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.

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

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**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.

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

<table>
<thead>
<tr>
<th>State/territory</th>
<th>Telephone</th>
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</thead>
<tbody>
<tr>
<td>ACT</td>
<td>02 6205 2155</td>
</tr>
<tr>
<td>NT</td>
<td>08 8922 8044</td>
</tr>
<tr>
<td>QLD</td>
<td>07 3234 1155</td>
</tr>
<tr>
<td>SA</td>
<td>08 8226 7177</td>
</tr>
<tr>
<td>TAS</td>
<td>1800 671 738</td>
</tr>
<tr>
<td>VIC</td>
<td>1300 651 160</td>
</tr>
<tr>
<td>WA</td>
<td>08 9388 4999</td>
</tr>
</tbody>
</table>
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