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NHS

Community Infection Prevention and Control Policy for General Practice

(also suitable for adoption by other healthcare providers, e.g. Podiatry)

Safe management of sharps and inoculation injuries

Version 4.00
March 2026

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This Policy has been adopted by:

Organisation: .....

Signature: ..... Name: .....

Job title: .....

Adoption date: .....

Review date: .....

Any variation to this Policy should be risk assessed, evidence-based, authorised through local governance channels and documented below. The Community Infection Prevention and Control (IPC) Team, Harrogate and District NHS Foundation Trust, cannot endorse or be held responsible for any variations.

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SAFE MANAGEMENT OF SHARPS AND INOCULATION INJURIES

1. Introduction

NHS England states that the guidance in the *National infection prevention and control manual (NIPCM) for England* should be applied by all NHS staff involved in patient care, complementing guidance for General Practice settings. This Policy has been produced in accordance with this recommendation and incorporates the *NIPCM* version as referenced in this Policy with detailed General Practice specific guidance.

This Policy is one of the 'Standard infection control precautions' (SICPs).

Refer also to the 'Safe disposal of waste, including sharps Policy for General Practice'.

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 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

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 patients in relation to any new or emerging infections, staff should refer to the latest 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 not reasonably practicable to avoid using sharps, safer sharps incorporating protection mechanisms should be used if possible. Ensure the mechanism is deployed before disposal.
- For certain procedures, needle free equipment is available and must be used.
- Sharps should only be used where they are required, e.g. not for collection of urine samples from catheter bags.
- Request assistance when using sharps with reluctant or confused patients.
- Do not carry sharps in the hand. Sharps containers should be available at the point of use, i.e. where the sharp is used.
- 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 single use items after one use.
- Dispose of needle and syringes as one unit into a sharps container.
- If it is necessary to detach the needle, great care must be taken, preferably using the device on the sharps container.
- Always carry sharps containers away from the body, ensuring the temporary closure mechanism is in the 'closed' position.
- When transporting sharps boxes for community use, these must be transported safely with the use of temporary closures.
- Display a sharps injury poster in a clinical area, e.g. treatment room.

Ensuring safe use

All staff (clinical and non-clinical) should be educated in the safe use and disposal of sharps and the action to take in the event of an injury.

3. Prevention of inoculation incidents

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. Any

cuts or abrasions should be covered with an impermeable dressing to provide a barrier, refer to the 'Hand hygiene Policy for General Practice'

- The wearing of gloves has been shown to reduce the volume of blood transferred in a needlestick injury by 52% compared with not wearing gloves. This can help reduce the risk of acquiring a blood-borne virus (BBV) if you sustain a needlestick injury
- Disposable gloves should be worn when contact with blood is anticipated, for invasive procedures and when there is a risk of exposure to contaminated sharps
- Facial personal protective equipment (PPE) should 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 General Practice'

4. Risk of infection from inoculation incidents

Following a specific exposure, the risk of infection will vary depending on the nature of any pathogens in the patient's blood, the type of inoculation and the amount of virus in the patient's blood or body fluid at the time of exposure.

Surveillance studies indicate that the risk of seroconversion following exposure to blood from HIV infected patients is approximately 1 in 300 for percutaneous (needlestick) injury and 1 in 1,000 for mucous membrane exposure.

The risk of acquiring hepatitis B virus from a hepatitis B antigen positive source is approximately 1 in 3 for an unvaccinated individual. Vaccination is protective.

The risk of acquiring hepatitis C through inoculation with a hepatitis C positive source is approximately 1 in 30.

Refer to the 'Blood-borne viruses Policy for General Practice'.

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. Allow the area to bleed, do not squeeze.

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 patient (source), the doctor in charge of their care may take a blood sample from the patient to test for hepatitis B, hepatitis C and HIV (following counselling and agreement of the patient).
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 patient'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 patient (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**

Investigation to understand the circumstances of the incident should be undertaken and any identified actions to prevent similar incidents should be implemented. This can be used to demonstrate continuous improvement.

6. Management of significant exposures

The term 'source' is used for the patient whose blood or body fluids were involved, and the term 'recipient' for the member of staff who has been exposed or injured.

A risk assessment should be made based on the significance of the exposure, the recipients' prior immunity to hepatitis B and the confirmed or suspected status of the source for blood-borne viruses. This should be carried out by your GP, Occupational Health provider or ED.

