Sharps can be:

- Needles
- Blades eg scalpels, microtome blades
- Other (medical) instruments that could cause an injury by cutting/pricking the skin

Items such as glass coverslips, microscope slides, glass pasteur pipettes etc can also be ‘classed’ as sharps.

A sharps injury is:

An incident which causes the above to penetrate the skin: a percutaneous injury. The sharp may be sterile or contaminated with, for example, chemical, radioactive or biological material.

Risks from sharps injuries must be properly assessed and effective control measures put in place before work begins. It is essential that this includes the action to be taken should a needlestick injury occur.

Healthcare workers have specific duties placed on them but these should also be practised generally where possible at UofG.

Safe practice:

a) Avoid the unnecessary use of sharps. Needles, scalpels etc are essential tools, but they should only be used where required.

b) Where not reasonably practicable to avoid the use of sharps, safer sharps (incorporating protection mechanisms) should be used if possible.

c) Needles must not be re-capped unless the risk assessment has identified re-capping is required to prevent a risk.

d) Appropriate secure sharps disposal containers must be used and located close to the work area at a suitable height.

e) Information and training on the prevention of sharps injuries must be given to all users.

f) If injury occurs follow First Aid procedure (see First Aid and Follow Up section) – notify the relevant Occupational Health Unit/s (OHU) and Safety and Environmental Protection Service (SEPS). Incidents must be recorded and investigated.

What is the risk?

Of most concern in healthcare and human tissue work is the potential exposure to blood-borne viruses (BBV) namely:

- Hepatitis B (HBV)
- Hepatitis C (HCV)
- Human Immunodeficiency virus (HIV)

Or in the laboratory setting:

- Injection of chemical/radioactive/biological material
- Infectious agents
- Tissue from experiments
- Unscreened human blood

Who is at risk?

- Those who directly handle the sharps eg vets, doctors, laboratory workers
- Cleaners/caretakers plus other staff, students or public (those put at risk when sharps are not stored or disposed of correctly)
- Human volunteer subjects in the laboratory
Control measures

There is a higher risk of infection from hollow bore needles. Higher risk procedures include intra-vascular cannulation, venepuncture winged steel-butterfly needles, needles and syringes and phlebotomy needles.

Safer sharps should be used for these higher risk activities where there could be exposure to human blood/ infectious material/ chemical/ radioactive/ biological material which could cause harm.

- Avoid sharps use wherever possible and use safer needles
- Use safety devices for high risk activities
- Do not re-cap needles unless risk assessment details this
- Wear appropriate Personal Protective Equipment including sharps-resistant gloves if necessary
- Change gloves after each patient/procedure
- Wash hands after removing gloves
- Cover all exposed broken skin with secure waterproof dressing
- Hepatitis B vaccination if work includes exposure to blood or human tissues
- Safe disposal
- Information and training

Safe disposal

a. Always discard used sharps directly into an approved disposal container, immediately after use. Sharps disposal boxes come in many sizes, including small portable ones.

b. Do not re-cap, bend or break needles/sharps. Wear suitable gloves when handling sharps. Use appropriate care and attention.

c. Wherever possible, take sharps disposal box to point of use.

d. Do not overfill disposal boxes. Close securely and change when three-quarters full.

e. Sharps containers awaiting final disposal must be securely closed, labelled with the name of the person responsible for them, dated and stored in a secure location.

f. Used sharps bins are classed as clinical waste and must have a clearly defined appropriate disposal route to incineration.

g. Report all sharps-related injuries/incidents on a University accident/incident form once you have contacted OHU for advice.

First Aid and Follow Up

If someone gets an injury from a sharp which may be contaminated:

1. Encourage the wound to gently bleed, ideally holding under running water. Do not suck.

2. Wash wound using running water and soap. Do not scrub.

3. Dry and cover with waterproof plaster/dressing.

4. Report to your placement supervisor/line manager and immediately go to A&E (at the placement location/closest hospital to the workplace).

5. Students on placement follow up with the placement OHU and inform UofG OHU the next working day. Other staff and students follow up with UofG OHU. Course delegates follow up with employer OHU or GP.

6. Report the injury/incident to Safety & Environmental Protection Service.

Useful Reference Material

Health and Social Care Services Sharps Injuries
www.hse.gov.uk/healthservices/needlesticks


Sharps Safety
RCN Guidance to support the implementation of the Health and Safety (Sharp Instruments in Healthcare Regulations) 2013 http://www.rcn.org.uk/__data/assets/pdf_file/0008/418490/004135.pdf

Contacts

<table>
<thead>
<tr>
<th>Occupational Health Unit</th>
<th>Safety &amp; Environmental Protection Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>63 Oakfield Avenue</td>
<td>Isabella Elder Building</td>
</tr>
<tr>
<td>University of Glasgow</td>
<td>University of Glasgow</td>
</tr>
<tr>
<td>G12 8LP</td>
<td>G12 8QQ</td>
</tr>
<tr>
<td>Tel: +44 (0)141 330 7171</td>
<td>Tel: +44 (0)141 330 5532</td>
</tr>
<tr>
<td>Email: <a href="mailto:ohu@admin.gla.ac.uk">ohu@admin.gla.ac.uk</a></td>
<td>Email: <a href="mailto:safety@glasgow.ac.uk">safety@glasgow.ac.uk</a></td>
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