



Onchan District Commissioners

Aim:

To ensure safe practices are operated.

NEEDLE STICK INJURIES POLICY

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Policy Review - History:

Please be aware that a hard copy of this document may not be the latest available version, which is available in the Authority's document management system, and which supersedes all previous versions.

Those to whom this policy applies are responsible for familiarising themselves periodically with the latest version and for complying with policy requirements at all times.

Effective from:	Replaces:	Originator:	Page X of Y
July 2020	New	Chief Executive/Clerk	1 of 10
Board Ratification:		29/06/2020	

History or Most Recent Policy Changes – MUST BE COMPLETED		
Version:	Date:	Change:
1	25/06/2020	New Policy



Needlestick Clearance and Reporting Procedure

1.0 Background

Needlestick injuries are injuries or skin punctures caused by hypodermic needles. The major risks to staff are those arising from the careless or malicious disposal of needles, with or without a syringe. Onchan District Commissioners has produced this procedure to ensure safe practices are operated.

Whilst this procedure primarily relates to needlestick finds, staff should follow the same procedure for any situations involving bodily fluid clearance.

2.0 Legal Requirements

The Control of Substances Hazardous to Health Regulations 2002 as amended (COSHH) apply to the risks of infection from needlestick injuries at work.

Onchan District Commissioners also has a legal duty carry out risk assessments and protect it's employees and others against risks that arise from it's activities. Needlestick injuries are one of those risks.

3.0 The Risks

The main risks from a needlestick injury are from the Hepatitis B and C and Human Immunodeficiency (HIV) viruses. The Hepatitis viruses are more infectious than HIV and can also be fatal.

The actual risk of an infection depends on:

- Whether the needle was used by a person infected with Hepatitis or HIV viruses.
- How much material enters the bloodstream. For example, a needle attached to a syringe containing blood is likely to present a higher risk than a detached needle.
- How long since the needle was discarded. Both Hepatitis B and HIV can survive for weeks or months, particularly if not dried out.
- In the case of Hepatitis B, whether or not the injured person is immune.

4.0 Safe System of Work

4.1 Risk Assessment

All staff visiting properties are potentially at risk. Any information about previous needle finds, or known intravenous drug use (both legal and illegal) in tenants' homes, hostel accommodation and guest rooms will be particularly relevant to the assessment.

Line managers are responsible for ensuring their staff are aware of the risks and that these risks are reviewed following a needlestick incident or on an annual basis as part of the job based risk assessment review or more following any incident.

4.2 Control Measures

To reduce to risk staff should follow a safe system of work. Specifically they should:

- Prior to visiting tenanted properties make themselves aware of any previous reports regarding sharps or intravenous drug use amongst the tenants.
- When inside the property if they suspect hypodermic use, they should only sit on hard surfaces. They should avoid sitting on soft furnishings that could conceal needles.
- Be observant and look out for the signs that drugs may have been used in the property or area.
- Never use their bare hands to clear rubbish or put their unprotected hands where they cannot see them, such as in soil drains and inside bins, etc. Clearing rubbish includes moving rubbish and furniture to enable closer inspection for defects.

4.3 What to do if you find a needle

Information on where needles are seen is important for an effective risk assessment and report. It will help to identify those groups at particular risk and enable preventative controls to be put in place. Employers can only conduct an informed risk assessment if all incidents of needlestick injury, and all cases of discarded needles being found, are reported and recorded using the inhouse Accident, Incident and Near Miss reporting procedure.

It is important to record where needles are found so that the higher risk areas can be identified. This information should be recorded on the inhouse Accident, Incident and Near Miss form and sent to the District Surveyor in line with the procedure. The Housing Manager should be contacted so that the information can be added to the relevant tenancy record to be updated.

a) In a Void Property

The void inspection process requires inspecting staff to undertake a visual check for evidence of risk. Any needles found during the void inspection **must** be cleared by a trained clinical waste team. No further inspection or work should continue or re-commence until the clinical waste cleansing process is complete. The Property Maintenance Manager should be contacted to raise and order through our repairs system for a clinical waste contractor to carry out the clearance work. The inhouse Accident, Incident and Near Miss record form should be completed and the Housing Manager contacted so the relevant tenant record can be updated.

b) In a Tenanted Property

It is not appropriate for staff to comment on the disposal and safety standards adopted by tenants in their own home while still in the property. It is appropriate for members of staff to comment and leave the property if indications are that remaining in the property constitutes an unacceptable risk. The finder must report any needles found when returning to the office by notifying their line manager and completing an inhouse Accident, Incident and Near Miss reporting form. The District Surveyor and Housing Manager should also be informed so an appropriate record is made to ensure subsequent visits are undertaken only after an accurate and informed risk assessment is made.

c) **In Sheltered Housing Schemes**

In addition to completing the reporting procedure and instigating the clearance procedure, the finder will notify the appropriate member of staff if available.

d) **Out of Hours Finds**

Where the location of the find necessitates immediate action, only staff or Contractors who have received training in safer removal procedures, should take action to ensure safe temporary disposal. The incident should also be reported to the appropriate Manager as soon as possible.

Only staff who have been trained in safe removal procedures should attempt to clear sharps. Awareness and removal training is available inhouse please see the District Surveyor for more information.

5.0 Contractors and Ordering Work

All of the guidance is mirrored by guidance given to all contractors working for Onchan District Commissioners.

The needle reporting system requires Onchan District Commissioners to pass on any finds to other agencies visiting our property at our request. Needlestick finds that are reported will be recorded on our systems and contractor made aware on job tickets through the AVO (accompanied visits only) procedure. They will need to adopt their own safe working practices, and to share needlestick injury awareness.

6.0 Identifying Potential Hazards

Identified staff will be given the appropriate training so that they can identify areas of potential hazard and know the appropriate response.

7.0 First Aid for Needlestick Injuries

In the event of a Needlestick injury occurring the following actions should be taken:

- Encourage the wound to gently bleed, ideally holding it under running water
- Wash the wound using running water and plenty of soap
- Do not scrub the wound whilst you are washing it
- Do not suck the wound
- Dry the wound and cover it with a waterproof plaster or dressing
- Seek urgent medical advice, as effective prophylaxis (medicines to help fight infection) are available
- Record the incident and the action taken.
- A protective injection against Hepatitis B can be given but needs to be done within 48 hours.

8.0 Support for those at particular risk

It is not recommended that all employees should be vaccinated against Hepatitis B, because the emphasis should be on preventing exposure. However, vaccination for any high-risk staff identified by their job based risk assessment (generally those with risk of frequent exposure) should be considered. The risk assessment procedure will identify employees who are at a particular high risk. Employees who want to know more about vaccination should talk to their line manager in the first instance.

It can be a very worrying time for individuals who receive a needlestick injury. A counselling service is available to provide support for the individual at this time.