

# **SHARPS / NEEDLESTICK POLICY & GUIDANCE**

## **POLICY STATEMENT**

Aberdeenshire Council is committed to maintaining the Health, Safety and Wellbeing of its employees. The Council recognises that in some service areas and roles there is an increased risk to employees from needle-stick injuries due to support by services for those with problematic use of drugs and drug paraphernalia is on occasions found on our council sites. Aberdeenshire Council will ensure that appropriate procedures and risk assessments are in place to protect our employees.

## **INTRODUCTION**

The Health & Safety at Work etc. Act 1974 requires employers to, so far as is reasonably practicable, ensure the health and safety of their employees. The Management of Health & Safety at Work Regulations 1999 also requires employers to carry out risk assessments to identify potential risks and take necessary measures to remove or reduce and control that risk.

This document supports the above legislation by providing a corporate policy and guidance on the management of risks from needle-stick injuries. The main risks from needle-stick injuries are Blood Borne Viruses, Hepatitis B or C and human immune-deficiency (HIV) viruses.

## **SCOPE**

Aberdeenshire Council will demonstrate that, in regard of managing the risks associated with Sharps and Blood Borne Viruses it will:

- Identify and assess sources of risk
- Prepare a control system for preventing, reducing, or controlling the risk
- Implement, manage, and monitor precautions
- Maintain suitable and sufficient records of the precautions implemented.
- Appoint a person to be responsible for the management and maintenance of the control system and measures adopted.

The Responsible Person for the establishment has the day-to-day responsibility for the implementation of these procedures to ensure, so far as is reasonably practicable, the safety of employees and others accessing the premises.

Line Managers have a statutory duty to ensure that compliance is active, continuous, and effectively policed.

The Council must be able to demonstrate it has:

- Identified all the relevant factors
- Instituted the appropriate corrective or preventive actions and
- Is monitoring the effective implementation of the required solutions.

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## SHARPS / NEEDLESTICKS

### OBJECTIVE

The objective of this policy is to provide information on a procedure for the safe handling and disposal of needles and what to do in the event of a needlestick injury.

### KEY POINTS

- A risk assessment must be undertaken by the manager to identify employees at risk of injury and identify where vaccination should be offered.
- Employees must be made aware of the procedures in place for the safe handling and storage of any discarded needles and/or syringes found whilst undertaking their work duties.
- Employees and managers must know what to do in the event of a needlestick injury.
- Needlestick injuries are the most common exposure that may occur occupationally when a person punctures their skin with a used hypodermic needle. There are hazards that may result from needlestick injury or other situations when a cut or open wound encounters another person's blood.

This document is intended to cover occupational exposures to bloodborne viruses (BBV's)

### **BLOOD BORNE VIRUSES**

These are transmitted when contaminated blood or other body fluids enters the body of a susceptible person. These viruses are not transmitted through everyday social contact with an infected person. A safe working practice should always be adopted to prevent exposure to blood borne viruses.

Bloodborne viruses include HIV, hepatitis B and C. Many individuals infected with these viruses may not have any signs of infection and may not know they are infected.

Hepatitis simply means inflammation of the liver. Hepatitis B and C are only some of the viruses that can affect the liver, long term infection can lead to severe liver damage.

HIV is a virus that attacks the body's immune system gradually depleting it. AIDS (Acquired Immune Deficiency Syndrome) can only develop in someone who is HIV positive. A person has AIDS when their immune system has become so weak that it can no longer fight off a range of infections with which it would normally cope.

People who have these infections can transmit the virus in a number of ways, the most common route of transmission vary depending on the particular virus:

- By sharing needles, syringes, and other drug-injecting equipment
- During unprotected sexual intercourse
- From an infected mother to her child mainly around the time of birth

- Administration of contaminated blood and blood products (all donors in the UK are routinely screened).

Less common routes of transmission including potential occupational routes of transmission:

- Through skin puncture with contaminated sharp objects, e.g. used needles
- Exposure of the mucous membranes to contaminated blood or body fluids, e.g. splash to the eye
- Human bites when blood is drawn
- Sustaining an injury where skin loss is involved, and the wound contaminated with blood or blood-stained body fluid from an infected individual.

## **RISK TO THE WORKFORCE**

In most circumstances it is not known who the user of the discarded needle was. The Scottish Government remains committed in trying to reduce number of individuals infected with hepatitis B, hepatitis C and HIV. For example, there are around 20,000 people in Scotland who have the chronic viral Hepatitis C infection, which causes progressive damage to the liver. But the Scottish Government has a target of eradicating Hepatitis C by 2024.

