journal of Hospital Infection*, 55 (Suppl.): S10.

WHO Best Practices for Injections and Related Procedures Toolkit
March 2010.

8.0 Appendices

Appendix 1: ACGO4; Flowchart of Actions to be taken following a Sharps or Splash Adverse Event.