







Infection Prevention and Control A Foundation Course



Prevention of Sharps Injuries in the Healthcare Sector Regulations 2014







Prevention of Sharps Injuries in the Healthcare Sector Regulations 2014

- Aims
 - To achieve the safest possible working environment
 - To prevent workers' injuries caused by all medical sharps
 - –To protect workers at risk
 - To set up an integrated approach establishing policies in risk assessment, risk prevention, training, information, awareness raising and monitoring
 - -To put in place response and follow up procedures





Preventive measures

- Hepatitis B vaccination
- Standard precautions
- Safer techniques
- Disposing of used sharps correctly
- Safety devices designed to prevent injuries
- Appropriate barriers such as gloves, eye and face protection, or gowns when contact is possible
- Care during removal of waste.



Occupational Health Aspects of Infection Prevention and Control

- Occupational Health Program
- Immunisations
- NSI prevention and management



Occupational Health Program: Making sure employees who join the organisation are well

- Pre-employment health assessments
- Immunisation Programs
- Ruling out active infections
- Minimising risk to the public or other staff



Making sure that staff stay well during employment		
Advising on elimination and reduction of risk from hazards at work		
Managing staff contact with hazards at work Assessing staff who may be unwell or under pressure A confidential counselling service Health promotion & education Physiotherapy Service		
	UCC thomas the to firm throat	
Immunisations		
Hepatitis B (immunity –infectivity also if EPP)		
 Chicken Pox BCG Measles Mumps Rubella Influenza 		
	SUCC	
EMI guidelines		
Guidelina IV: Its Empires Management of Epithon and the contract of the contract of Epithon and the contract of the contract of Epithon Appendix 20 Impacts 20		
F12Ca122.00		

UCC

Risk of Infection Following a Needlestick Exposure 3 main viruses 1. Hepatitis B: 1.9% -> 40% (3 to 30%) 2. Hepatitis C: 2.7% - 10% (about 3%) 3. HIV: 0.2% - 0.44% (about 0.3%) Lower risk from mucous membrane exposure

Management of injuries where there is risk of bloodborne virus (BBV) transmission Exposure incident needlested, shapp, lists, splash, sexual Initial wound management Wound Encourage bleeding, wash, don't grant, cover. by splash; irrigate with water Is exposure significant? Is exposure significant? Is exposure significant? Assess BBV status of source? Source Innown: Test for BTVs or Assess BBV status of source? Source Innown: Test for BTVs or Assess BBV status of recipient: History of HIV vaccination, previous tests for BTVs. Tale Manifest in the status of source in the status of the source in the status of the source in the status of the status of the source in the status of the

If an exposure occurs

- •First Aid
- •Bloods taken from source patient
- •Bloods taken from staff member
- •Bottles sent to microbiology
- Marked urgent
- •Fill out yellow BBFE form
- •Follow-up with Occupational Health



Treatment post known positive exposure

- HBV: If vaccinated none required and if not Hep B immunglobulin and/or vaccination
 - Within 24 hours no later than 7 days
- HCV: No available vaccine
- HIV: If known positive source PEP
 - · Begin asap within hours.



Unknown source

- Exposure risk
- Whether source is likely to be positive
- Baseline bloods
- Follow-up bloods
 - 6 weeks, 3 months



Reporting of Accidents, Incidents and Dangerous Occurrences

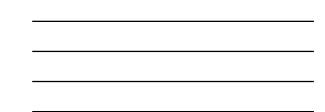
- To the person in charge any work related accident, incident or near miss event, without unreasonable delay. This includes sharps injuries and near miss events
- Part X of the Safety, Health and Welfare (General Application) Regulations 1993, where a work related injury results in an employee being absent from work for 3 consecutive days or more, the employer must report it to the Health and Safety Authority (HSA) on line or by using an Form IR1



Reporting of Accidents, Incidents a	nd
Dangerous Occurrences	



• Biological Agents Regulations 1994 and amendment Regulations 1998, the employer must inform the HSA of any work related sharps injury where the circumstances of the event are such that the incident could cause severe human infection/human illness e.g. a percutaneous injury with a contaminated sharp where the source patient is known or found to be positive for hepatitis B, hepatitis C or HIV. (Form IR3)



Occupational Health Aspects of Infection Prevention and Control



UCC

- Occupational Health Program
- Immunisations
- NSI prevention and management

