# Needlestick Injuries: Preventing Sharps Injuries in Any Workplace

**Health & Safety** · Published 17 August 2026 by Integral Safety Ltd · integralsafetyltd.co.uk/blog/needlestick-injuries-preventing-sharps-injuries-at-work



## A Risk That Reaches Well Beyond Hospitals

Mention needlestick injuries and most people picture nurses and doctors. In practice, the risk reaches much further. Cleaners emptying bins, waste and recycling operatives, housing officers inspecting void properties, grounds maintenance teams, tattooists, vets, laundry staff and prison officers can all encounter discarded needles or other contaminated sharps during a normal working day. Anyone who manages housing stock, a waste contract or a public-facing site needs to think about this risk even if they never employ a single clinician.

The concern is not the puncture wound itself, which is usually minor, but what it might carry. Blood-borne viruses including hepatitis B, hepatitis C and HIV can be transmitted through a contaminated sharp. The anxiety while waiting for test results is distressing even when, as in most cases, no infection follows. For an organisation managing housing stock with void properties, communal bin stores or needle exchange nearby, this is a predictable and manageable risk rather than a rare fluke, and it should be treated that way in the risk assessment.

## What the Law Requires

The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 set specific duties for healthcare employers, including using safer sharps devices where reasonably practicable and taking steps to avoid the recapping of needles. Outside healthcare, the general framework still

applies: the Health and Safety at Work etc. Act 1974, the Management of Health and Safety at Work Regulations 1999 and, because blood-borne viruses are biological agents, the Control of Substances Hazardous to Health Regulations 2002 (COSHH).

In plain terms, if your people could plausibly encounter sharps as part of their work, whether that is picking litter, clearing a void property or sorting recycling, you need to assess that risk, put sensible controls in place, and train staff to follow them. A generic reference to COSHH in a policy folder is not enough. The assessment needs to identify where and how sharps are likely to be found, who is exposed, and what controls reduce that exposure as far as reasonably practicable.

## What a Compliant Arrangement Looks Like in Practice

A written sharps policy on its own does very little. A genuinely compliant arrangement has several working parts that fit together: a specific risk assessment covering the tasks and locations where sharps might be found, suitable equipment that staff actually have with them (not locked in a van three streets away), a disposal route for full containers, a reporting process that staff use without fear of blame, and refresher training that is repeated, not a one-off induction slide nobody remembers.

Responsibility sits with the employer, but it needs a named individual, often a supervisor or site manager, who checks that sharps bins are available, not overfilled, and collected on schedule. The risk assessment should be reviewed whenever the work changes (a new waste contract, a new site, a change in void turnaround volumes) and periodically even if nothing obviously has, with an annual check being a sensible interval for many organisations. Many review it alongside their wider COSHH assessment cycle.

Records worth keeping include the risk assessment itself with its review date, training records showing who has been trained and when, incident and near-miss reports (every sharps find, not just injuries), and the waste documentation from your disposal contractor for filled sharps containers. These records matter twice over: they demonstrate compliance if ever challenged, and they help you spot patterns, such as a particular site or round generating repeated finds, that deserve a change in approach.

## Practical Controls That Work

The safest sharp is the one nobody touches. Litter pickers, grabbers, dustpans and brushes mean a discarded needle can be moved without fingers ever going near it. Staff who might find sharps should never reach into bins, bags or voids they cannot see into, and this rule needs to be said out loud, not just assumed.

- Approved sharps containers to British Standard, never drinks bottles or ordinary bins
- Tongs or grabbers for retrieval, carried with the worker rather than stored centrally
- Puncture-resistant gloves appropriate to the task, remembering that no glove stops a direct needle puncture
- Clear, contracted arrangements for collection and disposal of filled containers as clinical

waste

- Never bend, break or recap needles
- Fill sharps containers only up to the fill line, then seal and replace
- Carry the container to the sharp, not the sharp to the container
- Report every find and every injury, however trivial it seems, so patterns can be tracked

## What Commonly Goes Wrong

In practice, the same few failures turn up repeatedly. Equipment is the first: sharps bins are kept in a store cupboard or van rather than with the worker, so when a needle is found, someone improvises with a bag or a bin that was never designed for the job. Training is the second: a brief mention at induction two years ago does not give someone the confidence to handle a real find calmly, and confidence under pressure is exactly what prevents a rushed, careless action.

Under-reporting is the third and most persistent problem. Staff who find a needle but are not injured often do not mention it, assuming it is not worth the paperwork. This hides the true scale of the risk and means sites that genuinely need extra controls never get flagged. Finally, risk assessments are frequently written once and never revisited, even when a round, contract or site changes significantly. A waste and logistics operation that takes on a new recycling stream, for example, should treat that as a trigger to reassess rather than waiting for the next scheduled review.

## If Someone Is Injured

Make sure everyone knows the first aid response before they ever need it. Encourage the wound to bleed gently, ideally under running water; do not suck it or scrub it. Wash with soap and running water, then cover with a waterproof dressing. Seek urgent medical advice the same day, from A&E or an occupational health provider, because post-exposure treatment for some blood-borne viruses is time-critical and the window for it can be short.

Report and record the incident internally regardless of how minor it seems, and be aware that some sharps injuries may be reportable under RIDDOR depending on the circumstances, for example where an injury leaves a worker unable to do their normal work for more than seven days. Organisations supporting vulnerable residents, such as care homes, should have an especially clear and rehearsed procedure, since both staff and residents may be at risk and delay in seeking advice is more consequential.

## Training Turns a Policy Into Protection

A written procedure only protects people if they know it, believe it, and follow it under pressure. Short, practical training covering recognition, safe handling, disposal and the post-injury drill gives staff the confidence to deal with sharps calmly rather than freezing or improvising. Integral Safety, an IOSH approved training provider, runs a dedicated Sharps and Needlestick Awareness course designed for non-healthcare workforces such as cleaning, housing, waste and facilities teams, and

our COSHH Awareness course is a useful companion where biological agents form part of a wider chemical and substance risk picture.

If your risk assessment needs a fresh look, our health and safety consultancy team can review what you have and identify the gaps before they become incidents. Businesses across the East Midlands ask us to do exactly this when a contract, site or workforce changes. Contact us to discuss what would suit your organisation.

## Talk to Integral Safety Ltd

We are health and safety consultants based in Coalville, Leicestershire, working with businesses across the East Midlands. If anything in this guide applies to your workplace, we can help.

| | |
|---|---|
| **Phone** | 01530 382 150 or 01664 400 450 |
| **Email** | info@integralsafetyltd.co.uk |
| **Website** | integralsafetyltd.co.uk |

This guide is general information about UK health and safety law and practice, correct as at 11 November 2026. It is not advice on your particular circumstances. The latest version is at https://integralsafetyltd.co.uk/blog/needlestick-injuries-preventing-sharps-injuries-at-work.