



**Community Infection Prevention and Control
Policy for Care Home settings**

Safe management of sharps and inoculation injuries

**SAFE MANAGEMENT OF SHARPS AND
INOCULATION INJURIES**

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Date Adopted:

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Contents

Page

1. Introduction.....	4
2. Good practice in sharps management	4
3. Prevention of inoculation injuries	5
4. Always.....	6
5. Risk of infection from inoculation injuries	6
6. Action to be taken following an inoculation incident	6
7. Reducing the risk of hepatitis B transmission.....	7
8. Reducing the risk of hepatitis C transmission	8
9. Reducing the risk of HIV transmission	8
10. Infection Prevention and Control resources, education and training.....	8
11. References	9
12. Appendices.....	9
 Appendix 1: Safe management of sharps and inoculation injuries: Quick reference guide	 10

SAFE MANAGEMENT OF SHARPS AND INOCULATION INJURIES

SAFE MANAGEMENT OF SHARPS AND INOCULATION INJURIES

1. Introduction

This Policy is one of the 'Standard infection control precautions' (SICPs) referred to as 'Occupational safety: prevention of exposure (including sharps injuries)' by NHS England in the *National infection prevention and control manual (NIPCM) for England*.

Refer also to the 'Safe Disposal of waste, including sharps Policy for Care Home settings'.

An inoculation incident is where the blood/body fluid of one person could gain entry into another person's body, such as:

- A sharps/needlestick injury with a used instrument or needle
- Spillage of blood or body fluid onto damaged skin, e.g. graze, cut, rash, burn
- Splash of blood or blood stained body fluid into the eye, mouth or nose
- Human bite causing skin to be broken

Many accidental exposures to blood and body fluids are, therefore, not classed as exposure incidents, e.g. splashes onto intact skin. In these circumstances, washing the contaminated area thoroughly with liquid soap and warm running water is all that is required. Exposure to vomit, faeces and urine (unless visibly blood stained) and to sterile sharps are also not considered as inoculation injuries.

Health and Safety

Healthcare employers, their contractors and employees, have legal obligations under the *Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 (the Sharps Regulations)*. All employers are required to ensure that risks from sharps injuries are adequately assessed and appropriate control measures are in place.

When caring for residents in relation to COVID-19 or any other new emerging infections, staff should refer to national infection prevention and control guidance.

2. Good practice in sharps management

- Avoid unnecessary use of sharps.
- It is the responsibility of the user to dispose of sharps safely into a sharps

container.

- Where it is practicable to do so, employers must substitute traditional unprotected sharps with a 'safer sharp' (medical sharps that incorporate features or a mechanism to prevent or minimise the risk of accidental injury).
- For certain procedures, needle free equipment is available and must be used, e.g. collecting a urine sample from a catheter.
- Request assistance when using sharps with reluctant or confused residents.
- Do not carry sharps in the hand. Sharps containers should be available at the point of use, i.e. where the sharp is used.
- Always use a sharps tray with an integrated sharps container.
- Do not pass sharps from hand-to-hand and keep handling to a minimum.
- Do not recap, bend or break needles before disposal.
- Dispose of needle and syringes as one unit into a sharps container.
- Always carry sharps containers away from the body, ensuring the temporary closure mechanism is in the 'closed' position.

Ensuring safe use

All staff should be educated in the safe use, disposal and secure storage, of sharps and the action to take in the event of an injury.

3. Prevention of inoculation injuries

Sharps which are handled inappropriately or not disposed of correctly are dangerous.

Compliance with the above guidance on good practice in sharps management should reduce the risk of a contaminated sharps injury.

In addition:

- All staff should protect their skin, as skin is an effective barrier to microorganisms, such as bacteria and viruses. Any cuts or abrasions should be covered with a waterproof dressing to provide a barrier, refer to the 'Hand hygiene Policy for Care Home settings'
- Disposable gloves must be worn when there is a risk of exposure to blood or body fluids, refer to the 'PPE Policy for Care Home settings'
- Facial protection must be worn when there is a risk of blood splashing to the mucous membranes, e.g. eyes, nose, mouth, refer to the 'PPE Policy for Care Home settings'

4. Always

- Use 'Standard infection control precautions' (SICPs).
- Clean hands and wear appropriate PPE when handling sharps.
- Dispose of single use items after one use.
- Dispose of waste as per local policy.
- Clean hands after removing and disposing of PPE.

