



Sharps Safety Policy

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TABLE OF CONTENTS

| | |
|---|----|
| 1. KEY POINTS | 3 |
| 2. INTRODUCTION AND AIMS..... | 3 |
| 3. DEFINITION AND TERMS | 3 |
| 4. DUTIES AND RESPONSIBILITIES | 4 |
| 5. SAFE HANDLING OF SHARPS | 6 |
| 6. SAFE DISPOSAL OF SHARPS | 6 |
| 7. SAFE USE OF SHARPS BINS..... | 6 |
| 8. SAFE DISPOSAL OF SHARPS BINS | 7 |
| 9. ACTIONS TO BE TAKEN IN THE EVENT OF A CONTAMINATION INJURY..... | 7 |
| 10. ADDITIONAL GUIDANCE TO REDUCE THE RISK OF SHARPS INJURY DURING SURGICAL PROCEDURES..... | 8 |
| 11. ADDITIONAL GUIDANCE FOR STAFF HANDLING SHARPS IN THE COMMUNITY Error! Bookmark not defined. | |
| 12. AUDIT AND COMPLIANCE | 8 |
| 13. REVIEW..... | 8 |
| 14. REFERENCES | 8 |
| 15. APPENDIX A - ADDITIONAL GUIDANCE TO REDUCE THE RISK OF SHARPS INJURY DURING SURGICAL PROCEDURES | 10 |



1. KEY POINTS

- 1.1 The blood, body fluids and tissues of all patients should be regarded as potentially infectious and standard infection control precautions, including the safe handling and disposal of sharps, must be applied to the care of all patients. This includes during post mortem care.
- 1.2 The use of sharps should be avoided wherever possible.
- 1.3 The use of sharp safety devices should be used wherever available, e.g. elipse phlebotomy needle.
- 1.4 Safe disposal of a used sharp is the responsibility of the user.
- 1.5 Recapping/re-sheathing of needles and disassembling of sharps should be avoided wherever possible.
- 1.6 Sharps must be disposed of into a sharps container at the point of use.
- 1.7 In the event of a sharps injury appropriate first aid action must be taken immediately. Contamination Injuries Policy

2. INTRODUCTION AND AIMS

- 2.1 Medical sharps and devices are routinely and widely used by healthcare workers across the Trust. After use such sharps are contaminated with blood, body fluid or tissue. Should the skin of a healthcare worker be penetrated by a used sharp then they may be exposed to harmful micro-organisms which may lead to infection in the healthcare worker. Of particular concern are the blood borne viruses (BBVs): HIV, Hepatitis B and Hepatitis C.
- 2.2 The blood, body fluids and tissues of all patients should be regarded as potentially infectious and standard infection control precautions including the safe handling and disposal of sharps, must be applied to the care of all patients.
- 2.3 Sharps injuries have occurred both in healthcare workers involved in direct patient care as well as ancillary staff, mainly as a result of inappropriately discarded needles.
- 2.4 The purpose of this guidance is to set out the procedures to which all healthcare staff must adhere to reduce the risk of sharps injury to themselves or others.

3. DEFINITION AND TERMS

- 3.1 Medical Sharps: - an object or instrument necessary for the exercise of specific healthcare activities which can cause a percutaneous injury that penetrates the skin.
- 3.2 Safer sharp: - a medical sharp that is designed and constructed to incorporate a feature or mechanism which prevents or minimises the risk of accidental injury from cutting or pricking the skin. These are the two main types of 'safer sharps' devices:



- Active device, where the user has to deploy a safety feature.
- Passive device, where the safety feature is deployed automatically.

- 3.3 Sharps injury: - a percutaneous injury caused by a sharp device penetrating the skin.
- 3.4 High risk sharp devices: - Sharp devices used to access a vein or artery, which carry the highest risk transmission of blood borne viruses (BBV). They include blood collection needles, intravenous catheters and arterial blood needles.
- 3.5 Medium risk devices: - Sharp devices that penetrate the body tissue and may come into contact with the patient's blood and carry a moderate risk of the transmission of BBV. They include needles used for subcutaneous, intramuscular injections, lancets, scalpels and blades.
- 3.6 Low risk devices: - Sharp devices that are unlikely to come into direct contact with blood and have minimal or no risk of the transmission of BBV. These include needles used for the reconstitution of medication or giving sets.
- 3.7 Personal Protective Equipment (PPE)

Hand hygiene and personal protective equipment procedures should be closely followed when transferring an infected patient. Equipment must be decontaminated after use.

