Sharps & Blood Borne Viruses (BBV)
Health & Safety Management Standard
Issue 3 (November 2015)

Introduction

This policy and associated guidance contains corporate standards, and provides the framework and tools for effective management of incidents which may potentially expose LCC Employees and Volunteers to inoculation incidents (which includes needle stick injuries) that could lead to a person contracting a blood borne virus (BBV). It is the responsibility of managers to ensure that any activities where there is a risk of exposure to infectious or contagious diseases are managed in line with this document (and any other guidance referred to herein) in any area/premises under their control.

This document must be read in conjunction with any additional guidance specific to divisional issues or activities

Managers’ Checklist – Sharps & Blood Borne Viruses (BBV)

The checklist given below identifies key actions involved in managing the health and safety risks arising from activities that may potentially expose employees and volunteers to sharp objects, such as needles, and Blood Borne Viruses (BBV). Further information on each of these points is contained in this document.

1. Are all activities with a potential risk of exposure to Sharps (i.e. needlestick injury) or blood borne viruses known and understood?

2. Has a risk assessment been carried out on activities that involve the risk of exposure to Sharps or blood borne viruses?

3. Do all staff and volunteers know what to do if they find discarded needles?

4. Are the usage and disposal procedures for managing Sharps known and implemented in accordance with this policy and guidance?

5. Do all Sharps Bins conform to UK standards and are they used and disposed of correctly?

6. Are staff aware of the immediate actions to take in the event of an inoculation incident?

7. Have all relevant staff been offered Immunisation(s) through the Councils Occupational Health provider where it is indicated as necessary by the risk assessment?

8. Is the LCC policy for the reporting of incidents involving sharps or exposure to BBV’s known and understood?

9. Have all staff and volunteers received appropriate information and training for the activities that potentially involves exposure to sharps or blood borne viruses?
Activities with the risk of exposure

Many sharp devices are used daily by service users in many different ways. However the greater risk of accidental injury comes from discarded or deliberately hidden hypodermic needles.

The risk of acquiring a BBV through occupational exposure is moderate, however the impact on the individual can be serious. Apart from the obvious physical attributes of acquiring a BBV, there is the potential for a significant impact on the mental health of an employee affected by an accident involving a BBV as a result of a needlestick injury.

Transmission of a BBV is varied, however the most common cause is by way of a needlestick injury, known as an inoculation incident. This is defined as a needle or other sharp object contaminated with blood or other body fluid which either penetrates the skin or mucous membrane. It should be noted that this also includes human bites.

Examples of jobs or tasks or venues where this risk could be present include:

- Hostels;
- Schools;
- First aid;
- Elderly persons homes;
- Local authority services (street cleaning/park maintenance/refuse disposal/public lavatory maintenance);
- Building Cleaning;
- Plumbing;
- Social services;
- Environmental Crime;
- Street Wardens.

Risk Assessments

The risks from infection at work can be dealt with in the same way as any other health and safety hazards - through completing a risk assessment. The corporate policy on hazardous substances says that a risk assessment must be completed for all work activities where employees may come into contact with micro-organisms at work.

Various factors need to be considered in assessing the risk. The key points are:

- Where the organism may be present, e.g. in an animal, person or environment;
- How employees may be exposed, e.g. direct skin contact and/or inhalation;
- What effects it may have, e.g. infection, cause allergies;
- Exposure, i.e. frequency of contact taking into account the systems of work and protective measures in place;
- Who is at risk, e.g. employees, visitors, service users;
- Employees who may be at greater risk, e.g. vulnerable staff;
- Practical control measures, e.g. providing information and training, monitoring exposure and carrying out immunisation and/or health surveillance where the assessment shows that these are required;
- The hierarchy of control must include elimination, safe procedures, engineering controls and personal protective equipment.

The above list is not all-encompassing and there may be other significant hazards, such as manual handling, that will need to be included in the assessment.
Once completed, the significant findings must be communicated to the persons carrying out the operation or task and the assessment must be reviewed at least every 12 months in accordance with the principles set down in the Leicester City Council Health & Safety Management Standard ‘Health & Safety Risk Assessment’.

