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April 2025

[REDACTED]
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Dear [REDACTED]

I refer to your email of 16 March 2025 requesting, under the Official Information Act 1982 (OIA), *the current guideline held by the NZDF for the management of sharps, inoculation or needle stick injuries.*

The requested information is enclosed. Where indicated, information has been withheld from the second enclosure in accordance with section 9(2)(a) of the OIA to protect the privacy of individuals.

Please note that responses to official information requests are proactively released where possible. This response to your request will be published shortly on the NZDF website, with your personal information removed.

Yours sincerely

GA Motley

Brigadier

Chief of Staff HQNZDF

Enclosures:

1. Excerpt from Defence Health Rules 30 Applied Healthcare: Health and Disability Services, Part 2 - Infection Control and Prevention, Chapter 2 - Waste Management
2. Health Standard Operating Procedure: Needle-stick Injury, and other Blood and Body Fluid Exposure

Excerpt from Defence Health Rules 30 Applied Healthcare: Health and Disability Services,
Part 2 - Infection Control and Prevention, Chapter 2 - Waste Management

30.2.2.6 Hazardous waste (Sharps)

a. Sharps are defined as objects or devices that—

- (1) have sharp points;
- (2) have protuberances or cutting edges;
- (3) are capable of causing a penetrating injury to humans; or
- (4) are capable of puncturing containers.







b. Sharps are to be disposed of at the point of use by the operator/user into a tamper-proof sharps container. Used sharps are not to be carried around before they are disposed in a sharps container.

c. Sharps containers must not be filled past the line indicated on the container and lids must be securely closed before transferring for disposal.

d. Non-medical sharp objects (such as broken glass or crockery that are uncontaminated by body fluids or hazardous substances) should be securely wrapped and disposed of as general waste.

NZDF WASTE CLASSIFICATION GUIDE

For Safety and Savings please place in waste receptacle detailed below

NON HAZARDOUS			HAZARDOUS/CONTROLLED		
RECYCLABLE PAPER	CONFIDENTIAL PAPER	GENERAL WASTE	INFECTIOUS WASTE	SHARP WASTE	CONTROLLED WASTE
<p>ACCEPTABLE</p> <ul style="list-style-type: none"> ✓ Brochures ✓ Colored paper ✓ Computer paper ✓ Magazines ✓ Mixed Grade Card (fattened) ✓ Newspaper ✓ Office paper ✓ Telephone books <p>NOT ACCEPTABLE</p> <ul style="list-style-type: none"> ✗ Carbon paper ✗ Dirty or food contaminated paper ✗ Ream wrappers ✗ Sticky labels ✗ Waxy paper ✗ Window envelopes <p>Note: Flatten cardboard boxes and stack separately with other waste.</p> <p>NB: NZDF does not currently have a glass, plastics recycling Programme</p>	<p>ACCEPTABLE</p> <ul style="list-style-type: none"> ✓ Confidential documents ✓ Documentation identifying patients, authorised to be discarded ✓ Lab results ✓ Patient labels ✓ Patient lists ✓ Any material containing confidential staff details <p>NOT ACCEPTABLE</p> <ul style="list-style-type: none"> ✗ Non confidential paper <p>Note: document destruction should be limited to confidential documents only.</p>	<p>ACCEPTABLE</p> <ul style="list-style-type: none"> ✓ Polystyrene ✓ Paper hand towels ✓ Packaging ✓ Broken crockery/glass (securely wrapped) ✓ Food scraps & flowers <p>NOT ACCEPTABLE</p> <ul style="list-style-type: none"> ✗ Sharps ✗ Laboratory or medical waste 	<p>ACCEPTABLE</p> <ul style="list-style-type: none"> ✓ Body fluid filled receptacles ✓ Unclaimed human tissue waste ✓ Fluid contaminated items that could cause flick or splash injuries <p>NOT ACCEPTABLE</p> <ul style="list-style-type: none"> ✗ General waste e.g. paper ✗ Special waste i.e. chemical, radioactive, cytotoxic <p>Note: All disposable receptacles containing body fluids must be placed into a bag and tied securely before placing into biohazard bin</p>	<p>ACCEPTABLE</p> <ul style="list-style-type: none"> ✓ Glass snap top ampoules ✓ IV bag spikes ✓ Razor blades ✓ Glass IV bottles ✓ Rubber topped vials with medication residue ✓ Scalpel blades ✓ Syringes (needles attached) ✓ Trocars ✓ Vacutainers/test tubes containing blood ✓ Settle plates, culture ✓ Unclaimed identifiable human tissue e.g. <ul style="list-style-type: none"> ○ Limbs ○ Organs ○ Placenta ○ Unidentifiable tissue <p>NOT ACCEPTABLE</p> <ul style="list-style-type: none"> ✗ Heavy metal objects ✗ Other waste categories 	<p>ACCEPTABLE</p> <ul style="list-style-type: none"> ✓ Isolation room waste if provided will not cause flick or splash injury ✓ Disposable gowns & gloves (soiled and unused) ✓ Emptied urine bags ✓ IV bags and tubing (spikes cut and no blood) ✓ Specimen containers used and emptied ✓ Masks/ Oxygen tubing ✓ Plaster casts ✓ Empty Medication vials – e.g. antibiotic ✓ Non sharp syringes ✓ Needle-free IV systems ✓ Material with dry or absorbed blood, body fluid soiling <p>NOT ACCEPTABLE</p> <ul style="list-style-type: none"> ✗ Body parts/tissue that have been claimed by patient/vhānau ✗ Other waste categories
					

