



# **SUPPORTING PUPILS IN SCHOOL WITH MEDICAL CONDITIONS POLICY**

**The OHC&AT Board of Directors has agreed this Policy and as such, it applies  
across all OHCAT Academies – 29<sup>th</sup> June 2018.**

Jay Mercer  
Chair of OHCAT Board

A handwritten signature in black ink, appearing to read "Jay Mercer", is positioned below the printed name and title.

# Supporting Pupils in School with Medical Conditions Policy

## INTRODUCTION

Orchard Hill College and Academy Trust (OHC&AT) is committed to providing outstanding educational opportunities for all our pupils and students. Supporting the health and wellbeing of pupils and students in all OHC&AT settings is a crucial part of enabling effective learning.

This policy applies to all OHCAT Academies and is written with reference to the DfE guidance 'Supporting Pupils at School with Medical Conditions' (2015) as well as the Special Educational Needs Code of Practice and the Children and Families Act 2014. Separate policies exist to support Orchard Hill College students with their physical health needs.

## RATIONALE

This policy seeks to ensure that pupils with medical needs are able to integrate fully into school life. This policy follows the most recent guidance issued by the DfE in December 2015.

The aim of this policy is to ensure that:

- All staff understand that medical conditions should not be a barrier to learning.
- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- The school ensures staff understand their duty of care to children and young people and their expected actions in the event of an emergency.

Parents/carers have the prime responsibility for their child's health and should provide school with information about their child's medical condition. Parents/carers, and the child if appropriate, should obtain details from their child's General Practitioner (GP) or paediatrician, if needed. Parents/carers should provide the school staff and School Nurse with full information about their child's medical needs, including details on medicines their child needs.

## POLICY GUIDELINES

OHC&AT and its Academies promote an ethos of equality and mutual respect throughout our provision. All pupils should be afforded equality of opportunity in terms of learning and extracurricular activity. Academy staff will strive to ensure that pupils with medical conditions are not excluded from full participation in school life and that

parents/carers feel secure in the care their child receives at school.

Where possible, pupils will be supported and encouraged to take control of their health and proactively manage their condition. All management of health conditions within OHCAT Academies is undertaken with the full understanding of the Academy's duty of care to pupils, including in the event of an emergency.

OHCAT Academy pupils are informed and reminded of this policy and related procedures through such channels as regular discussions in PSHE lessons, Student Council meetings, school newsletters and assemblies. Parents/carers are notified of policy updates via school newsletters and can access the policy on every Academy website. Staff receive regular training and updates related to supporting pupils with medical conditions, and are additionally able to access all Academy policies via the intranet and staff room information files.

## **SUPPORT FOR PUPILS WITH MEDICAL NEEDS**

Staff administering medication will act in the student's best interest to support the student and promote the safest and most effective delivery of the medication required. Consents, risk assessments (where necessary), support plans and safeguarding will be adhered to in all instances.

### **Prescribed medicines**

Medicines should only be brought to school when essential; that is, where it would be detrimental to a child's health if the medicine were not administered during the school day. School can only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include the name of the pupil, prescriber's instructions for administration, dosage and storage.

The school cannot accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.

It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside of school hours. Parents/carers are requested to ask the prescriber about this. It is to be noted that medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime.

Where the teaching staff agrees to administer a prescribed medicine it **must** be in accordance with a written consent and agreement of planned care with parents/carers.

Staff should check that the medicine has been administered without adverse effect to the child in the past and that parents/carers have confirmed this is the case – see Appendix 1.

## Non-prescription medicines

Staff should **never** give a non-prescribed medicine to a child unless there is specific prior written permission from the parent or carer.

Where the teaching staff agrees to administer a non-prescribed medicine it **must** be in accordance with a written consent and agreement with parents/carers.

Staff should check that the medicine has been administered without adverse effect to the child in the past and that parents/carers have confirmed this is the case. Parents/carers should be contacted **prior** to administration to confirm previous administration details.

Where a non-prescribed medicine is administered to a child it should be recorded on the form in Appendix 1.

Children under 16 should **never** be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents/carers should be informed.

