

Exchange Works – Needle Stick Injuries

| | | | |
|----------------------|----------------------|----------------------|-----------------------------|
| Reviewed Date | <i>Date</i> | Number | D7.314.5 |
| Revised Date | <i>July 20, 2018</i> | Approved Date | Click here to enter a date. |

Introduction

Inequities in access to health care are prevalent for people who use substances and these inequities are heightened by structural and social determinants of health. Harm reduction emphasizes human rights and the importance of treating all people with respect, dignity and compassion-regardless of substance use. Harm reduction is a non-judgmental approach that accepts a person’s right to make choices about their health and lives. It focuses on promoting safety and does not require that substance use be discontinued.¹

Purpose

The work of the Exchange Works program involves the handling of sharps containers by staff and volunteers, as well as the disposal of used needles. While every effort is made to maintain the safety of staff there is a remote possibility that staff could experience a needle stick injury. It is recommended that all staff involved in the work of the Exchange Works program be immunized with hepatitis B vaccine and tetanus according to immunization standards.

Policy

Staff and volunteers performing needle exchanges will be offered hepatitis B vaccination free of charge from the health unit, if not already vaccinated. Staff, students, or volunteers working in the Exchange Works program must always use routine practices. Routine practices reduce the risk when exposed to someone else’s blood or body fluids. We cannot always tell if a person has an infection so we must treat all blood and body fluids as potentially infectious. More information is available on [the Blood and Body Fluid fact sheet](#). Staff must remain vigilant in all situations when handling biohazard containers or when approached by clients exchanging needles/syringes and supplies. Protective equipment such as tongs and approved biohazard containers are to be kept on hand at all times. Prompt response to an accidental needle stick injury is extremely important for the safety of the individual involved. Any injury such as a scrape, puncture, or scratch involving a needle, regardless of the degree of severity must be reported to the immediate manager or designate as soon as possible. Where appropriate workers compensation forms are to be completed in the event of an accidental needle stick injury.

Procedures

1. Staff who have never received hepatitis B vaccine may contact the health unit vaccine preventable disease program to make an appointment to receive the immunization.
2. Exchange Works locations are provided with tongs and approved biohazard containers to reduce the risk of a needle stick.
 - If a client presents with needles in an unsafe container, staff are to encourage the client to personally drop the needles into a large biohazard container.
 - If staff are placed in the position of having to dispose of a loose needle/syringe, a pair of tongs must be used to protect against possible needle stick injury.

Emergency Procedures in Case of a Needle Stick Injury

1. Staff or volunteers exposed to blood or body fluids of another individual are to take the following immediate first aid measures:
 - immediately allow the wound to bleed freely
 - wash the wound and injured area well with soap and water. Antiseptics and - disinfectants are not recommended.
 - if the eyes, nose or mouth are involved, flush well with large amounts of water
 - remove the contaminated clothes as appropriate.
 - for intact or non-intact skin exposure, wash well with soap and water
 - see needle stick [Fact Sheet](#)
2. It is encouraged that any potentially exposed staff member or volunteer seeks assessment with the health care provider of their choice. Assessment should be done as quickly as possible following the exposure so that appropriate and timely treatment may be obtained. Options for assessment include:
 - assessment at a local emergency department or urgent care clinic
 - assessment with the family physician
 - initial assessment through the Sexual Health program phone line (ext.8831) or CD staff on call after 4:30pm or before 8:30am (1-888-225-7851), with physician assessment to follow.
3. Report the injury to your immediate supervisor or manager.
4. Report the incident to the SMDHU, Injury and Substance Misuse Prevention Program Manager using the [Harm reduction Incident Form](#)

Related Policies

EW – Staff Training and Anonymity
EW - Key Messages and Education
EW – Media Inquiries
EW – Documentation
EW – Provision and Return of Supplies
EW – Staff Safety

Factsheet - [Routine Practices](#)

Related Forms

[Incident Report Form](#)

Final Approval Signature: _____

Review/Revision History: 2006.07.18; 2007.07.07, 2009.10.29, 2010.07.15, 2016 09 14

References:

Canadian Nurses Association (2018) Joint position statement, Harm Reduction and Substance use; retrieved from www.cna-aiic.ca/-/cna/page-content/pdf-en/joint_position_statement_harm_reduction_and_substance_use.pdf