CareVille
CARE TAILORED TO YOU

Needlestick Injury Policy

CM31

Date Written	
Author(s)	
Version	
Date Signed Off	
Reviewed by	

Date: [ ]

Review Data

Initial Production

Name	Role/Department	RACI	Date

R = Responsible for writing the policy; **A** = Accountable; **C** = Consulted; **I** = Informed

Change History

Version	Date	Details of Change	Author

Emergency Contact Details

Name	Email	Mobile

CQC Fundamental Standards

Regulation Number	Regulation Details
Regulation 12: Safe Care and Treatment	The intention of this regulation is to prevent people from receiving unsafe care and treatment and prevent avoidable harm or risk of harm. Providers must assess the risks to people's health and safety during any care or treatment and make sure that staff have the qualifications, competence, skills and experience to keep people safe.

Key Lines of Enquiry

KLOE	How this applies to Access to Files and Records
Safe	This Needlestick Injuries policy is an aspect of 'Safe' due to our commitment to ensure that staff are aware of our processes with the use of all safer sharps devices/needle-free device, and use them safely to reduce the risk of injury to themselves, their patients, colleagues or members of the public.

Related Documents

This policy should be read in conjunction with our:

- CM24 - Infection Control Policy
- HS02 - Accident and Incident Reporting Policy
- CM35 - Serious Untoward Incident Policy

PolicyStatement

Policy Aims

This policy is intended to ensure that wherever possible, prevention of sharps injuries is paramount and reduced to a minimum. Use of all sharps/needles are risk assessed and where reasonably practicable replaced by a Safer sharps device/ needle free device in order to reduce the risk of exposure to blood borne viruses and transmission of these infections following needlestick or other exposures.

Policy Statement

All members of staff potentially are at risk from exposure to blood and/or body fluids. Whilst it is accepted that not all blood or body fluids are potentially infective, it is recommended that Safer Sharps Device/Needle Free Device and Universal Precautions be adopted whenever there is the potential for exposure to reduce the risk of transmission of blood-borne viruses.

Exposure to blood or other potentially infectious body fluids may result in the transmission of blood-borne viruses (BBVs) including HIV, hepatitis B virus (HBV) and hepatitis C virus (HCV). Advice about other possible occupational risks for members of staff following such exposures, such as less common BBV's or transmissible spongiform encephalopathies (e.g. CJD), should be obtained from the Occupational Health Department, a medical microbiologist, a medical virologist or the doctor on call for Infectious Diseases.

Key Question: Who does this policy apply to?

This policy applies to all staff employed, appointed or undertaking work for or on behalf of Careville Ltd. in both hospital or community based settings. Whilst it is primarily concerned with occupational risks for members of staff and students, but may also be applied to patients attending the A & E department after needlestick or other exposures in the community, when HBV infection is generally likely to be the most important risk. This policy must also be applied to patients or visitors at risk who have received a needlestick injury or blood borne virus exposure.

Duties (Roles and Responsibilities)

All employees have a responsibility to follow policies and procedures and ensure they are trained in the use of all safer sharps devices/needle-free device, and use them safely to reduce the risk of injury to themselves, their patients, colleagues or members of the public. Employees also have a duty of care to familiarise themselves with the guidance for the prevention of Sharps provided below.

So that Careville Ltd complies with the law, as an employer it is responsible for ensuring that all members of staff who are exposed to blood, blood viruses or bodily fluids are provided with appropriate training and to ensure that Trusts or other healthcare providers to which candidates are appointed provide suitable safer sharps device alternatives to reduce the risk of sharps injury.

Definition of a Medical Sharp Injury

"Medical Sharp" means object or instrument which is used for carrying out activities to healthcare and which is able to cause injury by means of cutting or piercing the skin; (Injury includes infection)

"Safer Sharp" means a medical sharp that is designed and constructed to incorporate a feature or mechanism that prevents or minimises the risk of accidental injury from cutting or piercing the skin

(Definitions from the "Health and Safety (Sharp Instruments in Healthcare) Regulations 2013")

Prevention and Management of Needlestick Injuries and Blood Borne Virus Exposures

The main risk from a sharps injury is the potential exposure to infections such as blood-borne viruses (BBV). This can occur where the injury involves a sharp that is contaminated with blood or a bodily fluid from a patient. The blood-borne viruses of most concern are:

Hepatitis B (HBV)

Hepatitis C (HCV)

Human immunodeficiency virus (HIV).