## Adrenaline Auto-Injector (AAI)

Every OHCAT Academy will keep an Emergency Adrenaline Auto-Injector (AAI) if there are students within the setting who have been prescribed AAIs. This is in accordance with the Department of Health's *Guidance on the use of adrenaline auto-injectors in schools* (2017). Auto-injectors will be used in line with the manufacturer's instructions, for the emergency treatment of anaphylaxis where medical authorisation and written parental consent for the use of the spare AAI has been provided. The emergency AAI is a spare/back up device and **not** a replacement for a student's own AAI(s).

A register of students who may be treated with the emergency AAI will be kept with the AAI, as well as signed 'consent for medication' forms and a record sheet for any administration carried out. All emergency care will be given in line with the student's own Anaphylaxis Care Plan, including calling emergency services.

In the event of a possible severe allergic reaction in a student who does not meet these criteria, emergency services (999) should be called and advice sought from them as to whether administration of the emergency AAI is appropriate.

## Short-term medical needs

Many children will need to take medicines during the day at some time during their time in school. This will usually be for a short period only, such as to finish a course of antibiotics or to apply a lotion.

However, such medicines should only be taken to school where it would be detrimental to a child's health if it were not administered during the day. Again they must be

supplied in their original container, with the pupil's name, prescriber's dosage administration and storage instructions and written consent from a parent or carer.

### **Long-term medical needs and emergency treatment**

The Principal needs to know about any particular needs before a child is admitted, or when a child first develops a medical need.

The School Nurse should be informed and involved in managing pupils' needs as required.

For children who attend hospital appointments on a regular basis, special arrangements may also be necessary.

It is often helpful to develop a written health care plan for such children, involving the parents/carers and relevant health professionals. This can include:

- Details of the child's condition
- Special requirement e.g. dietary needs, pre-activity precautions
- Any side effect of the medicines
- What constitutes an emergency
- What action to be taken in an emergency
- What not to do in the event of an emergency
- Who to contact in an emergency
- The role the staff can play.

See Appendix 2 (Model process for developing individual healthcare plans) and Appendix 4 (Managing common medical conditions).

### **Self-management**

It is good practice to support and encourage children, who are able, to take responsibility to manage their own medicines from a relatively early age and school encourages this.

Children with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent or carer. Children develop at different rates and so the ability to take responsibility for their own medicines varies. This should be borne in mind when making a decision about transferring responsibility to a child or young person. There is no set age when this transition should be made. There may be circumstances where it is not appropriate for a child of any age to self-manage. Health professionals need to assess, with parents/carers and children, the appropriate time to make this transition. If required, staff will supervise children's access to and administering of their medicine

For conditions such as asthma, diabetes and severe allergies children are allowed to carry their own medication. There may be circumstances where it is not appropriate for a child of any age to self-manage. If required, staff will supervise children's access

to and administering of their medicine. (See Appendix 4 – Managing common medical conditions.)

Please note that children carrying medicines will be expected to store and use their medicines responsibly and not abuse, share or give their medicine to others. Parents/carers should complete the form in Appendix 3 and return it to the school.

Where children have been prescribed controlled drugs these should be kept in safe custody in the relevant Medical Office. However, children can access them for self-medication if it is agreed that this is appropriate.

Children with a short term need to finish a course of prescribed medicine may also bring their medicines to school. The child may either be responsible for them or ask the relevant staff to look after the medication. The parent/carer should determine which they feel is appropriate for their child.

### **Refusing medicines**

If a child refuses to take medicine, staff will not force them to do so. In the case of Epipens, the individual child's health care plan will be followed. Parents/carers should be informed of the refusal on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed.

### **Record keeping**

Parents/carers should tell the school about the medicines that their child needs to take and provide details of any changes to the prescription or the support required in writing. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions. In all cases it is necessary to check that written details include:

- name of child
- name of medicine
- dose
- method of administration
- time/frequency of administration
- any side effects
- any specific storage details
- expiry date

Parents/carers should complete a consent form and forward it to the school.

Where medication is administered in school on a regular basis a record will be kept using this form.

### **Trips and visits**

Children with medical needs will be encouraged to participate in trips and visits. It may be that an additional supervisor, a parent/carer or another volunteer might be needed to accompany a particular child. Arrangements for taking any necessary medicines will

also need to be taken into consideration. Staff supervising excursions should always be made aware of any medical needs, and relevant emergency procedures by the parent/carer on the consent form. A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency.

