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Unsafe sharps management

Case histories are based on actual medical negligence claims or medicolegal referrals. However, certain facts have been omitted or changed by the author to ensure the anonymity of the parties involved.

This article examines an incident involving a patient who sustained a 'needlestick' injury at a general practitioner's surgery. Advice on how to manage a 'needlestick' injury and strategies to ensure the safe management of sharps are outlined.

Case history

The general practitioner saw a mother and her young child at the practice. While the GP was talking to the mother, the 3 year old child climbed onto a stool in the consulting room and managed to put his hand into the sharps container. The child sustained a needlestick injury. The child's mother was very upset and angry. She wanted to know what the GP was going to do about the matter.

In this case, the immediate concern was the appropriate clinical management of the child. The Royal Australian College of General Practitioners' *Infection control standards for office based practices* provides general guidance on the immediate action that should be taken following blood and body fluid exposure.¹

This includes:

- **immediate decontamination of the exposed area**
- **rapid testing of the exposed person and source (if known)**
- **assessment of the risk of transmission of infection**
- **timely initiation of postexposure prophylaxis (PEP) when appropriate**
- **possible referral of the patient for immediate consultation with an infectious diseases specialist.**

Advice about the risk of transmission of infection and the possible need for PEP can be obtained from the relevant state or territory health department communicable disease department (*Table 1*). Individual public health units that facilitate the reporting of communicable disease cases in New South Wales are listed in *Table 2*.

Other steps that should be taken include:

- counselling of the exposed person and the source (if known)
- analysis of the cause of the exposure incident and

modification procedures as required to reduce the risk of recurrence

- staff education as required.

A few weeks later, the GP received a letter of complaint from the mother alleging that the GP had been 'negligent' and demanding an apology. The GP sought advice from her medical defence organisation. The medicolegal adviser assisted the GP in preparing a response to the mother. In the letter, the GP apologised for the error. She outlined the steps that the practice had taken in order to prevent a similar incident from occurring in the future, including a practice meeting to discuss the incident and a review of practice policy with regard to safe sharps management. The GP also informed the mother that the sharps container had been re-mounted in another location so that it was

Table 1. Australian state and territory health department communicable disease contacts

State/territory	Telephone
ACT	02 6205 2155
NT	08 8922 8044
QLD	07 3234 1155
SA	08 8226 7177
TAS	1800 671 738
VIC	1300 651 160
WA	08 9388 4999

Table 2. New South Wales public health units

Public health unit	Office	Telephone
Greater Southern AHS	Goulburn	02 4824 1837
	Albury	02 6021 4799
	Queanbeyan	02 6124 9934
Greater Western AHS	Broken Hill	08 8080 1499
	Dubbo	02 6841 5569
	Bathurst	02 6339 5601
Hunter/New England AHS	Newcastle	02 4924 6477
	Tamworth	02 6767 8630
	Lower Mid North Coast	02 6592 6928
North Coast AHS	Port Macquarie	02 6588 2750
	Lismore	02 6620 7500
Northern Sydney/Central Coast AHS	Hornsby	02 9477 9400
	Gosford	02 4349 4845
	Randwick	02 9382 8333
South Eastern Sydney/Illawarra AHS	Wollongong	02 4221 6700
	Camperdown	02 9515 9420
Sydney South West AHS	Penrith	02 9515 9420
Sydney West AHS	Parramatta	02 9840 3603

out of reach of children. There were no further medicolegal developments in this case.

Discussion and risk management strategies

The *Infection control standards for office based practices* provides detailed guidance on safe sharps management, including the following advice:

- Think about safe disposal before generation of sharps. Sharps are best disposed of at the point of use. Strategically placed sharps containers need to be immediately available in all areas where sharps are generated
- Accept responsibility for the safe disposal of sharps. The person who generates sharps is responsible for its safe disposal
- Dispose of sharps correctly. Ensure that sharps are immediately placed into a sharps container after use, or placed into a kidney dish if not disposed of immediately
- Ensure that sharps containers:
 - are placed out of reach of children
 - cannot be knocked over
 - are properly mounted
 - the neck of the sharps container is clearly able to be seen by the health professional when disposing of sharps to avoid accidental injury from protruding sharps
- scalpel blade removers are securely mounted to the wall
- are closed and replaced when the 'full' indicator line is reached
- are compliant with Australian Standards
- full containers are stored safely until collected
- Don't re-sheath, remove or bend used needles. Most sharps injuries occur when attempting to manipulate a used needle
- Don't handle scalpel blades. When loading or removing scalpel blades use artery forceps to hold the blade. Alternatively, used blades may be removed by the use of an approved scalpel blade removal device (properly installed)
- Don't pass sharps directly from person to person. When passing sharps such as scalpel blades or syringe and needle from one person to another, use a sterile kidney dish to contain the sharp
- Don't overfill sharps containers. The practice of compacting sharps by shaking the container, or forcing more sharps into an already full container can lead to a sharps injury
- Don't reopen a full sharps container as attempting to reopen a full container can

lead to a sharps injury

- Don't hold 'hands free' scalpel removal devices by hand. Mount according to the manufacturer's instructions securely on a wall.¹

Conflict of interest: none.

Reference

1. The Royal Australian College of General Practitioners. Infection control standards for office based practices. 4th edn. Melbourne: The RACGP, 2006.

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