Policy for Needle stick injuries

Purpose	Protection of faculty, students and staff from injuries that could result in exposure to blood borne pathogens
Prepared by	Pathology Department/Administration
Reviewed By	Director medical Education
Approved By	Principal
Custodian of the Policy	Administration
Total Pag	3

SCOPE

This policy aims to provide the students and staff of QAMC with clear guidance on the steps to be taken in the event of a needlestick or similar injury. It is also important to emphasize that prevention of these injuries through the safe handling and disposal of sharps is extremely important.

Definitions

Needlestick –

Any sharp object or material which punctures the skin and may be contaminated with blood or body fluid. This can include hollow bore hypodermic needles, solid instruments like a scalpel or suture needle, razors, sharp pointed surgical or dental instruments and sharp tissue such as bone or teeth.

• **Similar injuries** –

Blood or other high risk body fluid exposure via mucous membrane (i.e. splash to the eyes and mouth), exposure onto broken skin or human bites that break the skin

• **Blood-borne viruses (BBVs) –**

are viruses that some people carry in their blood and can be spread from one person to another through blood to blood contact

• HBV – Hepatitis B Virus

• HIV – Human Immunodeficiency Virus

• HCV - Hepatitis C Virus

POLICY STATEMENT

QAMC, Bahawalpur is committed to provide safe working environment to all the faculty members, staff and students. This Policy provides the Faculty, Staff and Students with clear guidelines on the steps to be taken in the event of a Needle Stick Injury. It is also important to emphasize that prevention of these injuries through safe handling and disposal of sharps is extremely important

Factors Associated with increased risk of BBV transmission

1, Deep injury.
2. Hollow needle.
3. Visible blood on the device that caused the injury.
4. Injury with a needle that has been placed in a source patient's artery or vein.

5. The risk of hepatitis B transmission is increased if the source patient is HBeAg positive.

6. A high plasma viral load in the source is associated with an increased risk of HIV and hepatitis C transmission.

STEPS TO BE TAKEN IF STUDENTS/ STAFF GETS A NEED

For Needle stick Injury the student /staff should

- Apply first aid
    1. Encourage bleeding of puncture wounds – DO NOT SUCK THE AREA.
    2. Wash the affected area with soap and warm water
    3. If mucous membrane exposure, rinse the affected area with warm water or saline i.e. eye bath – Water used for rinsing the mouth must not be swallowed.
- Report the injury to their supervisor/Head of department e.g. ward manager, consultant or lead nurse

PROTECT YOURSELF FROM NEEDLESTICK

1. Contaminated sharps are discarded immediately.
2. Sharps containers are located close to the immediate area where sharps are used and are inaccessible to unauthorized persons.
3. Sharps are not bent, removed from a syringe, or recapped. Recapping, bending, or removing contaminated needles is permissible only if there is no feasible alternative or if such actions are required for a specific medical procedure. If recapping, bending, or removal is necessary, employers must ensure that workers use either a mechanical device or a onehanded technique.
4. Security of portable containers in patient care areas is always maintained.
5. Any device capable of cutting or piercing (e.g. syringes, hypodermic needles, needleless devices, blades, broken glass, slides, vials) are placed in a closable, puncture-resistant, labeled, leak-proof container. If these requirements are met, containers made of various materials (e.g., cardboard, plastic) are acceptable.
6. containers are not overfilled past the manufacturer's designated fill line, or more than ¾ full.
7. Supply of containers on hand is adequate to ensure routine change-out when filled.