30.2.2.10 Waste containers

a. Bags for the collection and storage of healthcare waste, other than sharps must—

- (1) have sufficient strength to safely contain the waste category it is designed to hold; and
- (2) never be filled past two-thirds of their capacity to allow for secure final closure.

b. Sharps containers are to be used until filled, and then disposed of through the waste management service; they must not be emptied and reused. NZDF health facilities are to use single-use sharps containers that are approved and provided by either Health Service Support (HSS) or the contracted waste management company.

c. Sharps containers should—

- (1) have sufficient strength to safely contain the waste category it is designed to hold;
- (2) be yellow;
- (3) have an opening (mouth) for the introduction of sharp objects, but not allow the removal of sharp objects;
- (4) have a closure device capable of securely closing the container;
- (5) be resistant to leakage, impact rupture and corrosion;
- (6) be inspected after each use to ascertain that they are clean, intact and not damaged; and
- (7) be taken out of service if found to be defective.

d. Waste management personnel will not pick up waste containers that do not meet the requirements of this standard.

30.2.2.11 Operational deployments

All waste management shall be carried out as per HQ JFNZ direction. Within an operational setting, clinical waste should be stored and maintained in a safe manner until access to an approved disposal area, or suitable clinical waste disposal facility, is arranged.

30.2.2.12 Waste handling and movement within facilities

- a. Employees handling waste containers of any category must wear appropriate personal protective equipment (PPE) (refer to Part 2, Chapter 4 Personal Protective Equipment).
- b. Waste bags or containers must only be moved once they are securely closed.
- c. If the waste is moved within the facility by any personnel, the personnel must understand what type of waste they are transporting and know how to take the necessary safeguards. Movement of waste through patient treatment areas should be avoided or restricted to times of minimal clinical activity.
- d. All waste must be adequately covered and contained so it does not come in contact with other waste types that are also being stored, moved or transported.
- e. Hazardous and controlled waste in transit must not be left unattended in public areas.

30.2.2.13 Spill procedures

- a. Appropriate PPE shall be worn at all time when cleaning up a spill.
- b. Ensure waste spills are contained and controlled.
- c. Spills are to be managed in accordance with Part 2, Chapter 12 Spills Management and according to the health facilities' SOP. An MD1597 Health Incident Report Form should be

completed, if appropriate. Deleted. The form previously listed here is now hyperlinked in paragraph 30.2.2.13.

