

Needle stick injury & syringe disposal



FACTSHEET 09

Hepatitis Council of Qld

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“My mother had a needle stick injury from a workplace incident and the patient was hep c and HIV+. The chance was so remote of getting the virus~ but we still worried, its hard not to. But she was fine”

This factsheet relates to everyone who injects: heroin and speed injectors; body builders who use steroids; people who inject methadone; prescription medications; people who inject insulin; or people receiving treatments that may require a drug to be injected. This also relates to people who may handle syringes as part of their occupation, or want to know more about safe disposal of used syringes (fits).

What is harm minimisation?

Harm minimisation refers to policies and programs designed to reduce drug-related harm. These programs operate with an understanding that people who continue to inject drugs require information to reduce the associated harms. The majority of people who use drugs always dispose safely in sharps containers and return the equipment to a needle and syringe program (NSP). Occasionally equipment may be discarded in a house or public place which may cause a needle stick injury. Or an injury may occur in an occupational setting such as a hospital.

What should I do if I come across a used syringe?

- Put on gloves if possible;
- Use tongs or a stick to move the syringe into a visible area;

- Pick up the syringe holding it in the centre of the barrel (where there is less likelihood of coming in contact with blood);
- Place it directly into a sharps container;
- Wash hands in soapy water.

The local NSP can supply disposal containers needed and staff can advise about how to use more safely. NSPs are committed to keeping syringes out of public spaces and are often more than willing to talk to individuals or businesses about ways to improve safe disposal for the local community. NSP staff will also help dispose of fits (needle & syringes) and other equipment safely. The NSP supplies free containers ('fit packs' and sharps bins) especially designed to hold used fits. These sharps bins are the same as those used in hospitals and clinics.

Disarming of fits by breaking or bending the tip, or recapping a syringe is not a safe practice. It's best to drop them straight into a sharps container to dispose of them. Then wash hands thoroughly with soapy water.

What happens when sharps containers are not available?

Used fits should not be disposed of inside aluminum cans or glass bottles—this is illegal and you can be charged. People collect cans for recycling and could get a needle stick injury, and glass bottles can easily break leaving syringes loose. When sharps bins are not available and you come across a syringe, you can safely dispose of sharps in a 'properly sealed, rigid walled, puncture proof container' (e.g. thick plastic bottle like a bleach or shampoo bottle) placed in a bin or returned to the NSP. This protects others from needle stick injury and you from potential prosecution for unsafe disposal.

The ABC of Hepatitis Training Package is an initiative of Queensland Health through funding provided by the Commonwealth Department of Health and Ageing under the National Hepatitis C Prevention and Education Initiative

Updated: 1 April 2009

For more information www.hepqld.asn.au
or Hepatitis Council of Qld info line 1800 648 491

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What is likely to happen if I get a needle stick injury?

It is highly unlikely that you will get a blood-borne virus like hepatitis B, C or HIV, or acquire another strain of the virus, if you have a needle stick injury. There is a very low risk for transmission of these viruses from a discarded needle. The potential risk of infection even if the blood is positive is:

- **Hepatitis C** 3% - 8%
- **Hepatitis B** 30%
- **HIV** 0.4%- 0.8%

What do I do if I get a needle stick injury?

- Gently squeeze the area to make the wound bleed;
- Wash the area in cool soapy water (warm water may congeal the blood);
- Apply an antiseptic and sterile dressing;
- If at work notify your supervisor;
- Immediately go to your GP, Accident and Emergency Department or Sexual Health Service.

It is often recommended to get a baseline test immediately after exposure. This means that you have a test for a range of blood borne viruses to show your status. Then a doctor will be able to say definitively that an infection occurred as a result of the injury and was not a pre-existing condition. This is usually recommended when a needle stick injury occurred within the workplace, with follow up tests at one, three and six months. If you believe you may be at risk for hepatitis B, a HBIG vaccination may be provided from an Accident and Emergency department as soon as possible to help prevent hepatitis B infection.

There is also PEP available (post-exposure prophylaxis) that may reduce the risk of HIV infection when people have been exposed to HIV. Transmission of HIV is extremely rare and the Accident and Emergency staff will do an assessment to check if HIV is an actual risk in each case. There is currently no post exposure treatment for hepatitis C.

While the risk of transmission is very low, having a needle stick injury may be stressful. Contact the Hepatitis Council of Queensland or a local support service to discuss your concerns. It is important to remember that viruses do not live long outside the body, especially when exposed to air and sunlight, and **infection from a needle stick injury is exceptionally rare.**

Interested in finding out more?

Factsheets

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Alcohol & Drug Information Service (ADIS)

Provides information on local NSPs and other services and can also provide referral to specific alcohol and drug services

Ph 3236 2414 (Brisbane)

Ph 1800 177 833 (regional callers)

Queensland Injectors Health Network (QuiHN)

Ph 1800 172 076

Web www.quihn.org.au

Queensland Clean Needle Hotline

In the event of needle stick injury

Ph 1800 NEEDLE (1800 633 353) 24hrs/7 days

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