If staff are concerned about whether they can provide for a child's safety or the safety of other children on a visit advice will be sought from parents/carers and/or health professionals.

### **Drug error**

In the event that any medication is given in error, either to the wrong pupil or the wrong medication to the pupil, appropriate action must be taken as follows:

1. Report the incident immediately to a member of the Senior Leadership Team.
2. Report the incident to the pupil's next of kin/guardian/home manager as appropriate.
3. Investigate the matter of how and why the incident occurred and complete a risk assessment to place appropriate controls to prevent any reoccurrences.
4. Ascertain risk with advice from Guys and St. Thomas Poison/ Toxbase unit as required
5. Discipline as necessary.

### **STORAGE AND DISPOSAL OF MEDICINES**

All medicines should be stored safely. Children should know where their medicines are at all times and be able to access them. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available to children. This is particularly important to consider when outside of school premises, e.g. on school trips.

When no longer required, medicines should be returned to the parent or carer to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

Written records must be kept of all medicines administered to pupils.

### **STAFF TRAINING**

Staff at an OHCAT Academy receive training on the Academy's general emergency procedures, including medical emergencies. Training is given during the induction process and at regular intervals afterwards. This includes how to contact emergency services and what information to give, and who to contact within the school.

Information on action to take in a general medical emergency is displayed in prominent locations for staff. Additionally, action for staff to take in an emergency for the common serious conditions at the school is displayed in prominent locations – this information

includes the emergency procedure posters available from [www.medicalconditionsatschool.org.uk](http://www.medicalconditionsatschool.org.uk)

OHCAT Academy staff are aware of the most common serious medical conditions they are likely to encounter at the school and understand the importance of good management of health conditions. Academy staff who work with groups of pupils at a school should have received suitable training and know what to do in an emergency for the pupils in their care with medical conditions.

Staff will not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any individual healthcare plans). In some cases, written instructions from the parent/carer or on the medication container dispensed by the pharmacist will be considered sufficient; decisions will be made taking into consideration the training requirements as specified in the pupil's individual healthcare plan if there is one.

## **ROLES AND RESPONSIBILITIES**

### **Parents/carers will:**

- Provide the school, including the School Nurse, with sufficient information about their child's medical needs if treatment or special care is needed.
- Ensure that information held by the school on their child's medical needs is kept up to date.
- Agree jointly with school staff and the School Nurse on the school's role in supporting their child's medical needs.
- Keep their child at home if the child is acutely unwell, in order to reduce the spread of infection. This is to protect other children with medical conditions such as asthma and diabetes, for whom illness can produce complications.

### **Governing bodies will:**

- Be aware of the framework of responsibility and regularly review the arrangements in place at the school for the support of pupils with medical conditions.
- Monitor support for pupils with medical conditions within the school, including staff training, via termly reports from the Principal.

### **The Principal will:**

- Ensure that this policy and related documentation are implemented throughout the school.
- Monitor support for pupils with medical needs via regular reports and data monitoring.
- Ensure that sufficient staff have received suitable training and are competent to take on responsibility for children with medical conditions.
- Ensure that suitable cover arrangements are in place to manage pupils' medical needs in case of staff absence.
- Ensure staff training on general emergency procedures and common emergencies relating to medical conditions is up to date.
- Ensure that medication and equipment relating to pupils' support needs is



properly and securely stored while on school premises.

- Delegate a staff member to check the expiry date of medicines kept at school and maintain the school medical conditions register.
- Oversee the development and review of individual healthcare plans and risk assessments where necessary.
- Liaise with the School Nurse regarding support for children with medical conditions.

**All staff will:**

- Ensure they understand and abide by this policy and related documentation.
- Ensure that day to day school activities are inclusive and open to all wherever possible.
- Ensure they are familiar with all general emergency procedures and common emergencies relating to medical conditions.
- Know which pupils in their care have a medical condition and be familiar with the content of the pupil's healthcare plan.
- Maintain effective communication with parents/carers, including informing them if their child has been unwell at school.
- Ensure pupils who carry their medication with them have it when they go on a school visit or out of the classroom.
- Be aware of pupils with medical conditions who may be experiencing bullying or need extra social support.
- Understand the common medical conditions and the impact it can have on pupils (pupils should not be forced to take part in any activity if they feel unwell).
- Ensure all pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in.
- Ensure pupils have the appropriate medication or food with them during any exercise and are allowed to take it when needed.
- Not distribute prescription medication or undertake a medical procedure without appropriate training/updated to reflect the individual care plan.

