



UNIVERSITY  
OF WOLLONGONG  
AUSTRALIA

**UOW SAFE@WORK**

# WORKING WITH SHARPS GUIDELINES

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# 1 Introduction

Sharps are commonly used during research, undergraduate teaching, in clinical practice or applying first aid. 'Sharp' encompasses syringes, needles, scalpels, razor blades, broken glass and any other sharp implement with the potential to cause a penetrating injury if not handled in a safe manner.

Sharps can potentially be contaminated with many different types of micro-organisms and whilst the risk from blood borne viruses such as Human immunodeficiency viruses (HIV), and Hepatitis B and C is generally well known, there are many other micro-organisms that are found in contaminants such as blood, faeces, sewerage, human or animal secretions. Therefore all sharps, unless their origin is known, should be treated as contaminated.

## 2 Use of Sharps

### 2.1 Research and Teaching Areas

Work practices and the means for safe disposal of sharps is the responsibility of each faculty or work area. Managers and supervisors have a responsibility for informing staff and students of these procedures.

- needles should not be re-sheathed unless an appropriate re-capping device is available
- sharps are to be disposed of into approved impermeable sharps containers designated for the
- disposal of sharps. The containers must comply with AS/NZS 4031
- sharps containers must only be filled to  $\frac{3}{4}$  level of to the manufacturer's instruction.

### 2.2 Non-teaching Clinical Areas

If a 'sharp' is found anywhere on campus phone Security immediately on ext. 4555 or your local first aider, advising them of the location of the item. Work around the syringe or isolate the immediate area until it is removed.

Do not pick up the sharps item – Security staff carry sharps disposal containers in their vehicles.

## 3 Glass Disposal Procedure

Glass includes beakers, measuring cylinders, Pasteur pipettes, bottles and flasks. If you definitely know that the glass is not contaminated and that it can be picked up while avoiding contact with the skin – use paper or a dustpan and brush. The glass object should be double-wrapped carefully in paper and disposed of immediately.

### 3.1 Broken Glass

Place in the labelled 'Broken Glass Bin' (available in each laboratory). Ensure the 'Broken Glass Bin' has a lid. If the broken glass is contaminated with biohazardous or chemical residue, decontaminate the glass (as detailed below) before placing in the 'Broken Glass Bin'. When the 'Broken Glass Bin' is  $\frac{3}{4}$  full, then seal the bin lid and place in a 'Red-lidded General Waste Bin'.

Inform the Technical Officers when a new 'Broken Glass Bin' is required.

### 3.1.1 Glass Contaminated with Biohazardous Residue

Glass contaminated with biohazardous material must be autoclaved in a 'Metal Autoclave Bin' before being placed into the 'Broken Glass Bin'.

### 3.1.2 Glass Contaminated with Chemical Residue

Glass contaminated with chemical residue must be rinsed off into an appropriate 'Liquid Chemical Waste Container' (labelled with a completed [Hazardous Waste Label](#)). Place the clean glass into the 'Broken Glass Bin'.

## 3.2 Glass Winchesters

Winchesters and unbroken domestic glassware should not be placed into domestic waste bins. Rinse off any chemical residue into an appropriate 'Liquid Chemical Waste Container' (labelled with a completed [Hazardous Waste Label](#)). Place the clean and empty 'Glass Winchesters' into a 'Yellow-Lidded Recycling Bin'. 'Glass Winchesters' that have been used for 70% ethanol or methanol can be returned to the Solvent Store for refilling. Winchesters must be carried in a Winchester Carrier (each laboratory should have one).

## 4 Sharps Disposal Procedure

All sharps have the potential to cause injury through cuts or puncture wounds. In addition, many sharps are contaminated with blood or body fluids, microbiological materials, toxic chemicals or radioactive substances, posing a risk of infection or illness if they penetrate the skin. It is therefore essential to follow safe procedures when using and disposing of sharps in order to protect staff and students from sharps injuries.

