

# Sharps & Spills Management Procedure

## Purpose and Scope

mobility is committed to providing a safe work environment for all workers, clients, and contractors. In some instances, there may be exposure to sharps, via injections, acupuncture, or dry needling, via personal health requirements such as insulin injections, and where there is drug use within the community that mobility works in. mobility staff may at time also be exposed to blood and body substance spills.

To achieve safety with the disposal of sharps, and the management of blood/body fluid spills, this procedure must be adhered to by all workers.

## Definitions

Term	Description
Sharps	any object capable of inflicting penetrating injury, including any type of needles, suture needles, scalpel blades, and broken glass.
Blood / Body Fluid Spills	relates to the blood and body fluids (urine, vomit, faeces) spills.

## Safe Handling of Sharps

### Identification of Sharps Hazard

1. When a sharps hazard is identified, the worker should immediately contain the danger by closing doors or blocking entry to the area and inform all persons within the area of the hazard.
2. Sharps hazards should not be left unattended in communal areas, or in any areas where persons may accidentally come into contact with them.

### Safe Removal and Disposal of Sharps

When removing a sharp object for disposal, the following should be considered:

- Where possible, the person responsible for generating the sharp is responsible for its disposal.
- Do not attempt to recap/ re-sheath or bend needles. They must be disposed of as an intact unit with the syringe. If a syringe is on a tray, the entire contents of the tray must be emptied into the sharps container, not sorted to remove the non-sharps items
- Found needles –
  - o Do not attempt to re-cap any found needles for disposal as it raises the risk of needlestick injury.
  - o Do not bend found needles (or attempt to sheath them) as this increases risk of injury. Dispose of the cap /syringe body together if found capped."
- Sharps must not be passed from one person to another. If it is necessary to delay the disposal of the sharp, then it must be placed on a tray of adequate size to take the entire sharp, then disposed of as soon as practicable.
- Do not ask for a sharp item to be taken from you or to be disposed of by someone else.
- Bring the sharps container to the Hazard. Do not walk unnecessary distances with a sharp in hand.
- Dispose of sharps in an appropriate sharp container; never in a waste bin or plastic bag.
- Dispose of sharps immediately after use – not later – to avoid needlestick injuries.

## Sharps & Spills Management Procedure

### To remove a sharp object for disposal:

1. Put on disposable latex gloves, and bring the sharps container to the object for disposal
2. Use the provided metal tongs for handling of the sharp, do not use hands
3. place the sharp end in first i.e. pointing it away from the body
4. drop the item in rather than push
5. do not place hands inside the container
6. Immediately close the lid of the sharps container, and dispose of your gloves
7. Wash hands and return the container and tongs to the storage area
8. Fill out an Incident Report to record the sharps disposal. ONLY if the sharp is NOT part of work practice or tool of trade
9. Sharps containers should be replaced when 75% full. New containers should be ordered well before the existing ones are filled.

## What to do if a sharps injury occurs

Locate your nearest first aid officer or medical service.

### Appropriate action should include:

- Calming the injured person.
- If the sharp is a hypodermic needle, it should be collected as soon as safely possible using gloves, tongs, and a sharps container.
- If there is no foreign body lodged, the wound should be cleaned with antiseptic.
- If bleeding occurs a dressing is applied.
- If part of a hypodermic needle is lodged, it should not be removed and treated accordingly to avoid further penetration.
- The injured person should be advised to go immediately to a doctor or attend the Accident and Emergency section at the nearest Hospital for further treatment. If necessary, an ambulance would be called.
- An Incident Report notification should be completed online within 24 hours. Notify the facility if applicable and report to mobility office.

## Waste Management

When full, sharps containers holding contaminated sharps **MUST NOT** be placed into general rubbish.

Contaminated waste is to be identified by the colour yellow and the internationally recognised black multi-circle symbol.

All containers and plastics bags are to be yellow and are to be marked with the international biohazard symbol and the words "Contaminated Waste" symbol and words are to be easily readable.

At a minimum any clinical or pharmaceutical waste should be placed in two bags, in a separate bin and removed to a secure place in preparation for disposal. Staff are required to wear gloves to complete this process and follow up with hand washing or hand rubbing procedures.

v1.0	Owner: mobility CEO	Publish Date: 23/02/2024	Classification: Internal	Page 2 of 5
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Refer to Infection Prevention and Control Procedure.

