

For: Heads of all Establishments/Settings
OCC Managers
Governors/Management Committees
Trade Union Safety Representatives
Employee Noticeboards
Intranet

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NEEDLESTICK INCIDENTS

Background

Many people believe that it is only those who work in hospital/care settings who are likely to sustain needlestick injuries however this is not always the case as detailed in the table below. In fact two such incidents have recently occurred that have resulted in council workers sustaining needlestick injuries in the course of their duties.

Locations/Settings	People most at risk
Toilets (including sanitary bins)	Cleaners, waste handlers, people using the toilets
Litterbins	Cleansing workers
Refuse plastic sacks	Cleansing workers
Disused/Empty buildings	Housing managers, surveyors, cleansing workers, fire fighters
Backyards/Alleyways	Housing managers, surveyors, cleansing workers, fire fighters
Educational Establishments/Settings	Teachers, support staff, pupils, maintenance, cleansing workers, fire fighters, visitors
Schools playing fields, playgrounds and nursery play areas. <i>NB: The HSE have advised that discarded needles in children's play areas have been found deliberately placed e.g. wedged in slides or in sandpits.</i>	Site maintenance operatives, teachers, support staff, pupils
Parks/Countryside	Grounds maintenance workers operatives, Rangers, members of the public
Lift shafts	Maintenance engineers
Sewers and gullies	Drainage operatives and cleansing workers
Public playgrounds	Cleansing, playground inspectors, children, members of the public
Care centres/Care settings	Care and ancillary workers, home support workers, service users
Libraries	Library staff, cleaners, members of the public, fire fighters
Anywhere where there is evidence of drug taking	Any staff and members of the public

Issued by the Health, Safety and Wellbeing Team, Shared Services, Unipart House, Garsington Road, OXFORD, OX4 2GQ

General Information

The main risk posed by needlestick injury to workers is **exposure of the worker to blood-borne viruses (BBV)**. The main viruses concerned are:

- Hepatitis B (HBV),
- Hepatitis C (HCV), and
- Human Immunodeficiency Virus (HIV)

Universal Safety Precautions

- The standard safety procedures adopted in the UK for the prevention of needlestick injuries are known as standard or universal precautions, **where all blood and body fluids regardless of its source are considered to contain infectious agents, and treated as such**. Guidelines to this effect were published by the Department of Health in 1998 (Guidance for Clinical Health Care Workers: Protection against infection with Blood-borne viruses).

What is the level of risk?

The level of risk of infection will be dependent upon:

- Whether the needle was used by a person infected with either Hepatitis or HIV viruses.
- How much material enters the blood-stream; a needle attached to a syringe containing blood is likely to present a higher risk than a detached needle.
- Immunisation is not a substitute for good infection control practice since it provides no protection against infection with other BBV's.
- In the case of Hepatitis B, whether or not the injured person is immune, Hepatitis B vaccinations are available for those considered most at risk. There are currently no vaccinations available to prevent Hepatitis C or HIV.

First aid treatment for needlestick injuries:

1. **DO NOT SUCK THE WOUND.**
2. Wash well under cold running water (with liquid soap if available). **Do not rub hands.**
3. Encourage the wound to bleed by gently squeezing it.
4. Cover with a dry dressing.
5. Make the sharp safe or notify someone trained to deal with sharps.
6. **Go to Accident and Emergency as soon as you can.** Tell Accident and Emergency as much as you can about how you were injured, and why you think a needle caused the injury, show them your completed Annex 1. Accident and Emergency may provide treatment and take blood tests after taking advice from the Local Health Protection Unit (HPU), the microbiologists at the John Radcliffe Hospital and the Infectious Disease doctors at the Churchill Hospital.
7. Notify your line manager.
8. Ask for the incident to be reported if it is an occupational injury.

NB: Obtain a Hepatitis B Injection within 48 hours after the injury.

What should managers do?

In order to **prevent** the risk of needlestick injuries as far as possible managers **must**:

- Advise staff not to carry out the procedure if the client is able to do it themselves.
- Do not dispose of the needle if the client is able to do it themselves.
- Do not pick up or move the sharps box unnecessarily.