**Teaching staff will:**

- Ensure pupils who have been unwell have the opportunity to catch up on missed school work.
- Be aware that medical conditions can affect a pupil's learning and provide extra help when pupils need it.
- Liaise with parents/carers, the pupil's healthcare professionals, special educational needs coordinator and welfare officers if a child or young person is falling behind with their work because of their condition.
- Use opportunities such as PSHE and other areas of the curriculum to raise pupil awareness about medical conditions.

**Special educational needs coordinators will:**

- Help to update this policy as required.
- Know which pupils have a medical condition and which have special educational needs because of their condition.
- Ensure pupils who have been unwell catch up on missed schoolwork.
- Ensure teachers make the necessary arrangements if a pupil needs special

consideration or access arrangements in exams or course work.

**Pupils will:**

- Treat other pupils with and without a medical condition equally.
- Tell their parents/carers, teacher or nearest staff member when they are not feeling well.
- Let a member of staff know if another pupil is feeling unwell.
- Treat all medication with respect.
- Know how to gain access to their medication in an emergency.
- If mature and old enough, know how to take their own medication and to take it when they need it.
- Alert a member of staff to an emergency situation.

**School nurses or school healthcare professionals**

School Nursing will not necessarily be aware of all pupils' medical conditions but there is a clear expectation from the school that school nursing services are involved in the care plan process as appropriate, including the following:

- Seek consent from the parent/carer or young person over 13, as relevant.
- Inform the school of pupils in need of a healthcare plan.
- Help provide regular training for school staff in managing the most common medical conditions at school and advising training on less common conditions.
- Collate relevant health information to support pupils, families and the school to inform the healthcare plan.
- Provide information about where the school can access other specialist training.
- Liaise with lead clinicians locally on appropriate support for a child with medical needs, including pupils who are unable to attend full time.

**It should be noted that local authorities are commissioners of school nurses for maintained schools and academies.** Under Section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation. Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively.

**It is the responsibility of all OHCAT staff and key stakeholders to maintain pupil confidentiality.**

**UNACCEPTABLE PRACTICE**

School staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan. It is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;

- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents/carers, or ignore medical evidence or opinion (although this may be challenged);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent/carer should have to give up working because the school is failing to support their child's medical needs;
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany the child.

## CONFIDENTIALITY

The Principal and staff will always treat medical information confidentially. The Principal will agree with the child where appropriate, or otherwise the parent/carer, who else should have access to records and other information about a child. If information is withheld from staff they should not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

## POLICY REVIEW DETAILS

<i>Version:</i>	1.2
<i>Reviewer:</i>	Marie Wilkes, Lisa Watkins, John Prior, Janet Sherborne, Jackie Van-West
<i>Approval body:</i>	Family Board
<i>Date this version approved:</i>	29 <sup>th</sup> June 2018
<i>Due for review:</i>	Summer 2021

## RELATED POLICIES AND PROCEDURES

Administration of Medication and Prescribed Substances in College Policy  
Anti-Bullying Policy  
Asthma Policy  
Child Protection, Adult Protection & Safeguarding Policy  
Complaints Policy and Procedure  
Delegation of Duty Policy  
Educational Visits Policy

Equality and Diversity Policy  
Health and Safety Policy  
Infection Control Policy

**APPENDIX 1: Medicine management plan, consent and record of medicine administered to an individual child**

Name of Academy/setting				
Name of child				
Date medicine provided by parent				
Group/class/form				
Quantity received				
Name and strength of medicine				
Previously administered	Yes / No			
Adverse effect	Yes / No			
Expiry date				
Quantity returned				
Dose and frequency of medicine				

Staff signature \_\_\_\_\_

Signature of parent \_\_\_\_\_

Date  
Time given  
Dose given  
Name of member of staff  
Staff initials


Date  
Time given  
Dose given  
Name of member of staff  
Staff initials


Date			
Time given			
Dose given			
Name of member of staff			
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Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

