


Community Infection Prevention and Control  
Policy for Domiciliary Care staff

# Safe management of sharps and inoculation injuries

**SAFE MANAGEMENT OF SHARPS AND  
INOCULATION INJURIES**

**Version 1.00  
March 2020**

**This guidance document has been adopted as a policy document by:**

Organisation:	Cumbria County Council
Signed:	
Name:	Pam Duke
Job Title:	Assistant Director Provider Services
Directorate:	People
Date Adopted:	1 March 2020
Review Date:	28 March 2022

**For further information and advice regarding infection prevention and control please contact:**

<p>Fiona McCredie Head of Health Protection Public Health People Directorate Cumbria County Council Penrith Community Fire Station Carleton Avenue Penrith Cumbria CA10 2FA</p> <p>Tel: 01768 812539 Mob: 07900 668648 Email: <a href="mailto:Fiona.McCredie@cumbria.gov.uk">Fiona.McCredie@cumbria.gov.uk</a></p>	<p>Debbie McKenna Health Protection Specialist Public Health People Directorate Cumbria County Council Cumbria House 107-117 Botchergate Carlisle Cumbria CA1 1RZ</p> <p>Mob: 07769 301904 Email: <a href="mailto:Deborah.McKenna@cumbria.gov.uk">Deborah.McKenna@cumbria.gov.uk</a></p>
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**Your local Public Health England Team:**

Public Health England North West	Tel: 0344 225 0562 Option 2
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Community Infection Prevention and Control  
Harrogate and District NHS Foundation Trust  
Gibraltar House, Thurston Road  
Northallerton, North Yorkshire. DL6 2NA  
Tel: 01423 557340  
email: [infectionprevention.control@nhs.net](mailto:infectionprevention.control@nhs.net)  
[www.infectionpreventioncontrol.co.uk](http://www.infectionpreventioncontrol.co.uk)

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**Contents****Page**

1. Introduction.....	4
2. Good practice in the safe management of sharps.....	4
3. Prevention of inoculation incidents.....	5
4. Always.....	6
5. Risk of infection from inoculation incidents .....	6
6. Action to be taken following an inoculation incident .....	7
7. Reducing the risk of hepatitis B transmission.....	8
8. Reducing the risk of hepatitis C transmission .....	8
9. Reducing the risk of HIV transmission .....	8
10. References .....	8

**SAFE MANAGEMENT OF SHARPS AND  
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# SAFE MANAGEMENT OF SHARPS AND INOCULATION INJURIES

## 1. Introduction

This Policy is 1 of the 10 'Standard infection control precautions' (SICPs) referred to as 'Occupational safety/managing prevention of exposure (including sharps)' by NHS England and NHS Improvement.

### Sharps

Sharps are items that could cause cuts or puncture wounds and include needles and sharp instruments. It is the responsibility of the user to dispose of sharps safely into a sharps container.

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

### 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.

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).

## 2. Good practice in the safe management of sharps

### Needle management

- Avoid unnecessary use of sharps.
- 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 a reluctant or confused service user.
- Do not carry sharps in the hand. Sharps containers should be available at the point of use, i.e. where the sharp is used.
- 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 closed.

### Ensuring safe use

- All staff should be educated in the safe use and disposal of sharps and the action to take in the event of an injury.
- Sharps containers must be situated in a safe and secure place to avoid harm to, or misuse by others.
- Sharps should be placed into the sharps container by the person using them.
- Sharps should be placed into the correct colour coded sharps container:
  - Purple lid – sharps contaminated with cytostatic or cytotoxic medicines, e.g. medicines used for cancer treatments and chemotherapy
  - Orange lid – sharps not contaminated with medicines, e.g. sharps used for blood tests
  - Yellow lid – sharps contaminated with medicines, e.g. used insulin cartridges and insulin needles
- Sharps containers must be correctly assembled, with the lid securely fastened to the base and dated, signed and location recorded when assembled.
- Sharps containers must not be used for any other purpose than the disposal of sharps.
- Never press down the contents to make more room or attempt to retrieve an item from the sharps container.
- After disposing of a sharp into the sharps container, the opening should be moved into the temporary closure 'closed' position.
- Sharps containers must not be filled above the 'fill line' as this could result in sharps protruding through the aperture.
- The opening must be 'locked' prior to disposal.
- Sharps containers must be disposed of when the fill line has been reached or when the container has been in use for three months even if not full.
- Sharps containers must be dated and signed when locked and disposed of.

## 3. Prevention of inoculation incidents

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

- A sharps/needlestick injury with a used 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 inoculation incidents, e.g. splashes onto intact skin, sharps injury from an unused sharp. 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) are also not considered as inoculation injuries.

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

In addition:

- All staff should protect their skin, as skin is an effective barrier to micro-organisms, e.g. bacteria, virus and fungi. Any cuts or abrasions should be covered with impermeable (waterproof) dressings to provide a barrier
- Disposable gloves must be worn when there is a risk of exposure to blood or body fluids
- Disposable apron must be worn when there is a risk of blood or body splashing. For further information on personal protective equipment (PPE), please refer to the 'Personal protective equipment Policy for Domiciliary Care staff'

#### 4. Always

- Use standard infection control precautions.
- Dispose of single-use items after one use.
- Dispose of waste as per local policy.

#### 5. Risk of infection from inoculation incidents

Following a specific exposure, the risk of infection will vary depending on the micro-organism in the service user's blood, the type of inoculation and the amount of virus in the service user's blood or body fluid at the time of exposure.

- Studies indicate that the risk of developing HIV following exposure to blood from HIV infected service user is approximately 1 in 300 following a

needlestick injury and 1 in 1,000 for mucous membrane exposure, e.g. splashing in to the eyes or mouth.

- The risk of developing hepatitis B virus from a hepatitis B positive source is approximately 1 in 3, for an unvaccinated individual.
- The risk of developing hepatitis C through inoculation with a hepatitis C positive source is approximately 1 in 30.

## 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).
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. Out of GP surgery hours, attend the nearest Accident and Emergency (A&E) department.
6. If you have had a needlestick or sharps injury from an item which has been used on a service user (source), their GP may take a blood sample from them to test for hepatitis B, hepatitis C and HIV (following counselling and agreement of the service user).
7. At the GP Practice/A&E department:
  - 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 service user'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

## 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 inoculation 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 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 doses or to receive hepatitis B immunoglobulin.

## 8. Reducing the risk of hepatitis C transmission

No specific post exposure protection 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, including advice on preventing onward spread.

## 9. Reducing the risk of HIV transmission

If the service user (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**, but can be given up to 2 weeks following the injury.

PEP treatment is only available from an A&E department, so if the service user is known or suspected to be HIV positive, go straight to A&E.

## 10. References

Department of Health (2015) *The 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) *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*



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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 2017) *Healthcare-associated infections: prevention and control in primary and community care Clinical Guideline 139*

NHS England and NHS Improvement (March 2019) *Standard infection control precautions: national hand hygiene and personal protective equipment policy*

Public Health England (2013 updated September 2014) *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](http://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book)

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