30.2.2.14 Staff training

- a. All new and relieving staff shall be trained in waste management. The training shall cover—
 - (1) methods of preventing injury when handling healthcare waste;
 - (2) correct segregation, handling, moving, transporting and disposal of the different types of healthcare waste;
 - (3) spill containment and clean-up procedures; and
 - (4) correct use of PPE.
- b. Records of all training are to be kept.

Excerpt taken from Defence Health Rules 30 Applied Healthcare: Health and Disability Services, Part 2 - Infection Control and Prevention, Chapter 9 - Safe Handling and Disposal of Sharps

Safe Handling and Disposal of Sharps

Purpose of rule

The purpose of this rule is to specify the practices for handling and disposing of sharps to reduce the risk of needlestick injury.

Application

This rule applies to all New Zealand Defence Force (NZDF) members in all locations.

Authorising Authority, Approving Authority, Regulatory Custodian and Custodian

- a. The Authorising Authority for this rule is the Surgeon General.
- b. The Approving Authority for this rule is the Chief Medical Officer.
- c. The Regulatory Custodian for this rule is the Chief Nursing Officer.
- d. The Custodian of this rule is the Director Defence Health Policy.

30.2.9.1 Safe handling

- a. Health personnel are responsible for—
 - (1) immediately disposing of single-use sharp items after use; or
 - (2) rendering it safe for disposal.
- b. When using sharps, adhere to following—
 - (1) Sharps must not be passed directly from hand-to-hand.
 - (2) Disposal of sharps should occur immediately at point of use. If this is not possible, then a lidded, puncture-resistant container or covered tray is to be used to transport to the disposal area.
 - (3) Needles are not to be recapped, bent or manipulated by hand.
 - (4) An approved hardshell sharps waste container should be located in appropriate clinical locations and on any intravenous trolley.

30.2.9.2 Oral health

Needles used in oral health environments may be re-sheathed utilising up-to-date, best-practice techniques (e.g. single-handed technique or a recapping device).

30.2.9.3 Safe disposal

a. When disposing of sharps—

- (1) use only approved hardshell sharps containers;
- (2) discard used disposable syringes and needles/blunt cannula as a single unit (do not attempt to separate);
- (3) sharps containers must be changed and sealed correctly when the contents reach the maximum fill line; and
- (4) sharps containers must be stored safely away from casual access.

b. Sharps containers are to be managed in accordance with Chapter 2 Waste Management.

30.2.9.4 Dropped/found sharps

a. It is the responsibility of healthcare personnel to manage any sharp that has been dropped or found. This must not be undertaken by contracted cleaners. Personnel must—

- (1) not use their hands to dispose of the sharp;
- (2) isolate the sharp and warn personnel about its location;
- (3) place an appropriate hardshell sharps container next to the sharp;
- (4) use a dustpan and brush, or forceps, to pick up the sharp and place the sharp directly into the container; and
- (5) not hold the container with free hand.

b. It is the responsibility of the Health Centre Manager or Dental Centre Manager to provide/display information for contracted cleaners on the management of dropped/found sharps.



**JSG - Health Standard Operating Procedure:
Needle-stick Injury, and other Blood and Body Fluid Exposure**

Needle-stick Injury, and other Blood and Body Fluid Exposure

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Purpose

1. The risk of a needle-stick injury or exposure to other blood and body fluids can be minimised through the use of appropriate Personal Protective Equipment and correct aseptic technique. If an injury or exposure does occur, however, prompt assessment, investigation, referral and the prescribing of appropriate prophylaxis as required can decrease the risk of transmission of a blood borne virus.
2. This document outlines the procedures to be followed in the event of a needle-stick injury, or other blood and body fluid exposure (BBFE).