## Spills Management

### The basic principles of blood and body fluid/substance spills management are:

- standard precautions apply, including use of personal protective equipment (PPE), as applicable
- spills should be cleared up before the area is cleaned (adding cleaning liquids to spills increases the size of the spill and should be avoided)
- generation of aerosols from spilled material should be avoided.

### The management of different types of spills must take into account the following factors:

- the nature (type) of the spill (for example, sputum, vomit, faeces, urine, blood)
- the pathogens most likely to be involved in these different types of spills – for example, stool samples may contain viruses, bacteria, or protozoan pathogens, whereas sputum may contain Mycobacterium tuberculosis
- the size of the spill – for example, spot (few drops), small (10cm) 10>
- the type of surface – for example, carpet or impervious flooring
- the location involved – that is, whether the spill occurs in a contained area, or in a public or client area, in a public location or within a community premises
- whether there is any likelihood of bare skin contact with the soiled (contaminated) surface.

## Cleaning spills – equipment

Standard cleaning equipment, including a mop, cleaning bucket and cleaning agents, should be readily available for spills management. If you are unsure where to find this, please reach out to the facility manager or equivalent senior/manager. This is particularly important in clinical areas. Each site is required to have a disposable “spills kit” on site for use.

### To help manage spills in areas where cleaning materials may not be readily available, a disposable ‘spills kit’ should be used, containing the following items:

- Instructions for cleaning of biohazard spills
- appropriate leak-proof clinical waste bags or containers
- a designated, sturdy scraper and pan for spills (similar to a ‘pooper scooper’)
- sachets of a granular absorbent powder
- disposable rubber gloves suitable for cleaning (vinyl gloves are not recommended for handling blood)
- eye protection (disposable or reusable)
- a plastic apron
- a respiratory protection device, such as a mask or face shield
- (Optional) Neutral detergent and cleaning cloths

Single-use items in the spills kit should be replaced after each use of the spills kit. With all spills management protocols, it is essential that the affected area is left clean and dry. The location of spills kit would be dependent on the individual facility, please reach out to the facility manager or equivalent senior/manager.

## Cleaning spills – Procedures

Blood and body fluid/substance spills should be dealt with as soon as possible, or as soon as it is safe to do so. Care should be taken to thoroughly clean and dry areas where there is any possibility of bare skin contact with the surface (for example, on an examination couch).

PPE should be used for all cleaning procedures and disposed of after use. Hands should be washed and dried after cleaning.

Where a spill occurs on a carpet, shampoo as soon as possible. Do not use disinfectant. Steam cleaning may be used instead.

Wash hands thoroughly after cleaning is completed.

### Cleaning spots or small spills

Spots or drops of blood or other small spills (up to 10 cm) can easily be managed by wiping the area immediately with paper towels, and then cleaning with warm water and detergent, followed by rinsing and drying the area. Dry the area, as wet areas attract contaminants.

A hospital-grade disinfectant can be used on the spill area after cleaning.

### Cleaning large spills

Where large spills (more than 10 cm) have occurred, the area must be contained and cordoned off to limit exposure.

A professional forensic cleaning service should be engaged to manage large spills.

Please escalate this to the facility manager or equivalent senior/manager and notify mobility.

This must be arranged within 24 hours to reduce exposure.

## Waste Management

Following the cleaning up of spills, the waste **MUST NOT** be placed into general rubbish.

On the rare occasion that mobility staff have the need to dispose of clinical (blood or body fluids) or pharmaceutical waste they should contact the facility manager or equivalent senior/manager and notify mobility, to arrange the safe disposal.

At a minimum, any clinical or pharmaceutical waste should be placed in two bags, in a separate bin and removed to a secure place in preparation for disposal. Staff are required to wear gloves to complete this process and follow up with hand washing or hand rubbing procedures.

## Reporting an Incident

In the event of a hazard being identified, or an incident has occurred, the staff member involved must:

- Notify the facility manager, or equivalent senior/manager as soon as safe / practical.
- Complete an Incident notification at the facility and via the mobility app and follow the Client Incident and Near Miss Management Procedure.