Needlestick injuries can be classified as any piercing wound caused by a hypodermic needle, or by other sharp instruments or objects such as scalpels, mounted needles, broken glassware, etc. This factsheet sets out the main concerns for healthcare professionals and what to do when needlestick injuries happen.

Risks
The main risk posed by needlestick injuries is exposure to blood-borne viruses (BBV), particularly Hepatitis B (HBV), Hepatitis C (HCV) and Human Immunodeficiency Virus (HIV). Needlestick injuries can also cause psychological distress, as the injured person may have to cope with the fear that they have been infected.

Avoiding injury
In the UK, standard precautions exist to help prevent needlestick injuries where all blood and body fluids, regardless of its source, are considered to contain infectious agents, and treated as such. The Health and Safety Executive in Scotland recommends safety precautions, which include:

- Hand washing after each patient contact and after contact with blood or body fluids
- Appropriate PPE (Personal Protective Equipment) disposable gloves to be worn whenever working with blood or body fluids
- Covering any cuts or abrasions with waterproof plasters
- Immediate and safe disposal of sharps into appropriate, puncture-proof sharps bins
- Not overfilling sharps containers
- Never re-sheathing needles.

Where the patient’s status is known
It is important to respect the need for patient confidentiality. The GMC states: “You should make sure that information you hold or control about a patient’s infection status is at all times effectively protected against improper disclosure.”

You should ask for the patient’s consent to disclose their infection status after exposure to a serious communicable disease. The GMC states that if the patient cannot be persuaded to consent to disclosure, or it is not safe or practicable to ask for their consent (for example, if they lack capacity), you may disclose information in the public interest.

Where the patient’s status is not known
Blood can only be taken for testing, or an investigation carried out on a currently held sample, with valid consent. You should comply with the Human Tissue Act (2004) in relation to obtaining consent to test patients for infectious diseases. The Act stresses the importance of obtaining consent before processing human tissue – including testing blood for HIV or Hepatitis B.

MPS advises healthcare staff involved in needlestick injuries that:

- Where a patient lacks capacity to consent, it is not
possible to obtain consent to test from a third party. Consent can be deemed to exist only in the situation where testing is in the patient's best interests. It is not sufficient for testing to be in the best interests of a third party (e.g., a healthcare worker after a needlestick injury).

Where a patient has died and not provided express consent (or refusal) prior to his/her death but has nominated an individual for such purposes, consent can be sought from this person. Failing that, consent for testing can be sought from a person with a "qualifying relationship":

Consent should be sought in the following order —

(a) spouse, civil partner or partner
(b) parent or child
(c) brother or sister
(d) grandparent or grandchild
(e) child of a person falling within paragraph (c)
(f) stepfather or stepmother
(g) half-brother or half-sister
(h) friend of longstanding.

The Human Tissue Authority's Code of Practice states: "Consent is needed from only one person in the hierarchy of qualifying relationships and should be obtained from the person ranked highest. If a person high up the list refuses to give consent, it is not possible to act on consent from someone further down the list."

When considering whether to approach a relative for consent where the patient has died, consideration must be given to the potential consequences of obtaining a positive result and what the wishes of the deceased patient might have been.

Recording and follow-up

You should record the incident and pass any information about serious communicable diseases to the relevant authorities for the purpose of communicable disease control and surveillance, using anonymised information if practicable. You should complete a significant event audit to try and prevent a recurrence of the incident.

You should also ensure the adequate follow-up of the healthcare staff affected — they may need specific advice from the occupational health service about having to take sick leave if medication is required, and the possible need for psychological support.

Further information:


For medicolegal advice please call us on:
0845 605 4000
or email us at: querydoc@mps.org.uk
www.mps.org.uk

This factsheet provides only a general overview of the topic and should not be relied upon as definitive guidance. If you are an MPS member, and you are facing an ethical or legal dilemma, call and ask to speak to a medicolegal adviser, who will give you specific advice.

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