Scope

3. All NZDF employees working in NZDF Health and Dental Centres and acting under NZDF health supervision including reservists, students and those on clinical placements.
4. Other contracted staff, independent practitioners and visitors can receive initial advice / assistance from NZDF with further follow-up provided by their designated healthcare provider as appropriate.

Personnel/NZDF Responsibilities

5. Key responsibilities are as follows:
 - a. Health Centre Managers (HCMs) are responsible for:
 - (1) Displaying appropriate instructions regarding sharps information and first aid for any needle-stick or blood/body fluid exposures; and
 - (2) Ensuring availability of information sheets for affected personnel and all required equipment for taking blood samples.
 - b. Defence Health Centre (DHC) clinical staff are responsible for:
 - (1) Providing a clear explanation to patients/personnel regarding the need for a blood test, including providing information forms (see Annexes B and C)
 - (2) Obtaining informed consent from source person and exposed persons prior to taking blood samples;
 - (3) Performing venepuncture on exposed person and/or source person (including staff who present from Defence Dental Centres); and
 - (4) Management of test results and post exposure prophylaxis (PEP) if applicable.

- c. Dental Centre Managers are responsible for:
 - (1) Displaying appropriate instructions regarding sharps information and first aid for any needle-stick or blood/body fluid exposures
 - (2) Ensuring appropriate first aid is performed should an injury occur; and
 - (3) Advising the affected member of staff and / or patient to report to a DHC for appropriate blood test.
- d. In addition, Health and Dental Centre Managers are responsible for:
 - (1) Orientation for all staff to the Needle-stick Injury, and Blood and Body Fluids Exposure SOP;
 - (2) Ensuring appropriate wellbeing support is arranged for the injured person; and
 - (3) Ensuring the needle-stick or exposure incident is reported from the location where it occurred.

First Aid – Immediate Actions¹

- 6. The injured person should take immediate action to minimise injury:
 - a. Immediately rinse the affected area under running warm water for at least 3 minutes;
 - b. Gently squeeze the puncture wound to flush out contamination;
 - c. Paint puncture wound with povidone iodine (Betadine) or isopropyl alcohol; and
 - d. Cover with a dry, water-proof dressing.

Notification and Reporting of BBFE Events

- 7. Immediately report the incident to the Health / Dental Centre Manager:
 - a. The MO / Doctor to be notified; and (if applicable)
 - b. Infectious Diseases (ID) physician to be notified by the medical practitioner if the recipient has been exposed to a known or probable HIV positive source.
- 8. The following types of exposure must be reported via MD1597 Health Incident (and via SEMT) at the facility where the injury occurred:
 - a. Contaminated needle-stick and other sharp object injuries;

¹ Blood body fluid exposure. Awanui Labs. www.awanuilabs.co.nz

- b. Ingestion of / or mucous membrane contact with blood, or body fluids of a patient (e.g. blood splashed in the eyes);
- c. Contamination of a fresh, unhealed cut or burn (generally less than 24 hours old) with blood, serum or body fluids from a patient; and
- d. Bite wounds, where skin is penetrated, or scratches where blood, serum or body fluid contamination occurs.

Informed Consent

- 9. A health professional must discuss and provide a current copy of the Information Sheet – Blood Testing Following Blood / Body Fluid Exposure to the injured person and the source person (see Annexes B and C).
- 10. Informed, written consent must be obtained from the source before testing for Hepatitis B, Hepatitis C and HIV using MD 1368 - Consent for Treatment. MD1368s to be scanned onto individual(s) Profile record once completed.
- 11. Informed written consent should also be obtained from the injured person. If the injured person is an NZDF staff member verbal consent may be accepted. Verbal consent must be documented in Profile.
- 12. The staff member who obtains consent and takes the blood sample from the source person must not be the injured/exposed person.

