



NEEDLESTICK INJURIES

This information sheet is intended to provide clear advice on what UNISON branches can do to get their employer to protect workers who may be at risk.

Many UNISON members face the daily risk of injury from discarded needles because of their work.

The main risk involves street cleaning, refuse collection, amenity horticulture, and general cleaning and care-taking workers who may come across carelessly or maliciously discarded hypodermic needles.

If a used needle punctures the skin then there is a risk of infection from a range of viruses and other blood-borne diseases including hepatitis C, hepatitis B, and HIV.

Many needlestick injuries are avoidable. This information sheet is intended to provide clear straightforward advice on what UNISON branches can do to get their employer to protect workers who may be at risk, regardless of whether the members are directly employed or work for a contractor.

THE SCALE OF THE PROBLEM

The Tidy Britain Group recently surveyed 239 local authorities – roughly half the total. They uncovered 226 injuries due to discarded needles between 1995 and 1998 – 60% of those were injuries to local authority employees. This implies that there are around 80 reported needlestick injuries to local government workers every year.

However only 51% of local authorities had trained

street sweepers and provided them with kits to protect them from discarded needles, and only 64% of local authorities had an official procedure to recover discarded needles if they were found by members of staff.

We know that discarded needles are most commonly found in parks and playing fields, but other problem areas are beaches, public toilets, communal stairways, alleyways and cash point lobbies.

THE LAW

The Health and Safety at Work Act 1974 requires employers to, as far as is reasonably practical, ensure the health and safety of both their employees and the public.

The Management of Health and Safety at Work Regulations 1999 require employers to carry out risk assessments to identify risk and take the necessary measures needed to remove, or reduce and control that risk.

In the case of needlestick injuries, any risk assessment must include both reducing the risk of an injury, and also setting up procedures for what happens if an incidence occurs.

The risk assessment will have to be conducted on the basis of information on where needles and other

sharps have been found, or are likely to be found, and whether there had been any incidents involving either staff or the public.

Once a risk assessment is completed, a detailed policy and procedure must be developed to ensure that there is a safe system of work. The policy must be clear, practical, widely communicated, enforced and monitored. It will also be necessary to complement the policy and procedures that come from the risk assessment with full training of staff.

The Control of Substances Hazardous to Health Regulations 1998, also require employers to do a risk assessment where hazardous substances are concerned. This includes the risk of infection from needlestick injuries. These regulations also require health surveillance where workers are exposed to dangerous viruses, such as after a needlestick injury.

Under the Safety Representatives and Safety Committees Regulations 1977 an employer has a responsibility to consult with safety representatives at each stage.

The main Regulations covering accident reporting are the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995. Unfortunately they do not automatically cover needlestick injuries unless they result in an absence from work of more than three days or the injured person become infected with hepatitis B or HIV. However all needlestick injuries should be reported to management and recorded in the accident book.

Clinical waste from hospitals and medical centres are covered by the Controlled Waste Regulations 1992 and Health Services Advisory Committee guidance which laid down strict rules for its disposal. Clinical waste containing discarded syringe needles must be disposed off safely and by a registered carrier. Where patients are treated at home, syringes and sharps should never be discarded in domestic waste, but through special collection or disposed off through the health

care providers' clinical waste disposal system.

Risk Assessment: What your employer must do

The employer's main risk assessment duties under the 1999 Management Regulations are to:

- Make a suitable and sufficient assessment of - the risk to the health and safety of the employer's staff, and - the risk to others who may be affected;
- Identify the preventative and protective measures needed to improve workplace health and safety;
- Introduce the preventative and protective measures needed (as far as is reasonably practical);
- Review the assessment if there is reason to believe that it is no longer valid;
- Keep a written record, where there are five or more employees, of the findings of the assessment and any groups of employee particularly at risk;
- Have arrangements for the effective planning, organisation, control, monitoring and review of the preventative and protective measures;
- Provide any health surveillance identified in the risk assessment;
- Appoint competent people to assist the employer;
- Establish procedures to be followed in the event of serious and imminent danger;
- Provide health and safety information, instruction and training for all employees; and
- Consult with safety representatives.

PREVENTING NEEDLES BEING DISCARDED

Once a risk assessment has been undertaken, the first thing that an employer



should do is not to try to control the risk, but instead to attempt to remove it.

There is a lot that local authorities can do to prevent needles being discarded but often this is forgotten about when considering safe systems at work.