Another hazard to the workforce is the stress associated with the risk of developing these infections following an occupational exposure e.g., needlestick injury. Therefore, it is essential that employees who are potentially exposed at work are supported by their line manager. It would be appropriate to ensure the employee is aware of Aberdeenshire Councils free and confidential counselling service, [Employee Assistance Programme](#) (Time For Talking) and should be reminded that this service is also open to immediate family members that live at the same address as the employee.

## **PREVENTION**

Although there is a vaccination for hepatitis B, there is no vaccination for hepatitis C or HIV. The most important method of controlling the risk of infection is by educating the workforce on hazards associated with exposure to blood or body fluids and needlestick injury. This can be achieved by providing them with training in the handling and disposal of used syringes and needles, together with the appropriate personal protective equipment, such as a suitable means of lifting these items. Sharps Training is available by contacting Aberdeenshire Councils Internal Occupational Health Nurse Advisor-Derrick Strong e-mail [derrick.strong@aberdeenshire.gov.uk](mailto:derrick.strong@aberdeenshire.gov.uk)

A risk assessment should be undertaken by managers to establish whether there is a risk of injury to the employee, and where hepatitis B vaccination should be offered.

Risk Assessment training can be found on [ALDO](#)

Further advice/information on Hepatitis B vaccination can be offered by contacting Aberdeenshire Council's Internal Occupational Health Nurse Advisor (Derrick Strong e-mail [derrick.strong@aberdeenshire.gov.uk](mailto:derrick.strong@aberdeenshire.gov.uk)

## PROCEDURE IN THE EVENT OF NEEDLESTICK INJURY

Any accidental exposure to blood or body fluids as a result of a sharps injury, bite (drawing blood) or splashing should be dealt with **PROMPTLY**.

### **NEEDLESTICK INJURY OR BITE (that draws blood)**

1. Remain calm
2. Encourage free bleeding, DO NOT SUCK THE WOUND
3. Wash injured area with soap and running water
4. Cover with a waterproof dressing
5. Report the injury to your Supervisor (who will record the incident through normal reporting procedures – see [‘Accident and Incident Reporting’](#) on ‘Arcadia’)
6. Attend the nearest hospital Accident & Emergency Department or your own GP urgently. (Do not take the needle with you)

### **SPLASH EXPOSURE**

1. If the skin is splashed with blood - or blood-stained body fluids, wash with copious amounts of soap and water. Do not use a nailbrush, it may damage the skin
2. If splashed in eyes or mouth wash these areas out with lots of running water
3. Report the injury to your Supervisor (who will record the incident through normal reporting procedures – see [‘Accident and Incident Reporting’](#) on ‘Arcadia’)

As with any injuries, if concerned about infection or other consequences, advice can be sought by attending NHS Grampian Accident & Emergency Departments or your own GP.

NHS Grampian has a [guidance document](#) for the management of community exposure to blood borne viruses. The guidance document on p6, section 1.2, reads, Groups to which this document applies, states ‘The guidance is written from a health care perspective and should be used in all NHS Grampian Health Care premises and all GP practices.’

Individuals presenting to any of the NHS Grampian Health Care premises with potential exposure to blood borne viruses should have a timely initial assessment and treatment where appropriate. This treatment should be the same irrespective of whether the exposure occurred in the community or in a non-NHS workplace within the community including exposure following needle stick injuries, human bites and sexual exposure in the community.

NHS Grampian request that, should exposed Aberdeenshire Council employees need to attend for an initial assessment, they are provided with a copy of the guidance by their line manager prior to attending their GP practice or A & E department. Special attention should be made to the flow chart on p21 Appendix 2 when attending for their initial assessment so there is no dubiety, and they are not turned away. The flow chart also states medical staff have the responsibility to risk assess the possible exposure.

When attending, Aberdeenshire Council employees should provide evidence of any previous Hepatis B vaccination history.

The doctor or nurse will assess the level of risk and act accordingly. This may include taking blood tests or giving hepatitis B immunisation. They will also advise on any appropriate follow up. The employee should request a copy of all treatment offered on the day, and what follow up treatment is required.

The Council's Occupational Health Provider should be informed as soon as possible in the normal manner. This is to ensure that the individual has received appropriate treatment at the hospital and to liaise with the employee's GP to ensure the appropriate follow up is arranged (unless the A & E department and GP Practice are happy to carry out the follow up appointments).

