SHARPS & NEEDLE-STICKS INJURIES, HUMAN BITES AND SPLASHES POLICY

Accidental injury with sharps is recognised as an occupational hazard in the health and Social Care setting. Accidental inoculation with infected blood presents a real risk to Health and Social Care Workers, even if the actual volume of blood transfused during the needle stick injury is small. Sharps injuries constitute a major route for Health and Social Care Workers to acquire occupational infection and it is for this reason that sharps injuries have assumed such importance. All blood and body fluids must be treated as potentially infectious.

Policy Statement
This policy has been developed to inform the employees of Premier Care (Plymouth) Limited of early reporting and the correct way to manage sharp injuries and contamination incidents within the organisation and by doing so to improve the safety and wellbeing of both staff and service users. It is also important to emphasise that prevention of these injuries by safe handling and disposal of sharps and the use of other relevant infection control procedures such as appropriate hand hygiene and use of personal protective equipment is extremely important.

Definitions
A sharp injury is where there has been exposure to the blood or body fluid of a service user as a result of a needle/sharp object that has already been used on a service user/staff member.

A human bite is an injury as a result of a service user biting a staff member resulting in breach of the skin or mucous membrane barrier.

A splash exposure is where the mucous membranes i.e. mouth, nose or eyes or non-intact skin have been contaminated by blood or body fluids from a service user.

Premier Care (Plymouth) Limited adheres fully to Outcome 8: of the Essential standards of quality and safety: Cleanliness and infection control and Regulation 12: of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which relates to the effective operation of systems designed to assess the risk of and to prevent, detect and control the spread of a health care associated infection. Outcome 9: of the Essential standards of quality and safety: Management of medicines and Regulation 13: of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which the registered person ensures, obtaining, recording, safe handling, using, safe keeping, dispensing, safe administration and disposal of medicines is adhered to.
**Aim**
The aim of Premier Care (Plymouth) Limited is to prevent the spread of infection amongst staff, service users and the local community.

**Goals**
The goals of the Premier Care (Plymouth) Limited are to ensure that:

(a) Service users, their families and staff are as safe as possible from acquiring infections through work-based activities

(b) All staff at Premier Care (Plymouth) Limited are aware of and put into operation basic principles of, safe management of medicines and infection control

Premier Care (Plymouth) Limited will adhere to infection control legislation:

(a) The **Health and Safety at Work Act, etc 1974** and the **Public Health Infectious Diseases Regulations 1988**, which place a duty on Premier Care (Plymouth) Limited to prevent the spread of infection

(b) The **Control of Substances Hazardous to Health Regulations 2002** (COSHH), places a duty on Premier Care (Plymouth) Limited to ensure that potentially infectious materials within the organisation are identified as hazards and dealt with accordingly

(c) The **Management of Health and Safety at Work Regulations 1999**, (the Management Regulations) generally make more explicit what employers are required to do to manage health and safety under the Health and Safety at Work Act.

(d) The **Health and Safety (Sharp Instruments in Healthcare) Regulations 2013**
The Sharps Regulations require employers to take specific actions in the event of a sharps injury. This means they need to have procedures in place to ensure that they can respond effectively and in a timely manner when an injury occurs. information to their employer to allow them to carry out this investigation.

(e) The **Reporting of Incidents, Diseases and Dangerous Occurrences Regulations 1995**, which place a duty on Premier Care (Plymouth) Limited to report outbreaks of certain diseases as well as accidents such as needle stick accidents

**Sharps injuries must be reported:**

When an employee is injured by a sharp known to be contaminated with a blood-borne virus (BBV),

- hepatitis B C or
- HIV.

**This is reportable as a dangerous occurrence;**
When the employee receives a sharps injury and a BBV acquired by this route seroconverts (Seroconversion is the development of detectable specific antibodies to microorganisms in the blood serum as a result of infection or immunization)

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, 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.

The Disposal of Sharps (e.g. Used Needles)

- Sharps — typically needles or blades — should be disposed of in proper, purpose-built sharps disposal containers complying with BS7320.
- Sharps should never be disposed of in ordinary or clinical waste bags.
- Staff should never re-sheath needles.
- Boxes should never be overfilled.
- When full, boxes should be sealed, marked as hazardous waste and clearly labelled with the service user’s details.
- Staff should never attempt to force sharps wastes into an over-filled box.
- Used, filled boxes should be sealed and stored securely until collected for incineration according to individual arrangements. In the event of an injury with a potentially contaminated needle staff should:

If the skin is lacerated or punctured take immediate action:

- Wash area liberally with soap and running water without scrubbing
- Do not use antiseptic or strong detergent washes
- Allow natural bleeding, do not suck wounds
- Cover with waterproof plaster
- Rinse eyes with water before and after removal of contact lenses
- Clean contact lenses with normal lens cleaning solution.
- Rinse eye splashes with copious amounts of water
• Report the injury to their line manager immediately and ensure that an incident form is filled in

