



Safe System of Work for Handling Discarded Needles and Sharps

Injuries from needles used in medical procedures are sometimes called needlestick or sharps injuries. This can be by the accidental or deliberate penetration into the skin of a needlestick or sharps object. This includes needles used to inject illegal drugs. Sharps can include other medical supplies, such as syringes, scalpels, lancets and glass from broken equipment. Workers and others in health and social care are at risk. This includes those who directly handle sharps but also includes workers who may inadvertently be put at risk when sharps are not stored or disposed of correctly. Once someone has used a needle, should they have any blood borne viruses (BBV), such as hepatitis B, hepatitis C, or HIV, these BBVs may contaminate it. There is a higher risk of infection from a sharps injury involving hollow-bore needles. Higher risk procedures include intra-vascular cannulation, venepuncture and injections and use of IV cannulae, winged steel-butterfly-needles, needles and syringes and phlebotomy needles. Such procedures are not carried out, therefore the risk of needlestick injury and contracting a BBV is low.

The following legislation is relevant to the task:

- The Health and Safety at Work etc. Act 1974;
- Health and Safety (Sharp instruments in Healthcare) Regulations 2013;
- The Management of Health and Safety at Work Regulations 1999; and
- The Control of Substances Hazardous to Health Regulations 2002.

Precautions taken by management include:

- All operatives are trained and deemed to be competent;
- Staff are advised that when working with clients to use appropriate precautions against BBVs as standard;
- If a client is aware they have a BBV this information should be provided on a 'need to know' basis to relevant staff;
- District Nursing staff are used to administer medication and injections if the client is unable to self-administer;
- All clients who administer their own medication using a sharp e.g. diabetic clients injecting insulin, will have a detailed care plan for self-administering of medication;
- Suitable receptacles are provided for the safe disposal of discarded needles;
- Needles should not be re-sheathed after use;
- If required, appropriate sharps bins will be provided, used, and disposed of appropriately;
- Any required personal protective equipment is issued to operatives; and
- Records are maintained of the number and location of any needles found, and any injuries. Investigate the cause of the incident, ensuring the investigation is proportionate to the potential severity of the incident.

Precautions to be taken by employees include:

- Never re-sheath a needle/sharp;
- Always discard a used needle in an appropriate sharps container;
- When a discarded needle is found, use tongs or another suitable tool, i.e. a hand maiden, to remove it; and
- If you receive a needlestick injury follow the 'if you receive a needlestick injury' detail below, report as soon as practicable to management and record it in the accident book.

If you receive a needlestick injury:

- Encourage the wound to bleed, ideally by holding it under running water;
- Wash the wound using running water and plenty of soap;
- Don't scrub the wound while you're washing it;
- Don't suck the wound;
- Dry the wound and cover it with a waterproof plaster or dressing; and
- Report to your manager as soon as is practicable and discuss if further medical intervention is required.

How do I know if treatment is needed?

To determine if treatment is needed, you should liaise with your Manager as this will depend on the risk of BBV.

If you are at Low risk of infection:

- You may not need any treatment.

If you are at a Higher risk of infection, you may need:

- Antibiotic treatment, for example, if you have cellulitis (infection of the skin);
- Vaccination against hepatitis B; and/or
- Treatment to prevent HIV

If you are at a high risk of infection with HIV

- Your healthcare professional may consider treatment called post-exposure prophylaxis (PEP).

Always liaise with your line manager with regards the risk of infection and any further treatment you may require.



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