



Department
of Health

Safe Handling of Syringes

Office of Drug User Health/AIDS Institute
New York State Department of Health

Safe Handling of Syringes



Prevention of
Needlestick
Injury



**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**

**How does your
SSP manage a
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

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

PrEP Pre – Exposure Prophylaxis

- 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

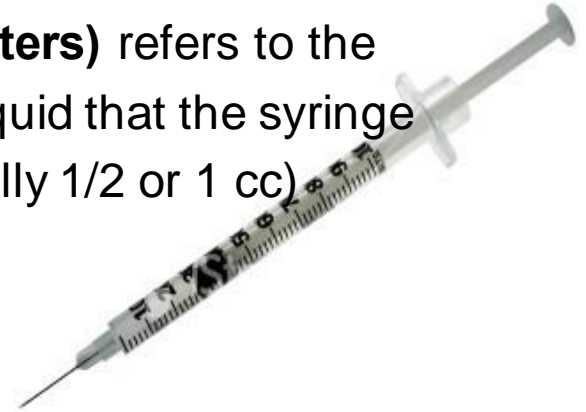
Treatment for Exposure

- 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

Needle gauge:

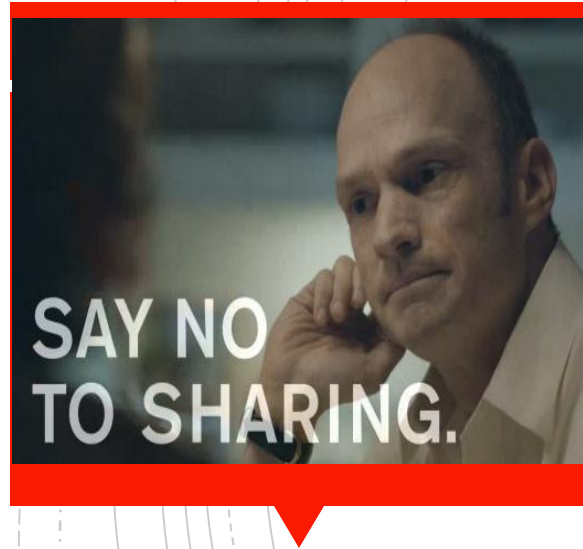
- A higher gauge number means thinner needle—usually preferred
- “**cc**” (**cubic centimeters**) refers to the capacity/volume of liquid that the syringe barrel can hold (usually 1/2 or 1 cc)



NEEDLE LENGTH

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



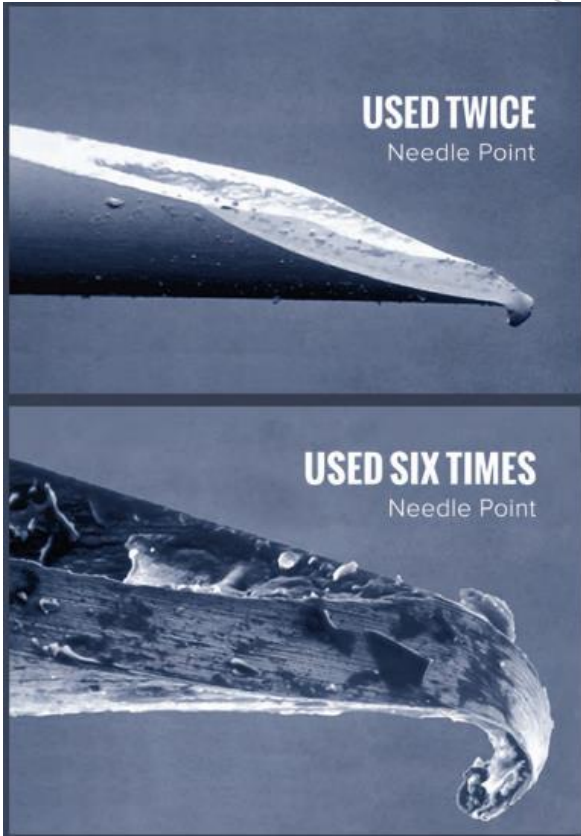
- **EQUIPMENT (i.e., syringes, cotton, bottle caps, water, etc.) SHOULD NEVER BE SHARED!**

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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