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Community Infection Prevention and Control Policy for Care Home settings

Safe management of sharps and inoculation injuries

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Organisation:

Signature: Name:

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Adoption date:

Review date:

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SAFE MANAGEMENT OF SHARPS AND INOCULATION INJURIES

1. Introduction

NHS England recommends that organisations adopt the *National infection prevention and control manual (NIPCM) for England*, complemented by care setting specific Policies. This Policy has been produced in accordance with this recommendation and incorporates the *NIPCM* version as referenced in this Policy with detailed care home specific guidance.

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.

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

There is a potential risk of transmission of a blood-borne virus (BBV) from a significant occupational exposure and staff must understand the actions they should take when a significant occupational exposure incident takes place. **There is a legal requirement to report all sharps injuries and near misses to line managers/employers.**

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 which breaks the skin with a used instrument or needle
- Spillage of blood or body fluid onto broken skin, e.g. graze, cut, rash, burn, eczema
- 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

The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 outline the regulatory requirements for employers and contractors in the healthcare sector in relation to:

- Arrangements for the safe use and disposal of sharps
- Provision of information and training to employees
- Investigations and actions required in response to work related sharps injuries

When caring for residents in relation to any new or 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.
- Sharps handling must be assessed, kept to a minimum and eliminated, if possible, with the use of approved safety devices.
- Where it is practicable to do so, employers must substitute traditional unprotected sharps with a 'safer sharp device' (medical sharps devices 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.
- Do not recap, bend or break needles before disposal.
- Dispose of needle and syringe 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.

Always

- Use 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.

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. 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 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'.

5. Action to be taken following an inoculation incident

Procedure following a splash or inoculation injury

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

1. Rinse affected area thoroughly with copious amounts of running water. If contact lenses are worn, rinse/irrigate with water, remove contact lenses and irrigate eyes again.

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 if required.

In the event of a needlestick/sharps injury

1. Encourage bleeding of the wound by gently 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).
3. Cover the wound with a waterproof dressing.

In all cases

4. 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

5. Immediately contact your GP or Occupational Health Department provider. Out of normal office hours, attend the nearest Emergency Department (ED).
6. 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).
7. 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 confirmed or suspected to be HIV positive, you will be offered post-exposure HIV prophylaxis (PEP) treatment. **HIV PEP is most effective if started as soon as possible after exposure, because the sooner the treatment is taken, the better it works, ideally within the first 24 hours. However, PEP can offer protection if it is started up to 72 hours after a risk has happened**

6. 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.

7. 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.

8. 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 as soon as possible after exposure, because the sooner the treatment is taken, the better it works, ideally within the first 24 hours. However, PEP can offer protection if it is started up to 72 hours after a risk has happened. 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.

9. Evidence of good practice

Investigation to understand the circumstances of an inoculation incident should be undertaken and any identified actions to prevent similar incidents should be implemented.

It is recommended that, for assurance purposes, 'Safe management of sharps and inoculation injuries' is audited. This can be achieved by completing the 'SICPs Assurance: Annual IPC Audit Tool for Care Homes' available to download at www.infectionpreventioncontrol.co.uk/resources/sicps-assurance-annual-ipc-audit-tool-for-care-homes/

Following completion of an investigation and/or the audit, an 'Action plan' should be drawn up and implemented to demonstrate continuous improvement.

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

British Association for Sexual Health and HIV (2022) *PEP (Post-exposure prophylaxis for HIV)*

Care Quality Commission (Updated January 2025) *Handling sharps in 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*

Health and Safety Executive (2013) *The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013*

Health and Safety Executive (2013) *Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 (the Sharps Regulations)*. HSE Information sheet

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 (Updated February 2017) *Healthcare-associated infections: prevention and control in primary and community care Clinical Guidelines 139*

NHS England (Updated 2025) *National infection prevention and control manual (NIPCM) for England*

NHS England (2022) *Health Technical Memorandum 07-01: Safe and sustainable management of healthcare waste*

Public Health England (2019) *Guidance on management of potential exposure to blood-borne viruses in emergency workers: For occupational health service providers and frontline staff*

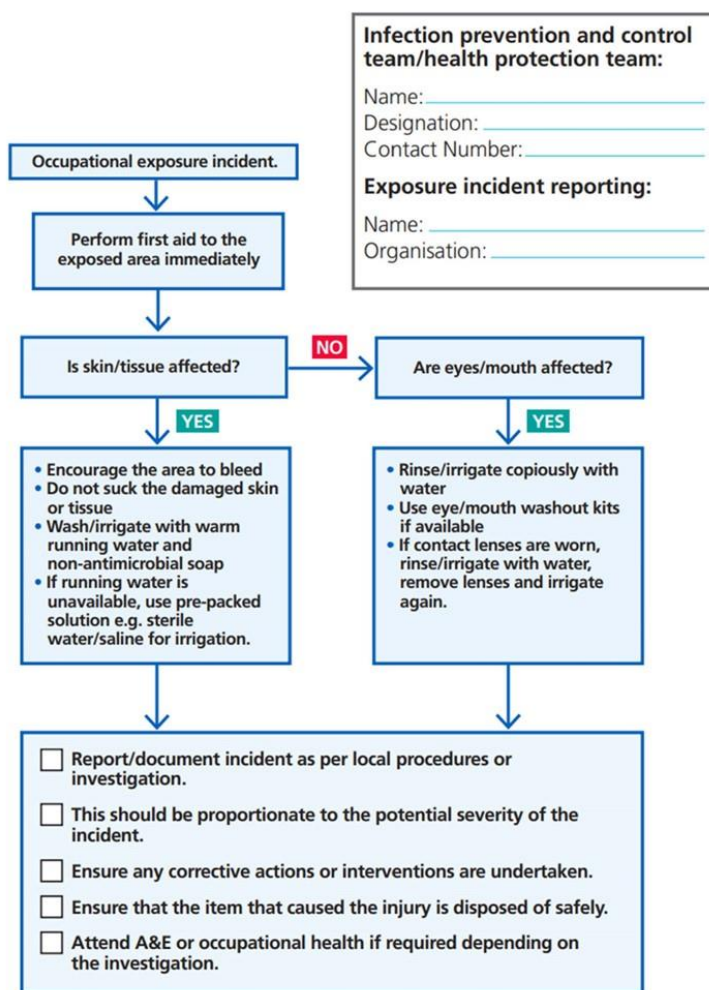
12. Appendices

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



Safe management of sharps and inoculation injuries: Quick reference guide

Appendix 10: Best practice – management of occupational exposure incidents



Infection prevention and control team/health protection team:

Name: _____

Designation: _____

Contact Number: _____

Exposure incident reporting:

Name: _____

Organisation: _____

National Infection Prevention and Control Manual for England
Appendix 10: Management of occupational exposure incidents

For further information, please refer to the full
Policy which can be found at
[www.infectionpreventioncontrol.co.uk/care-homes/
policies/](http://www.infectionpreventioncontrol.co.uk/care-homes/policies/)

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