

Needle Stick and Contamination Injury Procedure

1 Purpose of the Procedure:

- 1.1** Bradford Metropolitan District Council (BMDC) will comply with its legal duty to prevent or adequately control the risks to its employees and others, of acquiring blood-borne viruses (BBV's) as a result of their work activities in line with the Control of Substances Hazardous to Health Regulations (COSHH).
- 1.2** This procedure explains the responsibilities of managers and employees, what BBV's are, how they are spread and what to do in the event of a contamination incident.
- 1.3** This procedure outlines the procedure for deciding which job roles are at risk and should be immunised against Hepatitis B and Hepatitis A, including a declaration for those employees that do not wish to be vaccinated despite recommendation.

2 Responsibilities

2.1 Bradford Metropolitan District Council will:

- Provide managers with sufficient information to identify work activities and persons at risk from the transmission of BBV's.
- Provide managers with information about the transmission of BBV's and management standards for identifying the risks of exposure.
- Offer immunisation at no financial cost to those employees who undertake activities that may put them at risk of BBV's.

2.2 Managers will:

- Use information provided to them in section 3 of this document to assess the risk of transmission to employees and follow appropriate procedures.
- Inform employees of the level of risk in their work area.
- Provide employees with guidance and information to minimise the risk of needle stick / sharp injuries, and the action they should take of any contamination injury.
- Provide employees with standard infection control procedures to reduce the risk of transmission of BBV's.
- Ensure all staff operate with good hygiene practices and safe systems of work.
- Ensure any contamination incident is reported to Occupational Safety and Employee Health.
- Ensure any injured employee seeks immediate medical advice at the nearest accident and emergency department.

2.3 Employees will:

- Make full use of any appropriate system of work provided for them.
- Report any contamination incident to their line manager.
- Take reasonable care of themselves and others at work.
- Follow the guidance in Appendix 1 should a contamination incident occur.

3 Guidance for managers:

For an introduction into what BBV's are and how they are spread please see appendix 1. (Information on BBV's)

3.1 Assessing the risk:

Questions to consider when assessing the transmission risk:

If the answer is yes to any of the questions below then Hepatitis B vaccination may be considered	
Is regular contact with blood or body fluids likely in the course of his / her work?	
Does the employee undertake high risk procedures involving skin penetration?	
Do any of the service users with whom the employee works have a known deficiency to their immune system?	
Are the service users in a high risk group and / or have unsafe lifestyle practices (such as drug addiction or unsafe sexual practices)?	
Is there a risk of the employee receiving a contamination injury from discarded or sharp's / hidden needles?	

3.2 Areas for consideration:

The list below outlines some environments where carelessly and maliciously discarded hypodermics may be encountered. This list is not exhaustive and the person assessing the risk should give due consideration to past incidents and experiences.

Area	Person at Risk
Toilets (Including waste bins)	Cleaning and servicing
Litter Bins	Cleaning and waste handling
Discarded litter (inside cigarette packets, sweet packets etc)	Cleaning and waste handling
Refuse sacks	Cleaning and waste handling
Temporary accommodation	Care workers, cleaning and servicing
Disused or vacated buildings	Building and cleansing workers

Housing including social policy	Officers, care workers, cleaners and servicing.
Recreational Areas: Parks, landscaping, children's playgrounds subways etc	Gardeners, grounds maintenance, cleaners
Lift shafts / Ducting	Maintenance engineers
End of life vehicles	Enforcement Officers
Sewers, gullies	Sewerage workers, cleansing workers, servicing
School playing areas	Pupils, teachers, site supervisors
Public Transport	Drivers, Cleaners and passengers
Bedding / Clothing	Laundry / dry cleaners
Mortuaries	Morticians / Technicians.

3.3 How to control the risk:

Once a potential risk has been identified the application and implementation of infection control measures and good hygiene practices should be observed.

The most relevant BBV hazards – Hepatitis B, C and HIV are easily destroyed once outside the body. To ensure this, employees should follow safe working practices when dealing with blood or body fluid spillages.