Decontamination of Hospital Equipment and Medical Devices Policy (excluding flexible endoscopes)

4. DUTIES AND RESPONSIBILITIES

4.1 Healthcare Workers must:-

- Adhere to the procedures set out in this guidance.
- Be competent in performing any procedure that involves a sharp.
- Ensure that the sharp is disposed of in the correct way.
- Always wear PPE while performing these procedures.
- Carry out an assessment of any risk associated with the use of a sharp on individual patients, e.g. Increased risk of injury due to seizures or confusion.
- Be aware of the procedure to be followed in the event of a contamination injury; see the Trust policy for the Management of Contamination Injuries Involving NHS Health Care Workers.
- Report incidents using the online Trust Incident Reporting form.

4.2 Ward and Department Managers must:-

- Ensure that all staff adhere to this guidance by supervising and overseeing ward activity in relation to the use of sharps, where practicable.



- Ensure that there is sufficient equipment, i.e. sharps bins and associated equipment.
- Ensure sharps bins that are in use are positioned appropriately.
- Ensure that there are adequate arrangements for the storage of filled sharps bins awaiting removal by the MFT (Multi-Functional Team).
- Be aware of the action to be taken in the event of a sharps injury.
- Ensure a management of a contamination injury poster is displayed.
- Ensure all staff are trained in the safe management of sharps and actions to take in the event of a sharps injury and that these are included in local induction.
- Ensure that an annual review of the low, medium and high risk sharps is performed (see annex B)

4.3 Infection Prevention and Control Team must:-

- Ensure that training on the safe use and disposal of sharps is included in Trust Induction and Mandatory Infection Control Update training sessions.
- Co-ordinating the Trust's annual review of low, medium and high risk devices.

4.4 Occupational Health Department will:-

- From Monday to Friday (0900 to 1700) will be available via a "hotline" to provide advice and support and any appropriate treatment in the event of a sharps/contamination injury on 01935
- Record sharps injuries reported to the Department and provide an annual report to the Infection Prevention & Control Committee (IPCC) and Health and Safety Committee.

4.5 Facilities Manager is responsible for:-

- Ensuring monitoring of the Waste Management Policy and Procedure.

4.6 Fire, Health and Safety Manager is responsible for: -

- Maintaining the Trust's Safer Sharps register.
- Assisting with the annual review of low, medium and high risk devices.

4.7 Procurement Department is responsible for: -

- Support the on-going review of safer sharps available and identification of new products to disseminate to the IP&C team.



5. SAFE HANDLING OF SHARPS

- 5.1 Use of sharps should be avoided wherever possible.
- 5.2 Consider the use of needle-less and safer needle systems whenever available.
- 5.3 Keep handling of sharps to a minimum and avoid passing from person to person.
- 5.4 Gloves should always be worn when handling sharps.
- 5.5 Sharps must not be carried to the patient by hand; they should be carried on a purpose made sharps tray with integral sharps bin.
- 5.6 Needles should not be manually re-capped/re-sheathed. If re-sheathing is unavoidable this must be performed using a single handed scoop method, i.e. the healthcare works holds the barrel of the syringe and scoops the needle cap from a hard flat surface onto the end of the needle. Only when the needle tip is covered should re-sheathing be completed with the other hand.
- 5.7 Vacutainers should be used for phlebotomy wherever possible.
- 5.8 Wherever possible, disposable needles and syringes must be discarded as a single unit and not bent, broken or disassembled.
- 5.9 If the needle must be removed, e.g. after taking arterial blood gas, use the re-sheathing method described above and add a hub to the syringe.
- 5.10 When taking blood cultures, the need should not be changed before inoculating blood culture bottles.