The transmission of infection depends on a number of factors, including the person's natural immune system. We know the number of injuries each year is high, but only a small number are known to have caused infections that led to serious illness. However, the effects of the injury and anxiety about its potential consequences, including the adverse side effects of post-exposure prophylaxis can have a significant personal impact on an injured employee.

The risk of infection will depend on a number of factors. They include:

- The depth of the injury.
- The type of sharp used (hollow bore needles are higher risk although subcutaneous needles also present a risk).
- Whether the device was previously in the patient's vein or artery.
- How infectious the patient is at the time of the injury.

When all these factors are taken into account, the risk of infection by a contaminated needle can be as high as (HPA, 2012):

- One in three for hepatitis B
- One in 30 for hepatitis C
- One in 300 for HIV

Important Principles of the Risk Assessment Process

- Elimination - working practices should be regularly reviewed to wherever possible eliminate the use of unnecessary sharps.
- Engineering controls – wherever possible medical devices incorporating safety protection mechanisms should be supplied to staff to use e.g. using a safety-Lok blood collection set in place of a needle and syringe.
- Safe systems of work – managers will ensure safe systems of work are in place and staff adhere to the trusts Waste Management Policy and Procedures.
- PPE – staff should use appropriate personal protective equipment such as gloves, visor, apron for procedures where there is a risk of blood or body fluid exposure.
- Vaccination – all staff should consider appropriate vaccination in particular hepatitis B vaccination where there is a risk of exposure to blood or body fluids.

Prevention of Blood and Body Fluid Exposures

All Accounts Managers will ensure there has been an assessment of risk performed in all ward/ department areas to which candidates are appointed.

If there is potential to sustain a contaminated sharps injury, suitable clinical safety devices should be considered to reduce the risk.

All clinical staff must undertake training in Sharps Handling.

Wards and Departments must provide suitable safer sharps device alternatives to reduce the risk of sharps injury.

When using sharps at the bedside or in a clinical setting, staff must ensure there is a sharps container available at hand for immediate disposal.

During clinical procedures, the operator in-charge has the responsibility to ensure safe preparation, use and disposal of all sharps.

When using sharps, remain concentrated on the task at hand and do not allow yourself to be distracted. If another member of staff is using sharps, take care not to distract them.

Never leave a used sharp unattended, even for a brief time.

Never re-sheath a needle.

Take care clearing up from a procedure and be aware that sharps could be concealed in other clinical waste.

Use safer sharps as a first choice in all instances.

If being passed a sharp implement or instrument, never take hold at the sharp end and, wherever possible, use a receiver to take the sharp.

Key Question: How should Needlestick Injuries be reported?

The recipient of the Needlestick injury should report it to their line manager immediately.

Sharps injuries must be reported to HSE under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) if:

- an employee is injured by a sharp known to be contaminated with a blood-borne virus (BBV), e.g. hepatitis B or C or HIV. This is reportable as a dangerous occurrence;
- the employee receives a sharps injury and a BBV acquired by this route sore-converts. This is reportable as a disease;
- if the injury itself is so severe that it must be reported.

If the sharp is not contaminated with a BBV, or the source of the sharps injury cannot be traced, it is not reportable to HSE, unless the injury itself causes an over-seven-day injury. If the employee develops a disease attributable to the injury, then it must be reported.

Careville Ltd must be informed of any needlestick injury occurring to one of their candidates. Careville Ltd maintains a full record of needlestick injuries.

Post-Exposure Procedures (PEP)

Following any exposure:

- Skin, wound or non-intact skin should be washed with soap and water, but without scrubbing.
- Antiseptics and skin washes should not be used.
- Free bleeding of puncture wounds should be encouraged gently but wounds should not be sucked.
- Exposed mucus membranes, including conjunctiva, should be irrigated copiously with water, before and after removing any contact lenses.
- Record the source of the exposure (patient's name, unit number, etc.), on the Risk Assessment Form.

Testing and Counselling

- Testing of the source patient for blood borne viruses should be the norm, the patient must be

consented for testing. Consent given should be recorded within the patient's notes and on the laboratory request form; tests will not be performed if patient consent is not confirmed on the laboratory consent form.