5. Risk of infection from inoculation injuries

Following a specific inoculation injury, the risk of infection will vary depending on the nature of any pathogens, such as bacteria and viruses, in the resident's blood, the type of injury and the amount of virus in the resident's blood or body fluid at the time of injury.

- The risk of acquiring hepatitis B virus from a hepatitis B positive source is approximately 1 in 3, for an unvaccinated individual. Vaccination is protective.
- The risk of acquiring hepatitis C through sharps injury with a hepatitis C positive source is approximately 1 in 30.
- Surveillance studies indicate that the risk of seroconversion following exposure to blood from HIV infected residents is approximately 1 in 300 for percutaneous (needlestick) injury and 1 in 1,000 for mucous membrane exposure.

Please refer to the 'BBV Policy for Care Home settings'.

6. Action to be taken following an inoculation incident

Procedure following a splash or inoculation injury

In the event of a splash injury to eyes, nose or mouth

1. Rinse affected area thoroughly with copious amounts of running water.

In the event of a bite or skin contamination

1. Wash affected area with liquid soap and warm running water, dry and cover with a waterproof dressing.

In the event of a needlestick/sharps injury

1. Encourage bleeding of the wound by squeezing under running water (do not suck the wound).
2. Wash the wound with liquid soap and warm running water and dry (do not

scrub).

- Cover the wound with a waterproof dressing.

In all cases

- Report the injury to your manager immediately.

If the injury is caused by a used sharp or sharp of unknown origin, splash to non-intact skin or mucous membrane or a bite has broken the skin

- Immediately contact your GP or Occupational Health Department provider. Out of normal office hours, attend the nearest Emergency Department (ED).
- If you have had a needlestick or sharps injury from an item which has been used on a resident (source), the doctor in charge of their care may take a blood sample from the resident to test for hepatitis B, hepatitis C and HIV (following counselling and agreement of the resident).
- At the GP Practice/Occupational Health/ED:
 - A blood sample will be taken from you to check your hepatitis B vaccination/antibody levels and you will be offered immunoglobulin if they are low. The blood sample will be stored until results are available from the resident's blood sample. If the source of the sharps injury is unknown, you will also have blood samples taken at 6, 12 and 24 weeks for hepatitis C and HIV
 - If the resident (source) is known or suspected to be HIV positive, you will be offered post-exposure HIV prophylaxis (PEP) treatment. This should ideally **commence within 1 hour of the injury, and is not recommended beyond 72 hours post exposure**

7. Reducing the risk of hepatitis B transmission

Hepatitis B vaccination is effective in preventing hepatitis B transmission.

- All staff exposed to sharps or other exposure risks should have had the opportunity for hepatitis B vaccination and antibody measurement to check for their response.
- All staff likely to be in contact with sharps or exposure risks should be aware of their immunisation status regarding hepatitis B.
- Depending on the circumstances of the exposure and the immune status of the recipient, the recipient may be advised to have immediate additional vaccine doses or to receive hepatitis B immunoglobulin.
- Seeking early advice is the key to successful intervention to prevent transmission.

8. Reducing the risk of hepatitis C transmission

No specific post exposure prophylactic measures are advised beyond basic first aid. In the event of a source proving to be hepatitis C positive, specific advice on subsequent testing and management will be provided through your GP or Occupational Health provider, including advice on preventing onward transmission.

9. Reducing the risk of HIV transmission

In the case of a significant exposure to a confirmed or suspected HIV infected source, or if there is evidence of AIDS related illness, then HIV PEP should be offered. HIV PEP is most effective if started within 1 hour of exposure, and is not recommended beyond 72 hours post exposure. Advice must be sought from your Occupational Health provider/ GP or ED, who will perform a risk assessment, and advise on therapy.

PEP treatment is usually only available from an ED, so if the resident is confirmed or suspected to be HIV positive, go straight to ED.