Where there is a risk of exposure to BBV the following measures to prevent or control risks have been abridged from the HSE's guidance but you may need to adapt them to your local circumstances in ensuring safe systems of work.

- prohibit eating, drinking, smoking and the application of cosmetics in working areas where there is a risk of contamination.
- prevent puncture wounds, cuts and abrasions, especially in the presence of blood and body fluids.
- when possible avoid use of, or exposure to, sharps such as needles, glass metal etc, or if unavoidable take care in handling and disposal.
- consider the use of devices incorporating safety features, such as safer needle devices and blunt-ended scissors.
- cover all breaks in exposed skin by using waterproof dressings and suitable gloves.
- protect the eyes and mouth by using a visor/goggles/safety spectacles and a mask, where splashing is possible.
- avoid contamination by using water-resistant protective clothing;
- wear rubber boots or plastic disposable overshoes when the floor or ground is likely to be contaminated;
- use good basic hygiene practices, such as hand washing;
- control contamination of surfaces by containment and using appropriate decontamination.
- dispose of contaminated waste safely.

For a checklist for managers following the identification of transmission of BBV's please see appendix 3.

3.4 Vaccination against Hepatitis B and Hepatitis A

Protection against Hepatitis B and Hepatitis A is enhanced by vaccination. Employees who, as a result of their occupation is considered to be at greater than normal risk should be offered the vaccination program, where the risk assessment has identified they work in a high risk area.

Employees declining any vaccination offered must complete the disclaimer form in Appendix 2. This disclaimer will be kept on the employee's Occupational Health notes and the line manager will be made aware.

References:

HSE document "Blood-borne viruses in the workplace"
www.hse.gov.uk/pubns/indg342.pdf

Advice from the Health Protection Unit regarding first aid following an exposure to a BBV: http://www.hpa.org.uk/infections/topics_az/bbv/pdf/poster.pdf

RIDDOR: www.riddor.gov.uk

UNISON "Needle stick Injuries: a guide for local government safety representatives"
www.unison.org.uk/acrobat/10840.pdf

Appendix 1.

Employee Factsheet blood- borne Viruses in the Workplace

What are blood-borne viruses?

BBVs are viruses that some people carry in their blood and which may cause severe disease in certain people and few or no symptoms in others.

The virus can spread to another person, whether the carrier of the virus is ill or not.

The main BBVs of concern are:

- ❖ Hepatitis B virus (HBV), hepatitis C and D virus, which all cause hepatitis, a disease of the liver;
- ❖ Human Immunodeficiency Virus (HIV) which causes Acquired Immune Deficiency Syndrome (AIDS), affecting the body's immune system.

How can BBVs be spread at work?

Infection from BBVs can be transmitted between people by blood or other body fluids. For example:

- ❖ via blood or saliva contact into open wounds;
- ❖ from accidental penetration injury by contaminated needles, including needles discarded by injecting drug users;
- ❖ accidental penetration injury during clinical procedures involving sharps e.g. diabetes blood sugar level lancets

What to do if you find a discarded needle or syringe

Finding a used needle or syringe can be worrying. Although there is little risk of contracting HIV infection, there is a very small chance that any cut or injury caused by a used needle could result in Hepatitis B, Hepatitis C, tetanus or similar infection.

Children should be told to immediately inform an adult if they find a discarded needle, but not to touch or play with it.

How to dispose of used needles and syringes

1. Find a container, e.g. a coke can/bottle, or glass jar with a secure lid. The container needs to be made of strong material that is unable to be pierced.
2. Wear thick gloves (e.g. gardening gloves) when handling needles or syringes.
3. Take the container to the needles and avoid carrying used needles around. Pick up and hold the syringe by the base and not the point of the needle.
4. Once you have safely secured the needle and syringe, you can take them to a needle exchange pharmacy, GP, The BRIDGE Project or Project Six where they will be safely disposed of.
5. In the event of finding a number of needles please call 01274 431000

What to do in the event of a contamination (Bite, Splash, Sharp or Needle stick) injury

Run the wound under a running tap of warm water for at least 5 minutes encouraging the wound to bleed; **do not suck the wound.**

Cover with a waterproof dressing.

