*Needlestick Policy*

*31/03/24*

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# **Needlestick Policy**

**Needlestick and Sharps Injury Policy at Anele Health and Beauty Clinic**

**Policy Statement:** Anele Health and Beauty Clinic is committed to the safety and well-being of our staff. This policy outlines the management and prevention of needlestick and sharps injuries, emphasizing the importance of following safety procedures and taking immediate action following such incidents.

**First Aid Procedures:**

1. **Needlestick and Sharps Injuries:**
   * Encourage bleeding, then wash the area with soap and running water.
   * Avoid scrubbing the wound.
2. **Exposure to Eyes or Mouth:**
   * Irrigate with copious amounts of cold water.
3. **Exposure on Broken Skin:**
   * Encourage bleeding if possible and rinse under running water.

**LEGAL FRAMEWORK**

The legislation relating to needlesticks include:

* Health and Safety at Work etc. Act 1974
* This requires Anele to ensure, so far as is reasonably practicable, the safety at work of its employees and that of any other persons who may be affected by its operations. This requirement includes the risk of needlestick injuries.
* Management of Health and Safety at Work Regulations (as amended) 1999
* Managers must assess risks to employees and anyone else who may face risks arising out of the work activity, and implement appropriate control measures detailed within this guidance.

The Control of Substances Hazardous to Health Regulations 2002

* Included within the Control of Substances Hazardous to Health Regulations 2002 Managers are required to
* Assess the risks to health arising from possible exposure to needlestick injuries.
* Decide what precautions are required to comply with the legislation.
* Prevent or adequately control exposure.
* Ensure that control measures are used and maintained.
* Monitor exposure of employees to hazardous substances if necessary.
* Carry out appropriate checks on any immunisation programme.
* Ensure employees are properly informed, trained and supervised.

**Reporting and Immediate Action:**

* Report the incident immediately to the designated health and safety officer and report in the incident book
* Needlestick injuries are reportable to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995 where: they result in an absence from work for more than 3 days; the injured person becomes infected with Hepatitis B or HIV; or as a dangerous occurrence which resulted or could have resulted in the release or escape of a biological agent likely to cause severe human infection or illness.
* It is therefore advised that all needlestick injuries from a potentially infected needle are reported to the Health and Safety Executive
* Discuss the injury with a local public health consultant without delay.
* Assess the type of injury, donor HIV status (if known), and exposure risk.
* Initiate post-exposure prophylaxis (PEP) as soon as possible, preferably within one hour, and consider up to 72 hours post-exposure.

**PEP Protocol:**

* The standard PEP regimen includes:
  + Truvada® (tenofovir disoproxil 245 mg/emtricitabine 200 mg) once daily.
  + Isentress® (raltegravir 1200 mg once daily for 28 days).

**Additional Advice for Exposed Staff:**

* Practice safe sex and refrain from blood donation until all screening tests are clear.
* Consult a GP if fever or other symptoms develop.
* Female staff should conduct a pregnancy test.

**Investigations:**

* Conduct immediate virology tests (HIV, hepatitis B, hepatitis C) for the injured staff member.
* Consider additional antibiotic therapy or hepatitis B immunisation as needed.
* Re-check hepatitis serology and liver function tests at three and six months.
* With consent, test source patients for HIV, HBV, and HCV.

**Managerial Responsibilities:**

* Managers are responsible for assessing and controlling risks associated with needlestick injuries.
* Ensure training and information are provided to employees at risk.
* Implement measures to prevent injuries and manage exposure risks.
* Consider vaccination for staff in high-risk groups.

**Prevention and Control Measures:**

* Remove or reduce the need for staff to handle needles.
* Provide protective equipment and approved sharps disposal boxes.
* Train employees in safe handling and disposal of needles.

**Reporting and Legal Framework:**

* Comply with Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995.
* Needlestick injuries must be reported to the Health and Safety Executive in certain circumstances.
* Document incidents thoroughly and adhere to legal requirements under relevant health and safety legislation.

**Compliance and Review:**

* Compliance with this policy is mandatory for all staff.
* The policy will be reviewed annually and updated as necessary.