**Dealing with Needles/Sharps Guidline**

**Finding a discarded Needle**

If you find a discarded needle and syringe, follow this advice to protect yourself against a needle stick injury:

* do not be alarmed;
* get a rigid-walled, puncture resistant, plastic container with a well-secured lid, preferably screw top. Avoid using glass which can shatter, aluminium that can be squashed or frosted plastic that may not be puncture-proof;
* bring the container to the needle and syringe, and place on the ground next to the needle and syringe. Do not hold the container as you are putting the syringe in it;
* pick up the used needle and syringe by the blunt end, away from the point. Do not touch the sharp point;
* do not try to put the plastic protective cap back on a needle if it has been removed;
* put the needle and syringe, point first into the container. More than one needle and syringe can be placed in the container, but do not overfill. Do not carry the needle and syringe unless it is in a suitable container;
* make sure the container is tightly sealed and return to a sharps disposal outlet;
* If you are accidently pricked with the needle, seek medical advice.

**Needle stick Injury**

Please note that a person who has an open wound/s is at greater risk from infectious agents.

If a person sustains a ‘needle stick/sharps’ injury:

* administer appropriate first aid for any bleeding or embedded object. Gain assistance from a first aider if required;
* wash the wound or skin site thoroughly with soap and water or use a waterless cleanser or antiseptic if water is unavailable. Apply a waterproof dressing as necessary, and apply pressure through the dressing if bleeding is still occurring. Do not squeeze or rub the injury site;
* if blood or blood products make contact with eyes, rinse the eyes gently but thoroughly (remove contact lenses), for at least 30 seconds, with water or normal saline;
* if blood or body fluids are sprayed into the mouth, spit out and then rinse the mouth with water several times;
* if any clothing is contaminated, remove and shower if necessary;
* identify the source individual or the source of the sharp if possible and assess the risk status of the source individual;
* all workers who sustain a sharps injury in which there is any risk of contamination must consult with a general medical practitioner. The medical practitioner will determine further medical management, advice and, if necessary, counselling;
* if a source individual is identified, they should be strongly encouraged to undergo blood testing;
* if the source is unable to be identified, follow-up will depend on the type of exposure, the likelihood of the source being positive for a blood pathogen and the prevalence of blood-borne infections in the community from which the needles or instruments come;
* the risk of tetanus should also be determined as the person may require either tetanus immunoglobulin, a course of adult diphtheria and tetanus (ADT) or an ADT booster;
* report the incident to Officer / Manager and log onto CSHWSA website;
* offer EAP.