6. SAFE DISPOSAL OF SHARPS

- 6.1 Sharps must be disposed of into a sharps container at the point of use.
- 6.2 The user should ensure that the size of the sharps bin is appropriate for the clinical activity and size of the equipment.
- 6.3 It is the responsibility of the user to dispose of their own sharps and the clinical waste generated as a result of the procedure.
- 6.4 A sharps bin should be available and stored safely on cardiac arrest trolleys.

7. SAFE USE OF SHARPS BINS

- 7.1 Only yellow sharps bins that conform to UN 3291 and BS 7320 standards may be used. (NB: yellow bin with purple lid is for sharps used with cytotoxic drugs).
- 7.2 Faulty sharps boxes must not be used and any faults should be reported to the ward/department manager. An incident form should be completed. The faulty sharps bin should be labelled as such and removed from the clinical area



- 7.3 Sharps bins must be located in a position that is out of reach of children and/or vulnerable adults. Sharps bins should not be stored on the floor or above shoulder height; they should be wall or trolley mounted using the correct bracket, or placed on a secure, stable surface at approximately waist height.
- 7.4 When not in use the temporary closure mechanism must be used to keep the contents of the sharps bin safely contained.

8. SAFE DISPOSAL OF SHARPS BINS

- 8.1 When the bin tray has risen to prevent usage, **or 3 months after the issue date** sharps bins must be closed, locked and the label filled in by the person doing this.
- 8.2 Locked boxes are to be stored in the clinical waste bin provided for the purpose, while awaiting collection by the MFT staff.
- 8.3 MFT staff will transport sharps containers to the central storage facility. Sharps boxes are stored separately here awaiting daily collection by the waste contractor.

9. STAFF HANDLING SHARPS IN THE COMMUNITY

Staff employed by the Trust who use sharps in the community should keep the size of the sharps bin carried to a minimum. Whilst being transported in the car the sharps bin must have the temporary closure mechanism in place and should be secured so spillage would be minimised in the event of an accident. They should be kept out of sight and the vehicle in which it is stored must be locked.

10. ACTIONS TO BE TAKEN IN THE EVENT OF A CONTAMINATION INJURY

- 10.1 The following first aid actions must be taken immediately:
- Encourage bleeding of the wound without squeezing
 - Do NOT suck the wound
 - Wash with copious amounts of running water
 - Dry and apply a waterproof dressing to wound site
- 10.2 Contact Occupational Health to report a needle stick/contamination injury on extension via a “hotline” to access advice and support and any appropriate treatment in the event of a sharps/contamination injury via 4236 during office hours. .
- 10.3 Leave a message on the voicemail out of hours so that the report can be followed up as quickly as possible when the office reopens.
- 10.4 Out of hours; attend the Emergency Department (ED) for a high risk injury related to HIV where the on call Medical registrar will be contacted to provide an assessment of risk and make post exposure prophylaxis for HIV available as indicated.



- 10.5 Complete an online incident report to log the injury with Clinical Governance.
- 10.6 For further details and information see the Trust policy for the Management of Contamination Injuries Involving NHS Health Care Workers

11. ADDITIONAL GUIDANCE TO REDUCE THE RISK OF SHARPS INJURY DURING SURGICAL PROCEDURES

- 11.1 Surgical procedures are carried out in many areas throughout the Trust, including in Operating Theatres, Outpatients, Emergency Department, Obstetrics, Midwifery and Dentistry. These carry a risk of sharps injury to the operator or to an assistant.
- 11.2 Most percutaneous injuries in the operating theatre or during obstetric/midwifery procedures are caused by suture needles.
- 11.3 See Appendix A for specific guidance.

12. AUDIT AND COMPLIANCE

- 12.1 The management of disposal of sharps will be audited annually by the company providing the sharps bins.
- 12.2 The results of this audit will be presented to the Infection Prevention and Control Committee by the IP&C team for appropriate dissemination, action and on-going monitoring.
- 12.3 IP&C team will audit the safe handling of sharps as part of their annual Standard Infection Control Precautions audit and results of this audit will be presented to the IPCC for appropriate dissemination, action and on-going monitoring.