- To arrange for testing of the donor specimen for BBV contact your local Microbiology Serology Department during office hours and the on-call biomedical scientist out of hours. Forms should indicate that a needlestick incident is involved and that consent has been obtained. Timely delivery to the laboratory should be arranged. Test results should be available ideally within 8 hours and not more than 24 hours after bloods is taken. Testing will normally be done up until 8pm or first thing the following morning. If urgent testing required after this, it should be discussed via the virologist on-call.
- A risk assessment of the source patient concerning possible indicators of BBV infections including risk factors, previous tests and suggestive medical history will be undertaken. All source patients will be counselled and informed consent for testing for HBV, HCV and HIV obtained. In hours this should ordinarily be done by the senior clinical staff on the source patient's ward/unit (but not by the recipient of the injury) with support as necessary from Occupational Health and/or the Infectious Diseases on-call.
- Section 1(1)(f) of the Human Tissue Act 2004 allows "relevant material" (which is defined as anything containing cells and would therefore include tissue, whole blood and other body fluids) to be used to obtain scientific or medical information about a person which may affect another person "if done with appropriate consent".
- This means that where a source patient lacks the capacity to consent (e.g. because they are unconscious), his/her tissue etc can only be lawfully tested for serious communicable diseases if it is reasonably held to be in his/her best interests in accordance with the Mental Capacity Act 2005. In light of this the GMC withdrew its guidance that set out exceptional circumstances in which the testing of an existing sample might be justifiable.
- In the event of a deceased patient being the source of a needlestick injury and whose HIV status is unknown, the taking and testing of samples requires consent in accordance with the Human Tissue Act 2004. Assuming the deceased did not give consent (or refuse it) while alive, this can be obtained from a "nominated representative" (if appointed) or by a person in a "qualifying relationship" to the deceased.
- In the event of a Needlestick occurring from an unconscious patient Infectious Diseases should be contacted to discuss PEP and further action.
- For all significant occupational exposures, a baseline blood specimen for storage must be taken from the exposed health care worker by Occupational Health or out of hours in A&E. This sample must be a validated sample (the identity of the care worker must be confirmed and documentation needs to occur in notes) as this may be tested later, with the member of staff's consent, for HBV, HCV or HIV infection.
- Collection of baseline samples should also be considered for exposures in non-health care settings where the source patient is known to be, or strongly suspected to be, infected with a BBV. Baseline samples will be stored for 2 years.
- For patients with known HIV infection, details of past and current antiretroviral therapy should be obtained and the Infectious Disease Consultant / on call registrar contacted for discussion regarding PEP.

Follow up Action

- All members of staff occupationally exposed to HIV, HCV or HBV should have follow up counselling, post-exposure testing and medical evaluation whether or not they have received PEP. Members of staff employed in roles classified as EPP must attend all follow up appointments and have post-exposure testing performed within the Occupational Health Department.
- Occupational Health will report occupational exposures to patients who are known to have a BBV infection in confidence to the HPA Communicable Disease Surveillance Centre (CDSC). Occupational Health will also notify the Health and Safety Executive where RIDDOR reporting is appropriate.
- Any acute illness compatible with a diagnosis of a BBV infection that occurs during the follow up period should be reported to the Occupational Health Department or Department of Infectious Diseases and appropriate diagnostic tests performed.
- All high risk injuries, recipients put on PEP, recipients requiring HBIgG or rapid Hep B vaccination or with exposure to HCV RNA positive material should be followed up by Infectious Diseases who will liaise closely with the Occupational Health Department.
- Any occupationally acquired BBV infection should be reported to CDSC.

Key Points to Take Away

- it is recommended that Safer Sharps Device/Needle Free Device and Universal Precautions be adopted whenever there is the potential for exposure to re-duce the risk of transmission of blood-borne viruses.
- The main risk from a sharps injury is the potential exposure to infections such as blood-borne viruses (BBV). This can occur where the injury involves a sharp that is contaminated with blood or a bodily fluid from a patient.
- Careville Ltd must be informed of any needlestick injury occurring to one of their candidates. Careville Ltd maintains a full record of needlestick injuries.

Policy Review

A Director will review this policy at least once a year to make any updates needed.

Authorisation and Signature

This Policy is the authorised version agreed by the Directors of Careville Ltd. All employees are expected to follow this policy and failure to do so could result in disciplinary action.

Director's Signature

Director