- **Ensure all persons likely to encounter needlestick injury in the course of their duties are aware of the risks, are aware of the control measures in place to protect them (agreeing the risk assessment with them is a good way of doing this) and know what to do should they sustain a needlestick injury.**
- Assess the risk of needlestick injuries for individual tasks and settings.
- Repeat the advice / training frequently
- **Where contact with a discarded needle is identified as a hazard, managers must ensure that their employees are aware of the hazard, the safe system of work, the reporting procedure and any emergency procedures in the event of an injury.**
- This should include those whose work may involve the direct use of syringes; and/or in settings where syringes may be used by others in the work environment such as clients/pupils who self administer using hypodermics, and those who clean, inspect or service public/educational settings.
- Any information of previous finds should form part of a reviewed risk assessment.
- Managers with employees in these locations should ensure that the occupational risk assessment identifies the hazard from a needlestick injury and recommends appropriate control measures to minimise the level of risk.
- Managers who are responsible for the day to day use and the maintenance of play areas must ensure that there is a **recorded inspection regime in place**. The Council has a duty of care to protect the health and safety of the pupils and the public using its facilities.

Prevent exposure wherever reasonably practicable as follows:-

- **Hygiene**
 - Hand washing after each client/pupil contact and contact with blood or body fluids.
 - Single use disposable gloves should be worn whenever working with blood or body fluids.
 - Single use disposable plastic aprons/impermeable gowns should be worn when splashing with blood or body fluids may occur.
 - Covering any cuts or abrasions with waterproof plasters before handling sharps.
- **Procedures**
 - Immediate and safe disposal of sharps into appropriate, puncture-proof sharps bins.
 - Not overfilling sharps containers.
 - Never re-sheathing needles.
 - Use wheelie bins instead of refuse sacks.
 - Use litter picking equipment.
 - Avoid unblocking toilets without suitable hand protection.
 - Only pick up the sharps box if 100% necessary
 - Only pick up sharps box by the handle
- **Personal Protective Equipment**
 - Wear appropriate PPE (Personal Protective Equipment).
 - Eye protection (visors, goggles, or safety spectacles) should be worn when blood, body fluids or flying contaminated debris/tissue might splash into the face.
 - Ensure people wear sturdy gloves with a high level of puncture resistance when collecting litter.

Please note All employees required to dispose of discarded needles must be trained in a safe system of work and provided with suitable personal protective equipment such as puncture resistant gloves, a sharps collection container and disposable tongs.

Reporting

An Occupational Health incident report form (Annex 1) must be completed for each identified needlestick injury. An individual sustaining a needlestick injury should take a copy of this form with them to the Accident and Emergency Department wherever possible. A copy should remain with the Head Teacher/Manager of the school/service/setting and further copies submitted to the Occupational Health Service and Health, Safety & Wellbeing Team. In addition, all needlestick injuries must be reported on the online health and safety reporting system <http://mycases.oxfordshire.gov.uk/hscm/DB7ARWF9.nsf> and to the HSE on 0845 300 9923.

Occupational Health Service

- Any employee suffering a needlestick injury must be referred to Occupational Health but must first go to the Accident and Emergency Department of their local hospital.
- Contact Occupational Health if any employee is injured by a discarded needle.
- The Occupational Health Service will then provide ongoing support including confidential counselling where needed.

For Further Information and Advice:

	Email and web addresses	
Specialist Advice:		
Thames Valley Health Protection Unit		0845 279 9879
Accident and Emergency	John Radcliffe Hospital – Oxford	01865 741 166
	Horton Hospital – Banbury	01295 275 500
Infectious Diseases Specialists	The Churchill Hospital – Oxford	01865 741 841
NHS Direct		0845 46 47
Occupational Health	occupational.health@oxfordshire.gov.uk	01865 815421
Staff Care Services	staffsupport@oxfordshire.gov.uk .	01865 256661
General:		
Health, Safety & Wellbeing Team	healthandsafetyhelp@oxfordshire.gov.uk web address: http://intranet.oxfordshire.gov.uk/links/intranet/healthandsafety	01865 797222

NEEDLESTICK INCIDENT REPORT

Step 1

Employee Name:		Directorate:	
Job Title:		Date of Finding:	
Were you injured by the needle?	Yes/No*	Was the needle still attached to the syringe?	Yes/No*
Did you attend A & E?	Yes/No*	Have you arranged for the disposal or disposed of the needle yourself?	Yes/No*
Street name/building/setting where needle was found:		Give any further details of location/setting:	
Post Code (if known):			

* please delete as appropriate

Step 2

Please ask A&E to document below or provide a discharge letter, outlining any advice and treatment you were given.

Step 3

Ask for an urgent referral to the Occupational Health Service, bringing with you this form and any other information you have been given.

Occupational Health will discuss your case with the Local Health Protection Unit and your GP, providing details of your current Hepatitis B immunisation status and records of all your vaccinations.

Occupational Health and your GP will then provide ongoing support where required.