Review of Results and Follow-up Testing

- 13. Test results will be sent to the MO / Doctor documented on the BBFE urgent laboratory request form.
- 14. It is the responsibility of the MO / Doctor to advise the affected patients of their test results.
- 15. The MO / Doctor will contact the Infectious Diseases Physician / Microbiologist to discuss if prophylaxis is required.
- 16. Follow-up testing of the exposed person is only required when the source blood is positive or if the source is unknown, and should occur at 3 and 6 months post incident date. Recalls in Profile need to be created for these.
- 17. Exposed persons should be advised to seek medical attention if they develop jaundice or an infectious mononucleosis syndrome in the six months after their exposure.

NZDF Civilian Staff and Contractors

- 18. Defence Health and Dental Centres will provide initial BBFE first aid. Defence Health Centres will either carry out initial blood testing of the affected person, or will provide a form so they can get a test done externally, whichever is the most practical option at the time.

19. A casual record needs to be created in Profile so that a blood test form can be generated. The patient's GP should be cc'd on the blood test request form with the patient's consent.

20. Civilian staff are responsible for following up with their own GP as soon as possible after the event to advise of the incident and discuss follow-up arrangements including any requirement for Post-Exposure Prophylaxis and further blood tests.

21. The patient's own GP is to complete ACC Form 45, stating 'work accident – NZDF Accredited Employee' on the form.

Related Documents

- NZDF DFO 071 Defence Force Safety
- DHR 30 Applied Healthcare: Health & Disability Services, Part 2 – Infection Control and Prevention, Chapter 9 – Safe Handling and Disposal of Sharps
- DHR 31 Applied Clinical Practice – Medical, Part 6 – Applied Care: General, Chapter 6 – Management of Occupational Exposures to Blood Borne Viral Infections
- DHR 30 Applied Healthcare: Health & Disability Services, Part 1 – Health & Disability Services, Chapter 2 – Informed Consent for Healthcare Treatment
- Blood body fluid exposure – Awanui Labs (www.awanuilabs.co.nz)

ANNEX A TO
JSG HEALTH STANDARD OPERATING PROCEDURE: NEEDLE-STICK INJURY, AND OTHER BLOOD AND
BODY FLUID EXPOSURE
DATED 27 AUG 24

Annex A – Definitions and Acronyms

Term	Meaning
Recipient	The injured / exposed person, usually a staff member.
Source	Person whose blood or body fluid had contact with the injured / exposed person, usually a patient.
Unknown Source	When blood or bodily fluid contact has occurred where the identity of the source is unknown, consent is refused or if blood unable to be obtained.
Post-Exposure Prophylaxis (PEP)	Any preventative medical treatment started after exposure to a pathogen (such as a disease causing virus) in order to prevent the infection from occurring.
Informed Consent	The right to make an informed choice about whether or not to accept treatment services. An individual gives informed consent after they have been adequately informed about the risks and benefits involved in any treatment, compared to alternative treatments, or no treatment at all. Health practitioners must ensure that the individual is given sufficient information to make their own decisions about their treatment.

Annex B – Information Sheet for Exposed / Injured Person

INFORMATION SHEET FOR EXPOSED or INJURED PERSON
BLOOD TESTING FOLLOWING BLOOD/BODY FLUID EXPOSURE

After a Blood Body Fluid Exposure (BBFE) it is common to experience a range of emotions including feeling vulnerable, worried or angry. This information sheet is to help you understand what should happen next, possible risks and outcomes.

When a person gets exposed to someone else's blood or other bodily fluids, there is a potential risk that infection might be transmitted.

The most worrisome viral infections are generally Hepatitis B, Hepatitis C and HIV. Blood tests need to be taken from both the injured person and the 'source' of the blood / body fluid to check if the source person is carrying one of these viruses. This allows decisions to be made about any urgent treatment you might need to prevent progression of a potential virus.

