# O[ccupational Exposure Management, including Sharps](http://www.hps.scot.nhs.uk/haiic/ic/guidelinedetail.aspx?id=31223)

This policy and related procedures are based on Health Protection Scotland’s Standard Infection Control Precautions ([National Infection Prevention and Control Manual](http://www.nipcm.scot.nhs.uk/)) and [Health and Safety (Sharp Instruments in Healthcare) Regulations 2013](http://www.legislation.gov.uk/uksi/2013/645/contents/made).

Occupational exposure through inoculation injuries can arise in several ways. Most common is the ‘sharps’ injury, where the injury occurs from the handling of needles (needlestick) or other sharp objects (e.g. during instrument decontamination). These may have been in contact with blood or other body fluids. Inoculation risk can also exist from splashes of blood/body fluids to mucous membranes, including the eye, or open wounds/damaged skin.

In *[Name]* Dental Practice, the use of medical sharps is restricted to those procedures where there is no practical alternative. In these cases, where possible, alternative safer sharps are used to reduce the risk of an inoculation injury.

Secure containers for disposable medical sharps are located as close to the work area as practicable to enable their safe disposal. Written instructions for safe disposal of medical sharps are provided.

Staff are trained in how to work safely and in a manner that minimises the risk of occupational exposure that is relevant to their role. This includes: appropriate personal protective equipment, the use of safer sharps, safe use and disposal of medical sharps, what to do in the event of a sharps or other inoculation injury, arrangements for health surveillance and other procedures.

All sharps or other inoculation injuries are reported to *[employer]* who records the details in the practice’s Accident Book and investigates the circumstances. If there is a risk of exposure to a blood-borne virus or other serious infection, *[local Occupational Health Service or Health Board contact details]* is informed without delay and, if appropriate, post-exposure prohylaxis, other treatment and counselling is offered.

This policy, compliance with and the suitability of related procedures, injury and incident data and feedback from staff are reviewed *[annually]* to identify adjustments to be made to reduce the risks of and from inoculation injuries.

### Instructions for Safe Disposal of Sharps

* Dispose of sharps in purpose designed, Yellow Stream Waste containers (rigid yellow box with a red lid).
* Keep the waste container as close to the work area as possible to enable disposal at point of use.
* Do not re-sheath needles before disposal.
* Do not fill Yellow Stream Waste containers beyond the fill line or exceed 4 kg in weight.
* Once sealed, label the container to identify the source of the waste.

### Injury Procedure

When a needlestick/sharp injury occurs:

* Encourage the wound to bleed by squeezing gently; do not suck.
* Wash the wound thoroughly with warm running water and non-antimicrobial soap.
* Cover the wound with a waterproof plaster.

When splashes of potentially infected bodily fluids come into contact with damaged skin or mucous membranes, follow the following procedure:

* Rinse/irrigate the area with copious amounts of water.
* If the eye is affected and contact lenses are present, remove them and then irrigate the eye.
* If the mouth is affected, do not swallow the water used for mouth rinsing.

Once these first aid procedures have been carried out:

* Report the injury to *[employer]*.
* Ensure details of the incident are recorded in the practice’s accident book which is located *[location of accident book]*. Include details of who was injured, when and where the accident occurred, the type of sharp (for sharps injuries), the stage of the procedure at which the injury occurred, the severity of the injury, the action taken, who was informed and when and, if known, the name of the patient being treated. Both the injured person and the dentist in charge should countersign the record.
* If possible identify any patient-associated risk factors (HIV, Hepatitis B, Hepatitis C status) and notify the medical practitioner who is treating the injured person..
* For all significant exposure events where there might have been exposure to a blood-borne virus or other infection, the injured person should seek urgent advice from *[local arrangements e.g. occupational health service, health board local contact, GP]* on the follow up action, including serological surveillance, is necessary.
* The risk of acquiring HIV infection following an inoculation injury is small. If the source patient is HIV infected, the use of anti-retroviral drugs taken prophylactically within one hour if possible is recommended. Post exposure prophylaxis can be obtained from *[include details of local contact]*.
* If the injured person feels that they would benefit from counselling, this is available from *[include details of local contact]*.
* *[Employer]* is responsible for investigating the incident, identifying any changes to practice that may reduce the risk of future injuries and amending procedures accordingly. Inform staff of any changes.

Policy last updated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of next review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*[Name and/or designation of responsible person]* Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Version history**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date**  | **Version No.**  | **Summary of change(s)**  | **Updated by**  | **Next review date**  |
|      |    |    |    |    |
|     |    |    |    |    |
|     |    |    |    |    |
|     |    |    |    |    |
|     |    |    |    |    |
|     |    |    |    |    |

The following staff have read and understood this policy *[include all team members]*.

|  |  |  |  |
| --- | --- | --- | --- |
| **Dental Team Member**  | **Position** | **Signature** | **Date** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |