**Needlestick injury [QSI Ref: XR-516]**

**Descriptor:**

Contaminated needlestick injury to a patient, a member of staff or the public is a serious health risk and could lead to litigation.

**Background:**

This audit is worth carrying out because a contaminated needlestick injury to a patient, a member of staff or the public is a serious health risk. If negligence has contributed to an injury that has causes a systemic infection then there is a possibility of costly litigation [1]. It is the responsibility of the Trust to ensure that staff training is appropriate and adequate. This is to minimise the risk of an injury occurring and reduce the likelihood of consequent ill health. It is essential that hospital policy/protocol in relation to needlestick injury is known and followed.

## The Cycle

**The standard:**

All staff at risk of a needlestick injury (e.g. doctors, radiographers, nurses, helpers, porters) should be familiar with hospital policy on the management of sharps and needlestick injuries.

**Target:**

1. 100% compliance with indicator 1

2. 100% compliance with indicator 2

## Assess local practice

**Indicators:**

1. Percentage of at-risk staff who give a satisfactory answer to questions 2-8, 14 and 17-20 in the questionnaire

2. Percentage of incidents for which satisfactory answers are given to questions 12 and 13 in the questionnaire

(See Resources for questionnaire)

**Data items to be collected:**

All at-risk staff should complete a questionnaire as this is, in part a training exercise, a sample would be effective.

**Suggested number:**

All at-risk staff.

**Suggestions for change if target not met:**

• Improve the arrangements for reporting needlestick injuries so that staff are not deterred from reporting an injury

• Increase the number, improve the siting and ensure ready availability of sharps containers

• Ensure that all staff are trained in correct disposal methods and also in the management of sharps and needle stick injuries (this could be organised as a yearly update/training episode)

• Examine working practices and the working environment to assess other ways of further reducing the risk of injury

• Identify a staff member responsible for introducing change

• Indicate a date for repeating this audit - eg. 6 months following change

**Resources:**

- A designated member of the department of clinical radiology to carry out the survey and to analyse the results

- 5 hours to disseminate the questionnaires, to collect and analyse the data and to draft the report

- Your clinical risk officer should also be involved, and refer to the Trust policy and SOP’s on managing sharps and needle stick injuries.

[**6\_questionnaire\_for\_needlestick.doc**](https://www.rcr.ac.uk/sites/default/files/audit_template/6_questionnaire_for_needlestick_0.doc)WORD - 44.5 KB

**References:**

1. Wright C. Beyond the Syringe. HSJ 2000; 7: 17.
2. British Medical Association. Blood borne viruses and infection control. London: Harwood Academic, 1998.
3. Department of Health. Guidelines on post-exposure prophylaxis for health care workers occupationally exposed to HIV. London: DoH, 1997.
4. General Medical Council. Serious Communicable Diseases. London: GMC, 1997.
5. Managing the risks of sharps injuries. NHS Employers 2015.

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