Attend your nearest Casualty or A&E, giving details of the injury. You should follow any advice given.

Report the incident to your manager, who must ensure that the incident is reported to Occupational Safety and Employee Health and Wellbeing.

Personal Responsibility

It is very unlikely that you will become infected through everyday social contact with another worker who has a BBV.

You have a duty to take care of your own health and safety and that of others affected by your actions.

You should cooperate with your employer and make full use of control measures put into place to reduce the risks.

You are not obliged to disclose if you have a BBV or to take a medical test for it.

If an employee is known to have a BBV, this information is strictly confidential and must not be passed on to anyone else without the employee's permission.

Appendix 2

Hepatitis B / A Vaccine Declaration

Name:	OHN:
D.O.B:	Job Title:
Department:	Directorate:
Line Manager:	
<p>Disclaimer:</p> <p>I have received the information on Hepatitis B / A* and have been verbally advised of the risks of contracting Hepatitis B / A*.</p> <p>Following a review of all the facts, I have made a conscious decision not to be vaccinated at Bradford District Metropolitan District Council. I understand that universal precautions should be adhered to and that I must report any contamination incidents to Occupational Health.</p> <p>* Delete as appropriate</p>	
Signed	Date

Appendix 3

Manager's checklist following the identification of risks of transmission of blood-borne diseases at work

1	Awareness
a	Have employees received knowledge of risks of blood borne diseases associated with their work activities?
b	Have employees received training in good hygiene practices to reduce risks?
c	Have employees received appropriate information about risks?
d	Have employees received instruction and training specific to their work activities, and is this reinforced as and when necessary?
e	Can first aid procedures be carried out with minimal risk?
2	Inputs from Health Professionals
a	Has the Council's Employee Health and Wellbeing Service been consulted about control measures to reduce the risk?
b	Have you considered whether to approach healthcare professionals to provide training for employees who are required to undertake high-risk activities?
3	Provision of suitable equipment
a	Do employees have a sufficient stock of any equipment needed, including personal protective equipment?
b	Is replacement / additional stock provided without delay?
c	In non-care Service areas, do you ensure that staff have access to 'Body Fluid Spillage Kits'?
d	Has the Employee Health and Wellbeing Service advised on the suitability of equipment provided?
e	Where a procedure is to involve equipment provided by another party e.g. a parent, then has their agreement to provide the equipment been acknowledged as consent?
4	Provision Of Good Working Facilities
a	Do standards of design and construction of premises facilitate high standards of hygiene?

b	Is hygiene and cleanliness at the premises maintained to a high standard?
c	Are cleaning standards monitored and records kept of deficiencies/actions?
d	Are good hand washing facilities easily accessible to employees?
e	Are facilities and equipment provided to ensure spillages are dealt with safely and promptly?
5	Provision of any necessary personal protective clothing and equipment
a	Is any required personal protective equipment identified and provided to employees?
b	Are employee's clothes protected from soiling through the provision of appropriate protective clothing e.g. aprons?
c	Are sufficient stocks of suitable disposable gloves and aprons provided at all times?
d	Is the use of protective clothing and equipment subject to normal supervision?
6	Arrangements for the storage of sharps
a	Are clean sharps stored in a secure place?
b	Are used sharps always disposed of in a "Sharp's Bin"?
c	Do employees have a safe system of work to collect discarded sharps needles?
d	Is a "Sharps Collection Kit" available at any locality known to have a high risk of discarded needles?
e	Do you have a sufficient supply of Sharps Bins?
7	Arrangements for the removal and disposal of contaminated wastes
a	If your establishment generates contaminated waste, is it stored safely in solid-sided bins until collected?
b	Is there a holding area where full Sharps Bins can be kept?
c	Do you have a contract for regular collection of contaminated wastes by a competent, authorised service provider?