One of the most positive moves, which can reduce the incidence of discarded needles, is to support and work with needle exchanges to ensure that injecting drug users are encouraged to return used needles. Local Authorities should discuss with healthcare providers the use and issuing of “safer needles” which either destroy the needles after use or have a retractable needle.

Local Councils should also look at security in parks and other public places, especially at night, providing sharp bins in locations where there is a particular problem, and mounting publicity campaigns.

WHAT SHOULD A POLICY INCLUDE?

The policy is the way in which the risk is removed or controlled. Any policy on needle stick injuries must be both practical and relevant.

The measures that will be needed for workers who are collecting needles following a complaints are likely to be different from those needed for workers who might come into contact accidentally, such as toilet cleaners and gardeners.

The policy must detail the safe system of work for handling litter or preventing contact with syringes and sharps.

Under no circumstances should any worker be expected to touch a discarded needle with their bare hands or put their unprotected hands where they cannot see, such as soil, drains, U-bends, inside bins etc.

Where there is any risk of coming into contact with syringes or other sharps, tongs or other tools should be used where possible, otherwise stout, comfortable, protective gloves must be worn.

Where work involves kneeling (e.g. gardening) consideration may need to be given to other protection.

Where needles are found there must be a procedure for disposing of discarded or retrieved needle safely.

Where staff are to be involved in disposing of needles they must be provided with a sharp box (a plastic sealed unit). There should never be a need for employees to carry unsheathed needles – even with gloves.

Consideration will also have to be given to other forms of personal protective equipment. This should be appropriate to the circumstances but may include a litter picker, safety boots, small hand travel, spillage kit, and fluorescent jacket.

However an important aspect of devising a suitable system of work must be to involve the employees themselves, through their safety representatives.

Unless employees are comfortable with the system and the equipment provided, then the system will not work or equipment will not be used. Often a variety of equipment such as tongs, shoes, and gloves may be needed.

TRAINING

Any policy or procedure must be underpinned by training.

This training must cover, not only the safe system of work, but also an explanation of the reasons for it. Training should explain the levels of risk and how the procedures and control measures will reduce that risk.

It is important that training does not scaremonger or hype up the risk. Nor should it be judgmental about drug users.

Training should be an ongoing process and refresher training needs to be provided at regular intervals.



FIRST AID AND POST EXPOSURE TREATMENT

It is normally recommended that if a needlestick injury arises the bleeding should be encouraged and the wound washed in warm running water with soap.

Where employees are working in the community, parks or other open areas, they need access to warm water. This can be done through providing canisters.

This however is only an immediate treatment. More long-term treatment and support may be needed and once a needlestick injury has taken place the employee should be offered immediate medical treatment.

In the case of Hepatitis B and HIV, post-exposure treatments are available. These may reduce the likelihood of contracting the disease. They are however, long term and require professional counselling and advice beforehand to ensure that the procedures, time-scale and possible outcomes are understood.

The post-exposure treatment for HIV is given only very rarely and its availability varies from region to region. The local council or contractors occupational health officer should ensure they keep in touch with the local health authority so that they have up-to-date information.

Whenever a needle stick injury takes place, the employees must be offered counselling and periodic monitoring, as HIV, Hepatitis B and Hepatitis C can all have long incubation periods.

The first aid and post-exposure procedures should be included in the training provided.

VACCINATION

No vaccination is available for HIV or Hepatitis C at present. An effective vaccination is available for Hepatitis B.

Branches must make it clear to employers that the emphasis of any control strategy must be on prevention, but if groups are considered to be at high risk, UNISON

believes that they should be offered the Hepatitis B vaccine free of charge through the employer's occupational health scheme. Vaccination against tetanus should also be offered. However, employees should not be forced to get vaccinated.

REPORTING

Employers can only conduct an informed risk assessment if all incidents of needlestick injury, and all cases of discarded needles being found, are reported and recorded. Information on discarded needles should be notified to safety reps as well as details of any needlestick injuries.

In addition information on needlestick injuries (and near misses) should be reported to the local council's and/or contractor's safety committee.

Checklist for Safety Representatives

- Do you have members who might be at risk of needle stick injuries?
- Has the risk of needle stick injury been included in a risk assessment?
- Is there a policy on needlestick injury?
- Is the policy followed fully?
- Do have an agreed safe system of work?

Does it include: - preventing needles being discarded? - how to deal with needles found or reported? - the use of personal protective equipment? - safe disposal? - first aid (including access to warm water)? - post-exposure arrangements? - reporting? Is ongoing and effective training provided Are you given information on the number of discarded needles found and any injuries? Has the issue been discussed at the safety committee?