## **APPENDIX 2: Model process for developing individual healthcare plans (IHCPs)**

- Parent/carer or healthcare professional informs school that child has been newly diagnosed, or is due to attend new school, or is due to return to school after a long-term absence, or that needs have changed.
- Principal or senior member of school staff to whom this had been delegated coordinates meeting to discuss child's medical support needs and identifies member of school staff who will provide support to pupil. School Nurse to be informed and included as required.
- Meeting to discuss and agree on need for IHCP to include key school staff, child, parents/carers, relevant healthcare professional and other medical/health clinician as appropriate (or to consider written evidence provided by them).
- Develop IHCP in partnership – agree who leads on writing it. Input from healthcare professional must be provided.
- School staff training needs identified.
- Healthcare professional commissions/delivers training and staff signed-off as competent – review date agreed.
- IHCP implemented and circulated to all relevant staff.
- IHCP reviewed annually or when condition changes. Parents/carers or healthcare professional to initiate.

### APPENDIX 3: Request for child to carry his/her medicine

#### **THIS FORM MUST BE COMPLETED BY PARENTS/CARERS**

If staff have any concerns they should discuss the request with Academy healthcare professionals.

Name of Academy	
Child's name	
Group/class/form	
Address	
Name of medicine	
Procedures to be taken in an emergency	

<b>Contact information</b>	
Name	
Relationship to child	
Daytime telephone number	
<p>I would like my son/daughter to keep his/her medicine on him/her for use as necessary.</p> <p>Signed: _____</p> <p>Date: _____</p>	

**If more than one medicine is to be given a separate form should be completed for each one.**



## **APPENDIX 4: Managing common medical conditions**

### **Asthma**

Children with asthma need to have immediate access to their reliever inhalers when they need them. Inhaler devices usually deliver asthma medicine. OHCAT Academies follow good practice in supporting children with asthma to take charge of and use their inhaler from an early age, where considered appropriate.

Children who are able to use their inhalers themselves will be allowed to carry them with them. Inhalers should always be available during physical education, sports activities and educational visits.

A child should have a regular asthma review with their GP or other relevant healthcare professional. Parents/carers should arrange the review and make sure that a copy of their child's management plan is available to the school if required. Children should have a reliever inhaler with them when they are in school.

See also the Asthma Policy.

### **Diabetes**

Children with diabetes will have an individual healthcare plan where required. They will be allowed to eat regularly during the day if necessary. This may include eating snacks during class-time or prior to exercise. Children with diabetes should be encouraged to bring an 'emergency snack box' containing glucose tablets or a sugary drink to school.

### **Anaphylaxis**

The decision on how many adrenaline devices the school should hold, and where to store them, has to be decided on an individual basis and will be reflected on the child's individual healthcare plan.

Where children are considered to be sufficiently responsible to carry their emergency treatment on their person they will be allowed and encouraged to do so. There should always be a spare set kept safely which is not locked away and is accessible to all staff. In emergencies, it is often quicker for staff to use an injector that is with the child rather than taking time to collect one from a central location.

Studies have shown that the risks for allergic children are reduced where an individual healthcare plan is in place. Reactions become rarer and when they occur they are mostly mild. The plan will need to be agreed by the child's parents/carers, the school and the treating doctor.

## **APPENDIX 5: Needle Stick / Sharps Injury – Guidance and Procedures**

If any OHCAT pupil or student requires administration of medication with sharps, an Individual Risk Assessment and care plan will be created. These will include specific administration guidance and instructions for the procedure in case of needle stick injury.

Any staff member who is required to use or assist in the use of needles or sharps will be trained and made aware of the related:

- Risk Assessments
- Care plans
- Safe working practice
- Procedures in the event of injury

### **SAFE WORKING PRACTICES**

This can be divided into 3 stages:

