

Needlestick and Sharps Safety

POLICY AND PROCEDURE

Background

Community acquired needlestick injuries in community support workers and nurses are a cause of significant anxiety. Occupational exposure to blood, body substances and needlestick/sharps injury in homecare settings has the potential to transmit blood-borne viruses (BBVs) such as hepatitis B (HBV), hepatitis C (HCV) and human immunodeficiency virus (HIV).

Purpose

This policy is intended to ensure all sharps/needles are risk assessed and where reasonably practicable replaced by a safety device in order to reduce the risk of exposure to blood borne viruses and transmission of these infections following needlestick or other exposures.

To control for the risk to support workers staff of needlestick or sharp injuries including risk of exposure to infection or disease such as HIV, Hepatitis and any other blood borne disease; to contain risk if it occurs.

Scope

This policy applies to all care staff including support workers, RNs, ENs, EENs and case managers as well as office staff who may come into contact with used or new needles/sharps in the office environment.

For the purpose of this policy sharps can include syringes, needles, razor blades, broken glass or any other sharp implement with the potential to cause a penetrating injury if not handled in a safe manner.

Sharps can be contaminated, particularly in a care situation, with many different types of micro-organisms and all sharps, unless their origin is known, should be treated as contaminated.

Responsibility and Authority

The Chief Financial Officer/Clinical Team Leader and Registered Nurse are responsible for supporting a culture of risk aversion when it comes to the delivery of clinical service and in facilitating and making available appropriate training and resources.

The CFO and Human Resource Manager is responsible for responding to all reported incidents under the Incident Management Policy.

All care staff (support workers, nurses, and case coordinators) are responsible for knowing and following these procedures.

Procedure

Note that a person who has an open wound/s is at greater risk from infectious agents.

If a person sustains a 'needlestick or sharps' injury:

- Remove any contaminated clothing.

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- Bleed out area if possible, wash the injured area thoroughly with soap and water. If the eye/s are involved, rinse with running water or saline solution. If soap and water not available use an alcohol hand rub solution
- Administer appropriate first aid for any bleeding or embedded object. Gain assistance from a first aid attendant as required.
- Identify the source of the sharp if possible and assess the risk status.
- All staff who sustain a sharps injury in which there is any risk of contamination must consult a general practitioner for assessment, advice and, if necessary, counselling.
- If a source is identified, they should be strongly encouraged to undergo blood testing.
- Report the incident to your supervisor and complete an incident report as soon as practicable. Staff may be asked to complete a Workers Compensation Claim.
- Remove the threat from the area if able to do so safely.
- **If the incident occurs after hours – follow the above procedure, if needing assistance dial the Subee Newlake after hours number 0418 425 504. After hours will escalate to management.**

Exposure classifications and risk factors

The general practitioner will assess the level of risk to determine further medical management.

In the case of massive, definite or possible parenteral exposure, the health status of the source individual should be investigated. If the status of the source individual is unknown, the following blood tests should be undertaken from the source following appropriate counselling: HIV antibody, Hepatitis B surface Antigen and Hepatitis C antibody. Testing should not be performed if consent is refused.

The recipient should be assessed and examined to confirm the nature and seriousness of the exposure and counselled about the possibility of transmission of a blood-borne virus.

Treatment for an exposure to possible or definite HIV, should commence as soon as possible after exposure. Immediate advice should be sought from your preferred doctor.

Management of exposure to definite or possible Hepatitis B is dependent upon whether the recipient has been previously vaccinated for Hepatitis B or been previously infected with it. When the recipient has not been previously infected and is not immune, Hepatitis B immunoglobulin should be given within 72 hours of injury. Hepatitis B vaccination should also be commenced.

If the source is unable to be identified, follow-up will depend on the type of exposure, the likelihood of the source being positive for a blood pathogen and the prevalence of blood-borne infections in the

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community from which the needles or instruments come.

The risk of tetanus should also be determined as the person may require either tetanus immunoglobulin, a course of adult diphtheria and tetanus (ADT) or an ADT booster.

Staff may also refer to the Needlestick Hotline on 1800 804 823 or the Needle Clean Up Hotline on 1800 633 353.

Refer to the Infectious Diseases outpatient clinic to provide an opportunity for questions and to plan follow-up investigations and vaccinations, if required.

Risk Assessment

The potential for needlestick or sharps injury should be identified as part of a risk assessment process, noting that only an RN can administer subcutaneous, intramuscular, and intravenous medication and injections.

The quality coordinator will review incident register and review current process and procedures to minimise risk to client and staff.

Reporting

If a client is known or suspected of exposure to injury this should be reported to your supervisor immediately.

All needle stick injuries to be reported to management, documented on the incident register, and complete an incident report.

Subee insurance company to be notified of potential injury claim by Human Resource Management.

Blood Borne Pathogens

If a client has been diagnosed with HIV, Hepatitis or any other infectious or blood borne pathogen this should be identified in the risk assessment, within privacy and confidentiality guidelines. Staff should follow guidelines as per the Infection Control and Waste Management Policy and speak to their supervisor if unsure.

Related and Support Documentation

Risk Assessment
Incident Reporting Policy
Incident Form
Infection Control Policy
Waste Management Policy
Clinical Governance Policy

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