Use instruments rather than fingers for retraction, and for holding tissues while suturing.

Let falling objects fall. Don’t try to catch falling instruments or glassware, and stand well clear of them. It’s better to clean up a mess or replace an instrument than to risk injury and infection.

Dispose of sharps immediately at the point of use using a sharps bin. Plan your work: take the bin to the sharp - NEVER carry sharps across a clinical area, NEVER pass sharps from hand to hand.

Sharps bins must be correctly assembled. Do not overfill sharps containers. Always check that your sharp has gone into the bin properly and the temporary closure is used at all times.

Clear up spillage of blood promptly with paper towel and disinfect surfaces wearing appropriate PPE.

Do not wear open footwear in work situations where bodily fluids may be spilt, or where sharp instruments or needles are handled.

Administrative controls: These are all about identifying and implementing the procedures you need to work safely. Trust policy, this leaflet and your ongoing training form part of this.

Personal protective clothes and equipment: Only after all the previous measures have been tried and found ineffective in controlling risks to a reasonably practicable level, must personal protective equipment (PPE) be used.

Wear gloves where contact with blood can be anticipated.

Wear gloves when cleaning equipment prior to sterilisation or disinfection, when handling chemical disinfectant and when cleaning up spillages.

Wear eye/face protection in situations where splashes and aerosols may be generated. Make sure you know where this is stored in your department.

PPE must only be used for one patient and one task only. Try to dispose of the PPE at point of use.

Follow safe procedures for disposal of contaminated waste.

Further Information

If you need any further advice or information contact your Health and Safety Advisor (2976), Occupational Health (2270) or Infection Control (4969).

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Needlestick and other sharps injuries are a serious hazard in any healthcare setting, but are often preventable.

Contact with contaminated needles, scalpels, broken glass, and other sharps may expose healthcare workers to blood and other body fluids that contain pathogens which pose a grave, potentially life changing event.

This leaflet aims to help you reduce the likelihood of getting or being exposed to Needle Stick Injuries (NSI) through examples of good practice in use, handling and disposal of sharps.

**What is a Needle Stick Injury?**

A sharps injury is an incident, which causes a needle, blade (such as scalpel) or other medical instruments to penetrate the skin. This is sometimes called a percutaneous injury.

It can also be a splash to mucous membranes (i.e., mouth or eye) or skin cuts and scratches with blood or body fluids this also includes human bites and scratches that break the skin and mucosal surfaces, such as eyes or mouth

**Exposure Prone Procedures (EPP’s).**

EPP’s are defined as activities where there is a risk that injury to you may result in exposure of the patient’s open tissue to your blood, e.g. Where your gloved hands may be in contact with sharp instruments, needle tips or sharp tissues inside a patient’s open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times. Such procedures occur mainly in surgery, obstetrics, gynaecology, dentistry and Emergency Department.

**How do I reduce the risk?** Risks should be reduced to the lowest reasonably practicable level by taking preventative measures, in order of priority—these are:

**Elimination:** Avoid sharps usage where possible. Where sharps usage is essential, exercise particular care in handling of all items.

**Substitution:** Replace the material or process with a less hazardous one. Ask yourself: do I NEED to use a sharp for this task? Can I use something less harmful?

Use a safe sharp version whenever they are available.

**Engineering controls:** Separating the hazard from users.

Wash your hands with soap and water before and after contact with each patient, and wash your hands with soap and water after removing gloves, or use gel when appropriate.

Cover existing wounds, skin lesions and all breaks in exposed skin with waterproof dressings. If hands are extensively affected seek advice from Occupational Health.

**Specific Guidance if you work in theatre:**

Have no more than one person working in an open wound/body cavity at any time [unless essential to the safe outcome of an operation].

Use a ‘hands-free’ technique where the same sharp instrument is not touched by more than one person at the same time, prohibit hand to hand passing of sharp instruments during an operation.

Use appropriate instruments to handle needles and to remove scalpel blades, rather than hands.

Direct sharp needles and instruments away from own non-dominant, or assistant’s hand.

Remove sharp suture needles before tying suture; tie suture with instruments rather than fingers.

Avoid scalpel injuries associated with assembly/disassembly, by using scalpels which are either disposable, have retractable blades or which incorporate a blade release device.

Consider double gloving with a larger pair of gloves innermost for optimum comfort. Double gloving does not prevent sharps injury but has been shown to effect up to a six-fold decrease in inner glove puncture. In the event of percutaneous injury, the volume of blood transmitted may also be reduced due to the enhanced wiping effect of two layers of glove [HSC 1998].

Consider replacing the use of blades with laser surgery or electrocautery devices to be used as cutting devices.

Consider the use of blunt-tipped needles, stapling devices or skin glue as they are all safer alternatives to sharp suture needles.

Use a sharps disposal device [sharps pad] for checking/counting of all sutures and scalpel blades during surgery.

Assure safer passage of necessary sharp needles and instruments via a ‘neutral zone’ and announce when a sharp instrument is placed there. The ‘neutral zone’ may be a tray, kidney dish or an identified area in the operative field.

Ensure that scalpels and sharp needles are not left exposed in the operative field, but always removed promptly by the scrub assistant having been deposited in the neutral zone by the operator or assistant.