Safe Handling of Syringes
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Prevention of Needlestick Injury

Picture Credit: After Hours Project, 2021 & stock photos retrieved, Oct 26, 2021
Who’s Responsible

EVERYONE IS RESPONSIBLE!!
Agency’s Responsibility for Safety

- Provide a well-lit area
- Safety equipment on hand at all times:
  - Puncture resistant utility gloves
  - Long-handled tongs
  - Sharps containers
  - Bleach & latex gloves for clean-up of blood spills
- Post needle stick injury management procedure
- Have telephone (land line/cell) for an emergency call
Staff & Volunteer Responsibility

- Cover all exposed areas
  - legs, toes and arms,
  - wear long pants,
  - closed shoes and long sleeves

- Never touch
  - used syringes

- Keep exchange area clean & uncluttered

- Always place sharps container on a flat/level surface away from you
Clients’ Responsibility

- Transport syringes safely (e.g., detergent, bleach or opaque soda bottle)
- Recap syringes prior to returning with cap
- If needle is broken off, place the needle in the syringe barrel and replace the plunger
- Look at the Sharps Container
- What do you see?
  - When do you stop filling?
  - What about sealing and labeling?
- How do you properly dispose of sharps container?
- Use puncture resistant utility gloves for opening, sealing or handling sharps containers
- Never insert hands into sharps container or forcibly push syringes
Management of Syringe or Blood Spill

- Stop syringe exchange
- Have participants stay clear of area
- Blood spills – latex gloves, absorbent cloth, over area, bleach solution
- Syringe spills – puncture resistant gloves, tongs, bleach solution

How does your SSP manage a syringe or blood spill?
Bloodborne Exposure

- Wash needlestick or cuts with soap & water
- Flush splashes to the nose, mouth or skin with water
- Irrigate eyes with clean water, saline, or sterile irrigants
- Immediately notify SSP Coordinator or Needlestick Manager
- Report to hospital emergency room or Medical Doctor ASAP. Ideally within 1-2 hours but NO LATER than 36 hours
- Ask for assessment for HIV post-exposure prophylaxis (PEP)
- Initiate incident report form
HIV Post Exposure Prophylaxis

- Must be started ASAP – ideally within 2 hours of exposure
- Medication Adherence
- Medical follow-up – repeat HIV testing at 4 weeks and 12 weeks
If HIV testing shows you are HIV negative, discuss taking PrEP (Pre-exposure Prophylaxis) with your medical provider.

Consistently taking one PrEP pill a day can prevent your getting HIV.

The AIDS Drug Assistance Program has a PrEP App to help pay for costs for a medical assessment and lab work for PrEP.
Treatment for Exposure

- Hepatitis B vaccine
- Hepatitis C – baseline testing & follow-up testing in 4 weeks, and 4-6 months
- HIV antibody testing
- PEP
- Tetanus vaccine
Needle gauge:

- A higher gauge number means thinner needle-usually preferred

- “cc” (cubic centimeters) refers to the capacity/volume of liquid that the syringe barrel can hold (usually 1/2 or 1 cc)
Needle Length:

▪ Longer needles are used for Intramuscular (IM) injection (usually 1 inch or longer)
▪ Intravenous (IV) injection (generally 1/2 - 5/8 inch)
▪ Women need shorter length needles for IM
▪ Men need longer length needles for IM
▪ Consider the needs of transgender participants
- EQUIPMENT (i.e., syringes, cotton, bottle caps, water, etc.) SHOULD NEVER BE SHARED!
Cleaning Works

Always use new, sterile syringes. If that is not possible, clean works with bleach

1. Fill syringe with clean water; To empty, squirt water through needle
2. Fill syringe with bleach; To empty, squirt bleach through needle
3. Fill syringe with new clean water; To empty, squirt water through needle
4. Always make sure the spoon, cotton and cooker are as clean as possible
5. Sharing these items can transmit HIV or Hepatitis C from one person to another
What Do Needles Look Like With Each Use?

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