Sharps Safety Awareness

What is a Sharp?

Any of the following.

<table>
<thead>
<tr>
<th>Hyperdermic Needle</th>
<th>Knife</th>
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<tr>
<td>Scalpel</td>
<td>Broken Glass</td>
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<tr>
<td>Bone Fragments &amp; Plant Thorns</td>
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What are the dangers?

A cut or puncture wound from a ‘sharp’ can result in exposure to any harmful substance that the sharp may be contaminated with, such as a toxic chemical, radioactive or biological material. If the sharp has been used in association with blood/body fluid/tissues or cell lines there is a risk of infection with a blood borne virus such as Hepatitis B or C and or HIV. If the sharp has not been used for any of the above but is ‘dirty’ then there may be a risk of other infections such as Tetanus. Plant thorns may also transmit infections such as Tetanus.

What can you do to ensure you are safe?

The Control of Substance Hazardous to Health Regulations set out a hierarchy of control measures that should be followed. Avoid use of sharps wherever possible especially where processed involve the use of infectious or harmful substances. For example in areas where human tissues or cell lines are used/cultured glass serological and Pasteur pipettes, flasks and tubes must be replaced with plastic.

Where use of sharps cannot be avoided then the following measures must be applied:

- **Substitute** traditional, unprotected medical sharps with a ‘safer sharp’ where it reasonably practicable to do so. The term ‘safer sharp’ means medical sharps that incorporate features or mechanisms to prevent or minimise the risk of accidental injury. For example, a range of syringes and needles are now available with a shield or cover that slides or pivots to cover the needle after use.
- Use disposable scalpel units to avoid having to remove blades from holders. If not practicable a safe blade removing device must be used.
- **Do not re-sheath/recap needles** as this can lead to
injury if worker holds the needle in one hand and attempts to place a cap on the needle with the other hand (so-called two-handed recapping). Needles must not be recapped after use unless the risk assessment has identified that recapping is itself required to prevent a risk (e.g. to reduce the risk of contamination of sterile preparations). In these limited cases, appropriate devices to control the risk of injury to employees must be provided. For example, needle-blocks can be used to remove and hold the needle cap and so allow safe one-handed recapping.

- **Never** pass sharps from hand to hand.
- When cutting use forceps and holding devices and cutting guards wherever possible to ensure fingers are kept away from blade.
- **Do not** pick up sharps by hand use a grabbing device.
- Wear disposable gloves when using sharps in association with infectious/hazardous material.
- Cut resistant gloves should also be considered. For post mortem or butchering operations a chain mail glove should be worn on the ‘non cutting’ hand.
- **Vaccination** - Individuals that work with human/primate material are strongly advised to have Hep B vaccination. Grounds maintenance workers should also have Tetanus vaccination.

**Disposal**

- **Safely dispose** of sharps in containers that conform to BS 7230. **Never** dispose of sharps into clinical waste bag or other waste.
- Dispose of needle and syringe as one whole unit
- **Do not** fill container above the fill line, when full lock container as per instructions and send for incineration
- Glass should be disposed of in an appropriate glass waste bin/container.

**Action in event of injury with contaminated sharp**

- Encourage wound to bleed. **DO NOT** suck
- Wash with soap under running water.
- Apply dressing
- Report to you manager and immediately go to A&E at QMC
- Inform Occupational Health ext 14329 at the earliest possible opportunity
- Complete University Incident Report