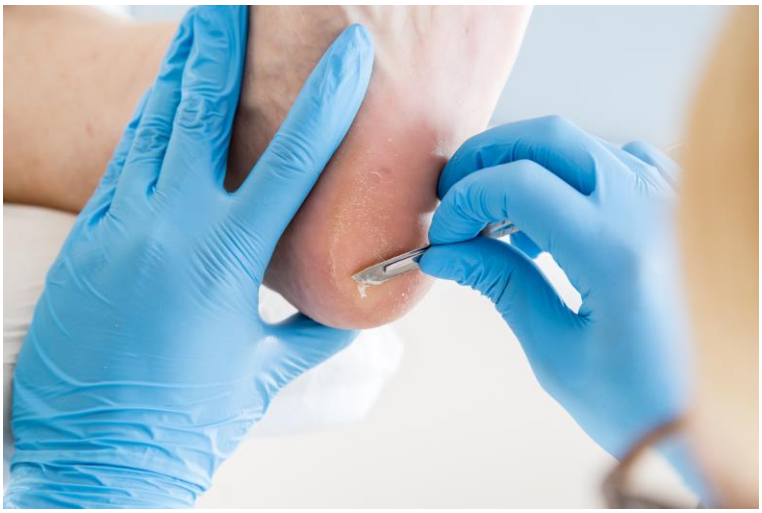

Sharp Injury Protocols

Institute of Podiatrists/College of Foot Health Guidelines on safe clinical practice and infection control.

Applies to: Podiatrists, Foot Health Practitioners, and all clinical staff

Reviewed: January 2025
Next Review Due: January 2026

Immediate Actions Following a Sharps Injury

1. **Stop and Act Quickly**

- Encourage bleeding at the wound site (do not suck the wound).
- Wash the area with soap and warm running water.
- Do not scrub or use harsh antiseptics.
- Dry the area and apply a sterile dressing.

2. **Report Immediately**

Notify the Clinic Manager/Owner.

Complete an Accident and Incident Report Form (ideally located in the Incident Reporting Folder or digital system).

- Record full details:
- Name of injured person
- Date/time of injury
- Instrument involved
- Location of injury
- Source patient (if known)

3. **Risk Assessment**

Identify whether the source patient is known to have a blood-borne virus.

Assess the severity of exposure (e.g., depth, visible blood, hollow-bore needle).

If source is unknown or known to be high-risk, follow emergency referral process (see below).

Post-Exposure Management and Injections

Referral Pathways
Refer to local Occupational Health service or nearest A&E for urgent risk assessment and PEP initiation (Post-exposure prophylaxis)

Follow-up bloods to be arranged through GP

Record Keeping

All incidents must be logged in the Accident Book and clinic's Incident Log.

Keep confidential copies in the staff member's file and under the clinic's Health & Safety folder.

Staff Support

Emotional wellbeing is a priority. Offer debrief and support

Review procedures and PPE use as part of the post-incident audit.

CQC Compliance Links

This protocol supports compliance with:

- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12 – Safe Care and Treatment
- Regulation 15 – Premises and Equipment
- Regulation 17 – Good Governance
- Emphasises infection prevention, incident reporting, and learning from adverse events.

HCPC/Professional Standards
Supports:

- HCPC Standards of Conduct, Performance and Ethics (2016):
- Standard 6: Manage risk
- Standard 7: Report concerns about safety

Following a sharps or needlestick injury, the necessary vaccinations or injections depend on the risk assessment and the injured person's immunisation history.

Breakdown:

1. Tetanus

When needed: If the wound is deep or contaminated and the person hasn't had a booster in the last 10 years.

Injection: Tetanus booster (usually part of the Td/IPV vaccine).

2. Hepatitis B

If already vaccinated:
Check if a booster is needed.

Blood test may be done to check for immunity (anti-HBs levels).

If not vaccinated or incomplete course:

Start Hepatitis B vaccination course immediately.

Consider Hepatitis B Immunoglobulin (HBIG) if the source patient is known to be Hep B positive or high risk.

3. Hepatitis C

No vaccine available.

Baseline blood tests are taken immediately.

Follow-up testing at 6, 12, and 24 weeks.

If infection is confirmed, referral for specialist treatment.

4. HIV

Post-Exposure Prophylaxis (PEP) may be required if there's a significant risk (e.g., injury from a hollow-bore needle used on a known HIV-positive source).

PEP must be started within 72 hours, ideally within 1–2 hours.

PEP is a 28-day course of antiretroviral medication.

Follow-up HIV testing is usually done at 4, 12, and 24 weeks.

Reviewed by:

Clinic Manager: _____

Infection Control Lead: _____

Date: _____