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Safe Disposal of Used Sharp Objects

The recent epidemic of hepatitis B in Modasa, Gujarat, should be a wake-up call for us in the medical profession and we must ensure that as medical practitioners, we do not use needles unsafely. However, there is another aspect which we as professionals continue to completely ignore – disposing used sharp objects. Our patients with diabetes, especially type 1 diabetes, do home self-testing of their blood sugars frequently and many of them are also on insulin. Most of them discard used sharps (syringes, pen needles, and lancets) into the dustbin, to mingle with the general garbage, from where they can be recovered and resold. Some of them, who are a little more aware, break-off the needles from the insulin syringes before discarding them. These tiny (30 or 31G) needles are then a danger to the poor rag-pickers who are often children, and certainly cannot afford expensive treatment to remove embedded needles. The problem is enormous, as even a crude back-of-the-envelope calculation would show. If even 0.5% of our one billion population uses just two insulin syringes and two lancets a year, one crore syringes and one crore lancets are being discarded annually. Unfortunately, insulin syringe manufacturers or lancet makers have not bothered to make any attempt to market devices like *Safeclip*, which are standard in western countries, for use by individual

patients or small volume users.

For the last several years, I have been trying to somehow make *Safeclip* available to my patients, but the lack of availability and the cost have been impediments. For the last two years, I have been teaching my patients that before they throw away the insulin syringe/ pen needles, they should break the needles off and put them into empty shampoo bottles with very tiny holes: even a 50 cc bottle could take the needles of several years. Similarly, I advise them to collect the lancets, after separating them from their covers, into any bottles made of thick plastic (e.g. shampoo bottles); and when full, to discard these bottles containing the sharps after wrapping them well with a few layers of ducting tape. Repeated reminders are required as levels of awareness are low, and safe disposal is not mandatory. I request them to bring the disposal bottles on their visits to make sure they are actually following this important advice.

These plastic bottles would anyway end up as garbage, so there is no problem with either cost or availability. I am finally in a position of being able to teach all my patients, whether rich or poor, that they must dispose off sharps safely. These simple methods can be practised in any corner by anyone, as it does not require manufacturing, money or marketing, just some education and awareness.

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