What to do if you find a discarded needle.

Hypodermic needles can be found discarded almost anywhere, sometimes singly or in great numbers.

Whenever they are sighted, great care needs to be taken to ensure that people do not come into contact with them without warning. Whenever one is sighted, suspect that others may be hidden in the same area.

The city council will clear away discarded hypodermic syringes and needles from high risk public areas within two hours, this includes schools and shopping centres. Area of low risk will be cleared of offending items within 24 hours.

When sharps are found the following procedure is to be followed:

• Do not touch the item or items;

• If there is something to hand that you can put on top of it to stop others from getting to it, for (e.g. a cone or a box) please do so;

• Telephone: (0116) 454 1002 giving the details as accurately as you can about what you have found and where - including (looking from a distance) whether it is used or unused.

In all situations where sharps are found, it is the responsibility of the finder to ensure that other persons are not put at risk in the period between finding and collection.

In some workplaces, such as homelessness hostels, there is a high risk that sharps (which have been discarded, secreted or left lying around by residents) may be found by employees during cleaning or maintenance work. In these workplaces the manager must produce a written procedure for dealing with sharps, which all employees and visitors are to be made aware of. Sharps boxes are to be readily available to residents who have a legitimate reason (prescribed use) for using hypodermic syringes. Employees are to receive training on safe handling and the measures to be taken to protect them from harm.

Whenever employees carrying out maintenance or other work discover sharps, unexpectedly, they are to stop work and inform their supervisor who is to comply with the paragraph above.

Where employees regularly encounter sharps, such as Parks and Open Spaces, arrangements should be made for these to be trained and equipped with sharps boxes and removal kits. Arrangements will also be required for the safe disposal of full boxes.

Care must be taken when clearing waste or rubbish left by residents/members of the public. A visual inspection should be carried out prior to any removal work to identify any hidden sharps. If found work is to stop work immediately and the paragraph above is to be complied with.
Use and Disposal of Sharps

Staff must have available the resources and competencies required to correctly use and/or dispose of any sharp object in a way that will prevent injury to themselves or others.

It is the responsibility of the user of a sharp object to dispose of it themselves and it must not be handed to anyone else for disposal. Any used syringes and needles must not be re-sheathed by hand prior to disposal.

A sharps bin must be taken to the point of use wherever possible and any sharps must be disposed of at the point of use, or in the case of urban clearance, sharps boxes must be taken to the area that is being cleared.

Sharps Bin Compliance

Sharps Bins must be assembled correctly in accordance with the manufacturers’ instructions. All receptacles must meet an approved UK standard. A label affixed to the bin must display a CE and appropriate standard mark i.e, UN 3291 (1997) and/or BS 7320 (1990). Other requirements of a Sharps Bin include:

- The capacity must be sufficient for its intended use;
- It must be taken to or kept at the point of use, close to where medical sharps are used;
- It must be labeled when in use to identify the date it was opened, section or team using it and date of disposal;
- When not in use the closure aperture must be shut but not locked;
- It must not be overfilled and in all cases must not be filled to more than 2/3 capacity or over the intended limit set by the manufacturer. This is usually indicated by a line on the label attached to the bin;
- Blood contamination on the outside of the Sharps Bin must be disinfected prior to disposal;
- Once it has been locked for disposal it must be signed and dated by the person locking the bin;
- It must be disposed of by arranging for a clinical waste contractor to collect and ultimately incinerate the Sharps Bin. A Waste Transfer Note must be kept for audit purposes.

Inoculation Incidents

The most common inoculation incident comes from a sharps injury where a needle or other sharp contaminated with blood or other high risk body fluid penetrates the skin. However, this can also include bites from an infected person, which breaks the skin.

Inoculation incidents involving the potential for injury may be caused by:

- Needlestick or sharp injury with a used needle or instrument;
- Body fluids entering uncovered cuts or breaks in the skin;
- Bites and scratches;
- Splashes in the eye and/or mouth.
Immediate Actions in the event of an Inoculation Incident

Immediately stop work.