• Make an urgent appointment to see a GP or, if none are available Accident and Emergency. Staff will be relieved from shift to seek treatment

**Infection Control Procedures**

At Premier Care (Plymouth) Limited:

• All staff are required to make infection control a key priority and to act at all times in a way that is compliant with safe, modern and effective infection control practice

• The management of Premier Care (Plymouth) Limited will make every effort to ensure that staff working in the homes of service users have access to sufficient facilities and supplies of appropriate equipment to ensure that they can implement effective infection control procedures and techniques

• Any staff who does not feel that they have access to sufficient facilities and supplies of appropriate equipment to ensure that they can implement effective infection control procedures and techniques have a duty to inform their line manager or supervisor

**Effective Hand Washing**

Premier Care (Plymouth) Limited believes that the majority of cross-infection in a care environment is caused by unwashed or poorly washed hands which provide an effective transfer route for micro-organisms.

Premier Care (Plymouth) Limited believes that regular, effective hand washing and drying, when done correctly, is the single most effective way to prevent the spread of communicable diseases. Staff who fail to adequately wash and dry their hands before and after contact with service users may transfer micro-organisms from one service user to another and may expose themselves, service users and the public to infection.

At Premier Care (Plymouth) Limited:

• All staff should, at all times, observe high standards of hygiene to protect themselves and their service users from the unnecessary spread of infection

• All staff should ensure that their hands are thoroughly washed and dried:
  - Between seeing each and every service user where direct contact is involved, no matter how minor the contact
  - After handling any body fluids or waste or soiled items
  - After handling specimens
  - After using the toilet
  - Before handling foodstuffs
  - After smoking
- Before and after any care or clinical activity
- Before and after handling medications

- Hands should be washed thoroughly — liquid soaps and disposable paper towels should be used rather than bar soaps and fabric towels (whenever possible)

- All cuts or abrasions, particularly on the hands, should be covered with waterproof dressings at all times

- Ordinary soap is considered to be effective for routine use in removing dirt and reducing levels of transient micro-organisms on the skin to acceptably safe levels

- The use of antiseptic or antimicrobial preparations is recommended if service users are known to have an infectious disease or are colonised with antibiotic-resistant bacteria, such as Methicillin Resistant Staphylococcus Aureus (MRSA)

- Antiseptic hand washing solutions may also be used in situations where effective hand washing is not possible

- The use of alcoholic products for hand decontamination is not intended to replace washing hands with soap and water but rather to supplement hand washing where extra decontamination is required or to provide an alternative means of hand decontamination in situations where standard facilities are unavailable or unacceptable (for example between service users or in unsanitary conditions)

- To be effective hands should be thoroughly washed before the use of an alcoholic rub and again after the procedure or patient contact has ended.

The Handling and Disposal of Clinical and Soiled Waste

- All clinical waste should be disposed of in sealed yellow plastic sacks and each sack should be clearly labelled with the service user’s address.

- Non-clinical waste should be disposed of in normal black plastic bags.

- When no more than three-quarters full, yellow sacks should be sealed and stored safely to await collection by an authorised collector as arranged.

- Staff should alert the agency office if they are running out or yellow sacks, or any protective equipment.

The Use of Protective Clothing

- Adequate and suitable personal protective equipment and clothing should be provided by Premier Care (Plymouth) Limited.

- All staff should who are at risk of coming into direct contact with body fluids or who are performing personal care tasks should use disposable gloves and disposable aprons.

- Sterile gloves are provided for clinical procedures such as applying dressings.
should be worn at all times during service user contact and should be changed between service users. On no account should staff attempt to wash and reuse the gloves.

- Non-sterile gloves are provided for non-clinical procedures.
- The responsibility for ordering and ensuring that supplies of gloves and aprons are readily available and accessible lies with the main office.

**Cleaning and Procedures for the Cleaning of Spillages**
- Staff should treat every spillage of body fluids or body waste as quickly as possible and as potentially infectious.
- When cleaning up a spillage staff should wear protective gloves and aprons provided.
- Ensure people in the surrounding area are made aware there maybe wet floors

**Reporting**
The Reporting of Incidents, Diseases and Dangerous Occurrences Regulations 1995, which place a duty on Premier Care (Plymouth) Limited to report outbreaks of certain diseases as well as accidents such as needle stick accidents. Records must be kept specifying dates and times and a completed disease or dangerous occurrence report form must be sent to the HSE. The Registered Manager is responsible for informing the HSE.

**Training**
All new staff should be encouraged to read the policy on Sharps & Needle-Sticks Injuries, Human Bites and Splashes Policy and infection control as part of their induction process. Existing staff should be offered training covering basic information about infection control.

All new staff will complete the Common Induction Standards (2010 Refreshed Edition) within the first 12 weeks of employment
Record of induction and ongoing training will be kept in the staff personal files.

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