10. Infection Prevention and Control resources, education and training

See Appendix 1 for the 'Safe management of sharps and inoculation injuries: Quick reference guide'.

The Community Infection Prevention and Control (IPC) Team have produced a wide range of innovative educational and IPC resources designed to assist your Care Home in achieving compliance with the *Health and Social Care Act 2008: code of practice on the prevention and control of infections and related resources* and CQC registration requirements.

These resources are either free to download from the website or available at a minimal cost covering administration and printing:

- 30 IPC Policy documents for Care Home settings
- Preventing Infection Workbook: Guidance for Care Homes
- IPC CQC inspection preparation Pack for Care Homes
- IPC audit tools, posters, leaflets and factsheets
- IPC Bulletin for Care Homes

In addition, we hold IPC educational training events in North Yorkshire.

Further information on these high quality evidence-based resources is available at www.infectionpreventioncontrol.co.uk.

11. References

- Care Quality Commission (2021) *Handling sharps in adult social care*. <https://www.cqc.org.uk/guidance-providers/adult-social-care/handling-sharps-adult-social-care>
- Department of Health and Social Care (Updated December 2022) *Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance*
- Department of Health (2013) *Health Technical Memorandum 07-01: Safe management of healthcare waste*
- Department of Health (2008, updated 2013) *HIV post-exposure prophylaxis. Guidance from the UK Chief Medical Officers Expert Advisory Group on AIDS*
- Health and Safety Executive (2013) *The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013* www.legislation.gov.uk/ukxi/2013/645/made
- Health and Safety Executive (2013) *Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 (the Sharps Regulations)*. HSE Information sheet www.hse.gov.uk/pubns/hsis7.pdf
- Loveday HP et al (2014) *Epic 3: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospital in England*
- National Institute for Health and Care Excellence (2012, updated February 2017) *Healthcare-associated infections: prevention and control in primary and community care Clinical Guidelines 139*
- NHS England (2022, updated April 2023) *National infection prevention and control manual (NIPCM) for England*
- UK Health Security Agency (2006, updated 2021) *The Green Book Immunisation against infectious diseases* – latest revisions can be accessed at www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book

12. Appendices

- Appendix 1: Safe management of sharps and inoculation injuries: Quick reference guide



Safe management of sharps and inoculation injuries: Quick reference guide



Introduction

A significant exposure incident is:

- A cut or puncture wound from a used sharp or bite
- Blood or body fluid contamination of broken skin or mucous membrane, e.g. eyes, nose or mouth

Sharps are items that can cause cuts and puncture wounds, including needles, razor blades and sharp instruments.

Key points

Good practice to prevent needlestick/sharps injuries:

- Always use an injection tray with an integral sharps container and dispose of the sharps at the point of use to reduce the risk of injuries whilst carrying sharps
- Never recap, bend or break used needles before disposal due to the high risk of injury
- Always dispose of the needle and syringe as one unit into the sharps container. Never attempt to remove the needle from the syringe
- Sharps should be disposed of at source by the person using them. Passing used sharps from person-to-person increases the risk of injury
- Request assistance when using sharps with reluctant or confused residents

Always

- Use 'Standard infection control precautions' (SICPs).
- Clean hands and wear appropriate PPE when handling sharps.
- Dispose of single use items after one use.
- Dispose of waste as per local policy.
- Clean hands after removing and disposing of PPE.

Sharps or inoculation Injury

- In the event of a splash to eyes, nose or mouth, rinse the affected area with copious amount of running water.
- In the event of a sharps injury:
 - Encourage the wound to bleed by squeezing under running water (never suck the wound)
 - Wash the wound with liquid soap and warm water, then dry
 - Cover the wound with a waterproof dressing
- Report the injury to your manager immediately.
- Immediately contact your GP or Occupational Health Department provider. Out of normal office hours, attend an Emergency Department.
- If your injury is from a needlestick/sharp which has been used on a resident (source), the doctor in charge of their care may take a blood sample from the resident to test for Hepatitis B, C and HIV, (following counselling and agreement of the resident).

For further information, please refer to the full Policy which can be found at

www.infectionpreventioncontrol.co.uk/care-homes/policies/

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