DISPOSE of the causative sharp safely and attend to the injury.
BLEED IT by applying gentle pressure - do not suck.
WASH IT well under running water and wash with soap – do not scrub.
COVER IT – dry and apply a waterproof plaster.

If blood and body fluids splash into the mouth, do not swallow. Rinse out the mouth several times with cold water. If blood and body fluids get into the eye, irrigate with cold water.

Notify your line manager of the sharps incident

Attend Leicester Royal Infirmary Accident and Emergency department for treatment which may include Post Exposure Prophylaxis (PEP). PEP is a treatment that may prevent HIV infection even after the virus has entered the body.

Other useful information about Post Exposure Prophylaxis (PEP):
- It could stop someone getting HIV;
- It involves taking anti-HIV drugs for 4 weeks;
- It must be started as soon as possible after unsafe sex or a condom not working – and definitely within 72 hours (3 days);
- There are side effects;
- PEP isn’t guaranteed to work.

The manager will:
- Initiate an investigation into the cause of the incident and complete/review any relevant risk assessment(s);
- Contact the Council’s Occupational Health Provider for follow up action/treatment as necessary;
- Contact Corporate Health and Safety Team to review the activity controls;
- Offer counselling service AMICA to the employee;
- Ensure an online SO2 Incident report is completed immediately and an investigation is undertaken within 3 days.

The Council’s Occupational Health provider will:
- Discuss their immune status with the employee;
- Offer the employee the chance to have their blood tested and stored if required;
- Seek further advice from the microbiologist as to whether further treatment is required.

Persons who have received a sharps injury may be subjected to a great deal of stress and may need counselling, especially during the period prior to testing and afterwards if there is a positive result.

Immunisation

The need for staff to be immunized is determined by the risk assessment process.

Immunization is a supplement to reinforce other control measures. Staff groups identified by the risk assessment process as requiring immunization will have vaccines made available to them free of charge.
The line manager should book their employees vaccinations via the Council’s Occupational Health provider.

**Reporting of Sharps Injuries and Exposure to BBV’s**

All accidents involving Sharps & BBV must be reported by completing an online SO2 Incident report whether a near miss or resulting in injury.

There is a requirement in the Reporting of Incidents, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) for employers to report certain illnesses as detailed in Schedule 3. The Health and Safety Executive (HSE) require that it must be notified if the sharp causing injury is known to present a risk of infection or where an employee has been infected, if it is reliably attributable to their work.

**Information and Training**

Staff identified as being potentially at risk from infection and who deliver ‘personal care’ must receive information and training on the Infection Control Policy and standard precautions at their induction. This must be reviewed on a regular basis.

LCC recognises that there is a need to ensure awareness amongst employees on the relevance and application of this policy.

Training to include:
- Checking Sharps Bin conformity with standards;
- Assembling Sharps Bins;
- Safe Disposal of all Sharps;
- Collection and disposal of discarded needles in public places;
- Immediate actions in the event of a needlestick injury;
- Who to inform and how to access emotional support;
- Formal training delivered by medical specialists.

**Applicable Legislation**

The Health and Safety at Work etc. Act 1974 (HASAWA) is the basis of all health and safety legislation and sets out the legal duties, which employers have towards employees and others, and employees have to themselves and each other.

The Management of Health and Safety at Work Regulations 1999 place an obligation on employers to carry out a suitable and sufficient assessment of the risks to staff while they are at work.

The Control of Substances Hazardous to Health Regulations 2002 details the key points that organisations need to follow to help prevent or adequately control exposure to substances that may be detrimental to the health of employees.

The Health and Social Care Act 2008 states that all providers must have in place a current policy which is evidence based. It must include an explanation of the providers training programme in prevention and management of needlestick injuries, advice following occupational blood exposure and clear information to staff about reporting incidents and the subsequent actions to take if there has been an exposure or potential exposure to BBV’s.