

SOP Title: Management of sharps and dealing with a sharps injury /contamination incident

Revision:

Control Number:

	Name:	Position:	Signature:	Date:
Prepared by:				
Approved by:				
Revision Notes				

1.0 Purpose:

The purpose of this policy is to determine the system in place to minimise the risk of sharps in jury and to make all staff aware of management of a sharps injury.

2.0 Scope:

This procedure applies to all members of staff within **insert practice name**

3.0 References:

This document is based on the following references

Infection Prevention and Control for Primary Care in Ireland – A Guide For general practice. Available at:

<http://www.hpsc.ie/A-Z/MicrobiologyAntimicrobialResistance/InfectionControlandHAI/Guidelines/File,14612,en.pdf>

The EMI toolkit – Emergency Mangagement of Injuries 2012 outlines in detail the procedures to be followed and include patient management forms for general practice, information leaflets for source and recipient of injuries, legal advice.

<http://www.hpsc.ie/hpsc/A-Z/EMIToolkit/>

4.0 Responsibilities:

It is the responsibility of the Practice Manager and IPC Lead to ensure that all employees are trained in the following procedure.

5.0 Procedure:

Assess who is at risk in the practice.

All health-care workers (whether they are new employees, currently in post, locums, temporary workers or supernumerary workers) who are at occupational risk of exposure to blood or body fluids or blood-contaminated environments, and all those who perform exposure-prone procedures must be immunised against HBV, unless immunity to HBV as a result of natural infection or previous immunisation has been established or the vaccine is contraindicated.

NOTE: Cleaning Staff, Clerical workers and administrators who do not routinely risk exposure during phlebotomy or procedures may also be at risk through handling of biological specimens, blood spillages such as nose bleeds or injuries arriving at reception or into a room. They may also be exposed to blood borne virus risk and other biological risks through exposure to dried blood. Hepatitis B virus has been shown to survive for days in dried blood splashes. Management of biological spills is covered in SOP (xyz)

5.1 Sharps are defined as 'anything that can penetrate the skin'.

Sharps Include:

- Needles
- Scalpels
- Stitch cutters
- Glass ampoules/vials
- Lancets
- Broken glass

The safe handling, use and disposal of sharps, is essential to prevent injury/transmission of disease to patients, healthcare workers and cleaning staff.

5.2 A Sharps Injury/Contamination Incident Includes:

- Penetration of the skin by a needle or other sharp that may contain blood e.g, needlestick injury.
- Contamination of broken skin with blood (including dried blood, soiled or contaminated wound dressings etc.
- Splashes of blood/body fluids onto mucous membranes (e.g. mouth/eyes).
- Swallowing a person's blood.
- Human scratches/bites (where blood is drawn).

5.3 Prevention of Sharps Injury

- Non-sterile disposable latex or nitrile (if allergic to latex) gloves should be worn.
- Consider needle free system when possible.
- Get help if patient is uncooperative.
- Sharps must not be passed directly from hand to hand (a sharps tray with integral sharps bin maybe used).
- Needles must not be bent, broken or recapped.
- Each person using a sharp must dispose of it him/herself as one unit into the appropriate puncture resistant sharps box, conforming to UN number (UN3291 or UN2814).
- Sharps containers should not be filled above the mark indicating they are full- sealed when at the fill line and dispose of in an appropriate manner.
- Do not attempt to retrieve items from a sharps box
- Temporary closures should be used when the sharps box is not in use.
- Sharps boxes are signed at assembly, closure and disposal.
- Sharps containers are located in a safe position, stored out of reach of clients, visitors and children.
- Sharps boxes are not be placed on the floor, windowsills or abovesoulder height Sharps boxes are disposed of by a licensed authority (Initial Medcial Services) in accordance with national guidelines.

Insert practice name staff should always assess the risk of exposure to blood, body fluids, non-intact skin and mucous membranes associated with the care they provide before undertaking a particular task. When a risk of exposure to blood, body fluids etc is identified, appropriate personal protective equipment (PPE) should be put on before the task is started.

Examples of Risk and PPE Required

5.4 Tasks associated with risk of blood/body fluid exposure PPE

- Venepuncture Disposable gloves
- Consider plastic apron

5.5 Wound dressing/irrigation or minor surgical procedures

- Disposable gloves
- Consider mask/visor/plastic apron

This list is not exhaustive, a separate risk assessment is required for other procedures performed in the practice

6.0 Immediate Procedure in the event of a sharps injury/contamination incident/injury

Flow charts on management sharps injury/contamination incident/injury are displayed in all clinical areas

6.1 Needle Stick/Sharps Injury

- Encourage bleeding of the wound under running water.
- Do not suck the wound.
- Wash the wound thoroughly with soap under running water for 2-3 minutes.
- Cover the area with a waterproof dressing or bandage.
- Dispose of sharp carefully into the appropriate puncture resistant sharps box.

6.2 Mucocutaneous Exposure

- Wash the affected area with copious amounts of water.

6.3 Eye Exposure

- Irrigate the affected eye with copious amounts of saline or water (before and after removal of contact lenses, if applicable).

6.4 Next Steps - Need to decide if the exposure was significant or not?

- This will depend on the the type of material involved e.g blood stained or not and the type of injury sustained e;g skin break or not
- Report to GP on duty /practice manager immediately
- Complete patient management form – (form attached) this takes you through the steps in detail and ensures you gather the nessecary information .
- Identify the source person if possible.
- Document details of the inoculation incident.
- Seek advice as to whether post exposure prophylaxis is required from Occupational Health department at _____or Emergency Department _____

If exposure is deemed significant then you have 2 Patients to consider

The source and the recipient.

6.5 Post Exposure Prophylaxis – Key Points

Occupational blood exposure presents the risk of acquiring Hepatitis B, Hepatitis C or HIV.

- A risk assessment will be carried out including the risk status of the source patient and a blood sample may be taken from the source patient after seeking advice.
- Decisions regarding the need for post-exposure prophylaxis should be taken immediately, within 1-4 hours in the case of HIV exposure (regarding possible use of antiviral therapy) and within 48 hours in relation to Hepatitis B exposure (specific Hepatitis B immunoglobulin is

available for passive protection and may be used in addition to Hepatitis B vaccination to confer passive/active immunity after exposure).

- Consider special groups here, pregnant staff, sexually active staff, (risk of passing on infection while waiting for blood test results if risk is severe Seek expert advice.
- There is currently no recommended post exposure prophylaxis for Hepatitis C but you MUST always check the latest guidance with Occupational Health department _____ or Emergency Department _____ .

Signed by all in **Insert name** Medical Practice:

_____	_____	_____	_____
_____	_____	_____	_____