If the source patient is known, every attempt should be made to obtain a blood specimen for testing for blood-borne viruses. To avoid discrimination, it is standard practice for the source patient to be offered tests for the three main blood-borne viruses, hepatitis B, hepatitis C and HIV. Appropriate pre-test counselling and informed consent is a prerequisite of testing the source patient.

The taking of blood specimens and the approach to the source patient for permission to test should be managed by a third party, i.e. somebody other than the recipient of the

injury.

Bloods from the recipient will also be required for serum save.

7. Reducing the risk of hepatitis B transmission

Hepatitis B vaccination is effective in preventing hepatitis B transmission.

- All staff (including receptionists and cleaners) who may have direct contact with patient's blood or blood stained body fluids, are exposed to sharps or other inoculation risks should have had the opportunity for hepatitis B vaccination and antibody status check for their response.
- All staff likely to be in contact with sharps or inoculation 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 dose or to receive hepatitis B immunoglobulin (HBIG).
- 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 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 post exposure prophylaxis (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. Advice must be sought from your Occupational Health provider/GP or ED, who will perform a risk assessment, and advise on treatment.

PEP treatment is usually only available from an ED, so if the patient is confirmed or suspected to be HIV positive, go straight to ED and inform them of your status to avoid any delay.

10. Exposure incidents in the community

Occasionally, members of the public will present to GPs following a community exposure,

typically an injury with a discarded needle and syringe. In this instance, where the source is unknown, an accelerated course of hepatitis B vaccine is recommended. Community prevalence of HIV and hepatitis C remain low and no specific action in respect of these viruses is indicated.

The incident should be reported to the Consultant in Communicable Disease Control (CCDC) at your local UK Health Security Agency (UKHSA).

If the source is known, a risk assessment is required and further intervention may be advised. GPs should discuss these cases with the CCDC or the local Consultant Microbiologist.

Persons subject to penetrating human bites should also be offered a course of hepatitis B vaccination and should have their wound medically assessed because of the risk of bacterial infection.

Action	Information
Counsel patient regarding risk	For needlestick/inoculations from a known positive source, the risk is detailed in this guidance (see Section 4)
Particularly for human bites, or injuries following fights	Consider the need for antibiotic prophylaxis
Immunise the patient using the accelerated schedule	3 doses of hepatitis B vaccine at 0, 1 and 2 months with a booster at 12 months
If previously vaccinated offer a booster of vaccine	
In the event of an unimmunised patient exposed to a known hepatitis B positive source, consider the use of hepatitis B immunoglobulin following discussion with CCDC or Consultant Microbiologist	HBIG is only available for named patients through the CCDC or Consultant Microbiologist and is seldom indicated in community incidents
Consider testing for hepatitis C at 3 and 6 months in the case of significant exposure to a used needle	
In the event of exposure to a known HIV positive transmission risk, consider the use of PEP for HIV	PEP is only available from ED

Blood tests on the recipient are not strictly necessary, but may be done if the patient wishes to have specimens stored for medico-legal purposes depending on the nature of the incident. Following discussion with the CCDC or Consultant Microbiologist, it may be appropriate for some patients to arrange follow-up blood tests for blood-borne viruses where significant risk or anxiety is present.

If a cache of needles has been discovered, the Local Authority should be contacted to arrange for their safe disposal.

11. Evidence of good practice

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 General Practice' available to download at www.infectionpreventioncontrol.co.uk/resources/sicps-assurance-annual-ipc-audit-tool-for-general-practice/.

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

12. Infection Prevention and Control resources, education and training

The Community IPC Team have produced a wide range of innovative educational and IPC resources designed to assist your General Practice in achieving compliance with the *Health and Social Care Act 2008: code of practice on the prevention and control of infection and related guidance* and CQC registration requirements.

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

- 27 IPC Policy documents for General Practice
- Preventing Infection Workbook: Guidance for General Practice
- IPC CQC assessment preparation Pack for General Practice
- IPC audit tools, posters, leaflets and factsheets
- IPC Bulletin for General Practice Staff

In addition, we hold educational study events in North Yorkshire.

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

13. References

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

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

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

Loveday HP et al (2014) *epic3: National Evidence-Based Guidelines for Preventing Healthcare Associated Infections in NHS Hospitals in England Journal of Hospital Infection 86S1 S1-S70*

National Institute for Health and Clinical Excellence (Updated 2017) *NICE clinical guideline 139, Infection; Prevention and control of healthcare-associated infections in primary and community care*

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

NHS England (Updated 2023) *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*

UK Health Security Agency (Updated 2025) *The Green Book Immunisation against infectious disease*