#### **1. Prior to use**

- A full risk assessment must be undertaken to identify the risks, who might be harmed and the measures needed to control the risks during planned use and the unexpected discovery of incorrectly or maliciously discarded needles.
- Any employee that is required to use or assist in the use of needles or sharps must be informed of the risk assessment and receive appropriate information, instruction and training.
- Any employees that are required to collect and dispose of discarded needles or sharps must be informed of the risk assessment and receive appropriate information, instruction and training and be provided with suitable equipment for the task
- Except in extreme emergency situations where there is a risk to life e.g. where there is a risk to life without immediate intervention, protective gloves must be worn before any activity where a member of staff may come into contact with blood or other body fluids.
- Wear facemasks and eye protection (goggles/safety glasses and mask or a full face visor) where there is a risk of blood/body fluid splashes.
- A sharps container must be available that complies with the British Standard (BS7320).
- Ensure there are adequate sharps bins of appropriate sizes situated in suitable locations – located in Medical Rooms (portable).
- Place bins at the point of use on a hard even surface.
- Keep sharps bins out of the way of children and other vulnerable people.
- A sharps disposal pack should be available where there is the possibility of maliciously discarded needles. This should contain protective gloves, forceps/pick up device and portable sharps container.

## 2. During use

- Wear appropriate personal protective equipment.
- Never carry sharps in your hand.
- Carefully assemble the device to be used.
- Do not take the device apart unless unavoidable.
- If unavoidable, use the device provided on the sharps bin to remove needles from syringes and blades from scalpel handles.
- Do not re-sheath needles.
- Use tray to carry sharps devices.
- Activate temporary closure mechanism on sharps bin between uses.
- Be especially careful of sharps risks during emergency procedures.

## 3. After use

Safe disposal is the responsibility of the member of staff assisting or administering the treatment.

- Dispose of sharps directly into a sharps bin **at the point of use**.
- Discard disposable needles and syringes as one unit immediately after use.
- Dispose of sharps bins when three quarters full.
- Dispose of sharps bin securely as clinical waste.
- Do not put sharps bins in clinical waste bags.
- Sharps, their associated syringes, tubes, bags etc. and drug vials which are not fully discharged and contain prescription only medicine must be treated as 'Special Waste' and must be disposed of in a sharps bin, which must be clearly marked '**For Incineration**'.
- Dispose of gloves into waste bag.
- Wash and dry hands thoroughly.

## IN THE EVENT OF SHARPS OR NEEDLE STICK INJURY

Injuries from needles used in medical procedures are sometimes called needle stick or sharps injuries. Sharps can include other medical supplies, such as syringes, scalpels and lancets, and glass from broken equipment.

If you pierce or puncture your skin with a used needle, follow this first aid advice immediately:

- encourage the wound to bleed, ideally by holding it under running water
- wash the wound using running water and plenty of soap
- don't scrub the wound while you're washing it
- don't suck the wound
- dry the wound and cover it with a waterproof plaster or dressing

You should also seek urgent medical advice:

- go to the nearest [accident and emergency \(A&E\) department](#), or
- contact your employer's Occupational Health service, if you injure yourself at work.

## **FURTHER INFORMATION**

Once someone has used a needle, viruses in their blood such as [hepatitis B](#), [hepatitis C](#) or [HIV](#) may contaminate it. This includes needles used to inject illegal drugs. Blood can also contaminate sharps.

For more information, see [What infections can used needles or sharps pass on?](#)

### **Assessing your injury**

The healthcare professional treating you will assess the risks to your health and ask about your injury, for example how and when it happened, or who had used the needle.

Samples of your blood may need to be tested for hepatitis B and C or HIV.

Although rare, there is also a small risk of other infections being transmitted via contaminated blood, such as [cytomegalovirus \(CMV\)](#) and [Epstein-Barr virus](#).

Your healthcare professional may also arrange to test samples of the other person's blood, if they give their consent.

### **Will I need any treatment?**

If your healthcare professional thinks you're at low risk of infection, you may not need any treatment.

If there's a higher risk of infection, you may need:

- antibiotic treatment, for example if you have [cellulitis](#) (infection of the skin)
- vaccination against hepatitis B
- treatment to prevent HIV

If there's a high risk of infection with HIV, your healthcare professional may consider treatment called post-exposure prophylaxis (PEP). For more information, see [Can PEP stop me getting HIV?](#)

### **Getting support**

Your healthcare professional may recommend that you get:

- support from your employer's occupational health service – they can also advise about sick leave

- psychological support such as [counselling](#), to help with any stress the injury has caused

If you injure yourself with a used needle at work, report the incident immediately to your supervisor or manager.

For further guidance see [NHS Choices Guidance on Needle Stick Injuries – Reviewed May 2015](#)