If you definitely know that the sharp object is not contaminated and that it can be picked up while avoiding contact with the skin – use paper or a dustpan and brush. The following sharps disposal procedures shall be adhered to:

1. All Schools/Units which use sharps must have an approved waste container suitable for the safe storage of used sharps. Suitable containers are rigid and impervious, yellow in colour, and shall be clearly labelled as sharps containers.
2. All sharps are to be placed in the sharps container immediately after use. If the container is full then users must not try to force further sharps inside as this may lead to an injury.
3. To avoid sharp injuries, used needles must not be recapped, bent or otherwise manipulated unless an approved needle containment device is being used.
4. Containers of used sharps contaminated with biological, infectious or radioactive material must be labelled accordingly. Sharps contaminated with radioactive material must be placed in a sharps container designated for radioactive waste and disposed of in accordance with the Radioactive Waste Guidelines.
5. When a sharps container reaches the fill line the container capacity is full, the lid must be securely closed and the container disposed of properly. Sharps containers must not be placed into the general rubbish stream, but disposed of according to the Waste Disposal Guidelines.

## 5 Syringe Disposal Containers

To assist in the safe disposal of needles used for work related tasks, sharps containers should be purchased through supervisors or other appropriate management representatives. If a sharps container is required for personal reasons, the request can be made directly to the WHS Unit. Additionally requests can be made through the EED Unit, Student and/or Disability Services, or through any forum which an individual feels comfortable.

## 6 Needle-Stick Injuries and Other exposures

In the event of exposure such as needle-stick or a cut, or a mucous membrane exposure to blood or other body fluids, the following procedures should be implemented:

- treat the puncture wound or cut by liberally washing with soap and water and/or diluted hypochlorite solution
- if the face is splashed with blood, rinse the eyes and mouth gently with water to minimise the risk of infection
- ensure all incidents are reported to the laboratory supervisor, the WHS Unit and a SafetyNet report is completed and medical attention is sought
- for exposure to a genetically modified organism (GMO), the incident must also be reported to [Gene Technology Review Committee](#) as a suspected unintentional release of a GMO.
- if possible, identify the source material and test for the presence of HIV or Hepatitis B.

If the source material tests positive or is unknown:

- the employee or student should be counselled regarding the risk of infection and should be clinically evaluated
- for suspected HIV exposure, immediate treatment should be considered by the medical officer and the worker should be retested in three months. If negative, further retesting in six months time is required
- for suspected hepatitis B exposure vaccination should be administered immediately unless the person has already been vaccinated effectively within the past five years. If the person does not respond to the vaccine then treatment should be commenced.

## 7 Related Documents

- Legislative Compliance Guidelines
- WHS Risk Management Guidelines
- Radioactive Waste Disposal Guidelines
- Waste Disposal Guidelines
- Laboratory Waste Disposal Guidelines
- Laboratory Safety Guidelines
- Working With Blood or Bodily Fluids Guidelines

## 8 Program Evaluation

In order to ensure that these guidelines continue to be effective and applicable to the University, the program will be reviewed triennially by the WHS Unit and relevant stakeholders. Conditions which might warrant a review of the guidelines on a more frequent basis would include:

- an injury or near miss resulting from sharps
- incidents related to sharps
- changes to legislation and associated standards
- employee or employer concern.

Following completion of any review, the program will be revised and, if necessary, updated in order to correct any deficiencies.

## 9 Version Control Table

<b>Version Control</b>	<b>Date Released</b>	<b>Approved By</b>	<b>Amendment</b>
1	April 2003	WHS Manager	New template created
2	March 2006	WHS Manager	Documented updated to reflect current requirements
3	March 2009	WHS Manager	Documented updated to reflect current requirements
4	August 2010	WHS Manager	Document updated to incorporate the Personnel name change to Human Resources Division.
5	March 2012	WHS Manager	Re-brand and scheduled review.
6	September 2012	WHS Manager	Document updated to reflect WHS Unit name change. Content updated to reflect current requirements. More clarity around the use and disposal of sharps added.
7	September 2013	WHS Manager	Updated to provide more clarity for disposal of broken glass.
8	June 2014	WHS Manager	Process for informing the GTRC if a needle-stick injury occurs added to Section 6 based on OGTR inspection findings.
9	July 2016	WHS Manager	Rebrand.