You will be asked to give consent for your blood to be taken to test for these viruses: Hepatitis B virus, Hepatitis C virus and Human Immunodeficiency Virus (more commonly known as HIV).

If you give your consent please sign the MD 1368 - Consent for Treatment Form provided.

INFORMATION ON VIRUSES

Hepatitis B is a virus which is transmitted by blood and body fluids from one person to another and can cause inflammation of the liver. Once infected, individuals may or may not get noticeably ill and many can fight off the virus and become non-infectious. Others, unbeknown to themselves, can end up carrying the virus for the rest of their lives and remain a possible source of infection to other people that are exposed to their blood or body fluid.

Treatment: Depending on the severity, Hep B often clears up on its own. Chronic Hep B can be treated with medication.

Hepatitis C is another virus which can cause liver inflammation. It is also carried in the blood but is less likely to be carried in other body fluids. Again individuals may not be aware that they have been infected and can end up carrying the virus for the rest of their life. With current technology it is difficult to be certain which infected people are contagious and so everyone with evidence of past infection must be treated as though they are a potential source of infection to others.

ANNEX B TO
JSG HEALTH STANDARD OPERATING PROCEDURE: NEEDLE-STICK INJURY, AND OTHER BLOOD AND
BODY FLUID EXPOSURE
DATED 27 AUG 24

Treatment: Hep C can be treated with medication. Current available funded medication in NZ has 95+% success rate.

HIV is also a viral infection mostly found in blood but also in other body fluids. Infected individuals may not develop significant illness for many years but are still a source of infection to others exposed to their blood or body fluid.

Treatment: No cure exists for HIV, but adherence to antiretroviral regimens can slow progression of the disease. If test results are positive for HIV, medical follow-up and counselling about the potential effects of this disease will be required. This will be arranged by your health professional with a specialist.

WHAT HAPPENS NEXT

If you have been exposed you will need to have further blood tests at 6 weeks, 3 and 6 months to ensure you have not developed an illness.

During this time it is advised:

- Practice safe sex until final tests are clear.
- Avoiding pregnancy until the final tests are clear.
- Report any glandular fever-like illness within 6 months of exposure.
- Do not donate blood, semen or tissue until the final tests are clear.

COUNSELLING

Your wellbeing is extremely important and being exposed to a potential health risk may cause distress. You may like to consider counselling for emotional support. Your health professional can provide advice of options available to you via NZDF.

Annex C – Information Sheet for Source Person

INFORMATION SHEET FOR SOURCE PERSON

BLOOD TESTING FOLLOWING BLOOD/BODY FLUID EXPOSURE

A person has accidentally been exposed to your blood or body fluid.

This can place the other person (not you) at risk of being infected by viruses that might be present in your blood or body fluids. These virus could be present in your blood even though you may seem completely well and are not aware of any issues.

We therefore request your consent and permission to test your blood for these viruses:

- Hepatitis B virus
- Hepatitis C virus
- Human Immunodeficiency Virus (more commonly known as HIV)

You are under no obligation to consent.

There has been no infection risk to you from this exposure event.

If you give your consent please sign the MD 1368 - Consent for Treatment Form provided.

The results of any blood testing will be sent to your Medical Practitioner. You will be informed of the results of these tests and provided with the appropriate advice and follow-up should any be necessary.

Thank you for taking the time to read this information guide.

ANNEX D TO
JSG HEALTH STANDARD OPERATING PROCEDURE: NEEDLE-STICK INJURY, AND OTHER BLOOD AND
BODY FLUID EXPOSURE
DATED 27 AUG 24

Annex D – Version History

DATE	VERSION NUMBER	CHANGES
10 January 19	1	New SOP drafted & finalised
01 May 19	2	BBFE Team Checklist inserted – Annex E
24 July 20	3	Addition of para 5 c (2)
27 August 24	4	Content revision – amendment of 1st aid treatment; clarification re civilian staff and blood tests; removal of Annexes B, E and F from previous version