

Title	MANAGEMENT OF NEEDLESTICK OR OTHER "SHARPS" INJURIES AND SPLASH INCIDENTS WITH POTENTIALLY INFECTED MATERIAL			Number	CL38
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Version Control

DATE	CHANGE	CHANGED BY
14.04.22	Reviewed. No change	SMcD
19.04.23	Reviewed. Minor changes made.	SMcD
11.05.23	Removal of OHS	LR

Introduction

Exposure to human blood carries a potential risk of contracting a blood-borne infection such as Hepatitis B, Hepatitis C, and human immunodeficiency virus (HIV). Although the risk of acquiring infection in this way is low, the universal precautions detailed below for people who may be exposed to human blood should be scrupulously observed to minimise it. In summary:

- Needles and sharps should be handled with care, and handling kept to a minimum
- Users of needles or other sharps are responsible for their disposal
- use of “safety needles” when available
- **Never re-sheath, bend or break needles before disposal**
- Dispose of syringes and needles as a unit
- Never carry used sharps or re-use equipment
- Sharps disposal containers must be available at the point of use
- Discard sharps containers when three-quarters full
- Never clear areas where sharps may be present without hand protection
- Wear goggles/faceshield if there is a risk of splashing

Incidents which potentially expose individuals to blood-borne infection include:

- a. Any injury which is percutaneous (i.e. the skin is broken by a needle, instrument or bite) or mucocutaneous (a splash to eye, nose, mouth or broken skin) and which also
- b. Involves exposure to human blood, saliva, vaginal secretions and any other visibly bloodstained fluid or exudates from burns or skin lesions.
- c. Animal bites that penetrate the skin should be treated as potentially infectious.

Immediately after any exposure to potentially infectious material:

- a. Puncture or other wounds should be encouraged to bleed vigorously under cold, running water, using soap.
- b. Wounds must **not** be sucked, squeezed or scrubbed because this may cause tissue trauma and encourage the spread of infection.
- c. Wounds should be covered with a dry dressing.
- d. Splashes to the eyes (after first removing contact lenses), broken skin or mouth, should be washed immediately and liberally with water.
- e. **All** such events must be reported as soon as possible to the immediate manager/supervisor, and an accident form completed and sent to your manager; managers/supervisors should endeavour to ensure the confidentiality of the individual concerned.
- f. Details of the source of the potentially infected material should be retained, including patient details if appropriate, to facilitate any necessary follow up. If blood will be required from another person for testing, the source must be aware of any tests which may be done and have first given written informed consent. The injured party should not seek this consent themselves but should involve a senior clinician responsible for the person (if a patient).

Action to be taken following needlestick / sharps / splash injury with exposure to potentially infectious material