If the follow up appointments are to be carried out with Aberdeenshire Council external Occupational Health Provider this should be organised by the employee's line manager. The line manager will require the referral code which is NONCORE49 - Needlestick Injury

The line manager must complete the enclosed referral form. (see resource pack)  
Then send it to Aberdeenshire Councils External Occupational Health Provider at the following e-mail address

[ABZ.AberdeenshireCouncil@tachealthcare.com](mailto:ABZ.AberdeenshireCouncil@tachealthcare.com)

Please ensure the employee is aware of the referral as they will receive either a phone call or e-mail from International SOS with their appointment date/time.

Cancellations of any appointment must be made within 48 hours of appointment date (within 2 working days) or Aberdeenshire Council will be charged, and the service will be asked to cover these costs.

## SHARPS RECOVERY KIT

Depending on the service, kits are available from your Supervisor/Foreman/Storeman or line manager or can be purchased by contacting [Arco](#).

First Aid stock and PPE can also be purchased from Arco. You should always have a kit available for use.

A typical sharps recovery kit consists of:

### 1 Syringe Disposable Kit

- sharps container
- small tongs
- disposable gloves
- disinfectant wipe
- disposal bag for gloves, tongs



(available from Arco)

As part of the service risk assessment, you may require adding additional stock. For example, larger sharps bin, larger tong, needle proof gloves, appropriate footwear. This will obviously depend on the circumstances of the environment.

These typical disposable sharps kits are designed to be used only once (although the container itself may be able to take a few needles if several are found at your site, it should not be filled above the marked line). The container should then be **LOCKED** and returned to your Supervisor/Foreman/Storeman or line manager when you next return to your place of work, and a replacement kit picked up.

If there is a large find of needles at any one location, you should contact your Supervisor/Foreman/line manager immediately for a larger sharps container to be provided.

## NEEDLE RECOVERY PROCEDURE

To prevent the risk of a needlestick injury occurring, you should use the Sharps Kit provided, which if used correctly, will give maximum protection. Under no circumstances must you attempt to remove any syringes without using this equipment.

On finding a needle/syringe:

1. Under NO circumstances must you flush any needles/syringes further into the drainage network or sewers, as this only passes the problem on to some other person who may not be as aware as you are how to deal with it.

Make sure you do not attempt to extract a needle from any location where you may put yourself at further risk of injury.

2. Put on gloves provided
3. Lay the Sharps container on a flat surface adjacent to the syringe. Pick up the barrel of syringe using the appropriate tongs and deposit the offending article into your Sharps container, without directly handling it. Do not carry the syringe, instead take the Sharps container to the site of the syringe.
4. Once the area has been cleared of any offending needles and these have been safely stored in the Sharps container, **LOCK** it before returning it to a safe storage space. Needles while stored in these Sharps containers are quite safe because they are not easy to retrieve once placed in the container and locked.
5. After use, place the small tongs in the yellow bag, remove gloves and also place these in the bag.
6. Wipe hands using the disinfectant wipe, this can be disposed of in a suitable waste bin.
7. On your next return to the depot, you must take the Sharps container/yellow bag back to your Supervisor/Foreman/Storeman/Line Manager for safe keeping until they are taken for disposal.

**If in doubt, ask your Supervisor/Foreman/Storeman/Line Manager.**



## DISPOSAL PROCEDURE

Take the **LOCKED** Sharps Container/yellow bag to your:  
Supervisor/Foreman/Storeman/Line Manager who will arrange for them to be  
disposed of safely via the following methods listed below:

### **Location of Sharps Container Bins for Drop Off:**

**Please note that the following transfer stations in Banchory, Ellon and MacDuff  
are for Landscape, Roads, and Waste employees only.**

For these areas the hours when Sharp's containers can be dropped off are:  
Tuesdays, Wednesdays, and Thursdays from 7.30am to 10.30am. No appointment  
required during these times

Waste Services also offer advice by calling Wasteline: telephone 03456 08 12 07

<u>South</u>	Crow's Nest Upper Lochton Road Banchory AB31 4EQ
<u>Central</u>	Balmacassie Commercial Park Balmacassie Brae Ellon AB41 8BY
<u>North</u>	Tarlair Way Macduff AB44 1RU

Sharp's containers could also be disposed of correctly via some GP practices or  
local pharmacist. Please phone ahead before taking your Sharps containers to these  
premises.

**Alternatively, any service can contact Initial:**

### **Contact-**

Initial

Health Care Waste Management

Organise collection of your sharp's containers

Telephone 0800 159 6428

E-mail- [grant.robertson@rentokil-initial.com](mailto:grant.robertson@rentokil-initial.com)

**Useful Information:**

Sharp's Training is available by contacting Aberdeenshire Councils Internal Occupational Health Nurse- Derrick Strong, e-mail [derrick.strong@aberdeenshire.gov.uk](mailto:derrick.strong@aberdeenshire.gov.uk)