13. REVIEW

- 13.1 This guidance will be reviewed in 3 years unless there are any significant changes.

14. REFERENCES

Regulations to implement Council Directive 2010/32/EU on preventing sharp injuries in the hospital and healthcare setting: Health and Safety Executive 2013

Toolkit for implementation of European Directive from sharps and injuries (Council Directive 2010/32/EU) in Member States

Health and Safety (Sharp Instruments in Healthcare) Regulations 2013: Guidance for employers and employees. Health and Safety Executive. March 2013

Sharp Safety. RCN guidance to support implementation of the EU Directive 2010/32/EU on the prevention of sharps injuries in the health care sector.



[Guidance for Clinical Health Care Workers: Protection Against Infection with Blood- borne Viruses. Recommendations of the Expert Advisory Group on Aids and the Advisory Group on Hepatitis, April 1998, UK Health Departments.](#)

[Eye of the Needle: 2014, Health Protection Agency](#)

Audit Tools for Monitoring Infection Control Standards 2004, Infection Control Nurses Association. www.icna.co.uk – accessed 05/06/15



APPENDIX A - ADDITIONAL GUIDANCE TO REDUCE THE RISK OF SHARPS INJURY DURING SURGICAL PROCEDURES

- The following measures may reduce the risk of sharps injury during surgical procedures and should be considered where practicable:
- Opt for alternative less invasive surgical procedures.
- Eliminate any unnecessary use of sharps e.g. by appropriate substitution of electrocautery.
- Blunt tipped needles or stapling devices are a safer alternative to sharp suture needles and should be used where possible.
- Use scalpels which are disposable, have retractable blades or which incorporate a blade release device.
- Where possible instruments, rather than fingers, should be used to hold tissue while suturing.
- Use instruments, rather than fingers, to handle needles and to remove scalpel blades.
- Have no more than one person working in an open cavity at any time (unless more are essential).
- Sharp instruments should not be touched by more than one person at a time. Direct sharps away from own non-dominant or assistant's hand.
- Remove sharp suture needles before tying; tie suture with instruments rather than fingers.
- Avoid hand to hand passing of sharp instruments.
- Sharps must be placed on an identified area in the operative field and its placement announced.
- Sharps should not be left exposed in operative field but removed promptly by the scrub nurse.
- Avoid the use of sharp clips for surgical drapes.
- A foam adhesive occlusive pad should be used for the safe disposal of blades, needles etc. during the theatre procedure, ensuring each item remains visible until the final check is completed
- A designated member of staff should ensure that instrument sets are complete and all sharps have been removed before returning to SSD.
- The clinician remains responsible for ensuring that suitable arrangements exist for the disposal of sharps used in the operative procedure but the task may be delegated to an appropriate person (e.g. scrub nurse)



- For further guidance on reducing the risk of exposure to blood and body fluids during surgical procedures please see:

[Guidance for Clinical Health Care Workers: Protection Against Infection with Blood-borne Viruses. Recommendations of the Expert Advisory Group on Aids and the Advisory Group on Hepatitis, April 1998, UK Health Departments](#)



Appendix B – Risk Assessment and the Trust Safer Sharp Register.

High Risk Devices –

- If available in the Trust, safer sharp devices must be implemented, unless there is strong clinical reason why a safety device cannot be used. This must be reported to the Trust's Fire, Health and Safety manager and recorded on the Trust's Safer sharps register

Medium Risk Devices –

- If available in the Trust, safer sharp devices should be implemented, unless there is strong clinical reason why a safety device cannot be used.
- In the event that a safer sharp device cannot be implemented for a high or medium risk device then it must be reported to the Trust's Fire, Health and Safety manager and recorded on the Trust's safer sharps register.

Low Risk Devices –

- If available, safer sharp devices should be implemented for all low risk devices if it is reasonably practicable to do so. If a local decision is made that it is not reasonably practicable to implement a safer sharp device then this must be reported to the Trust's Fire, Health and Safety manager and recorded on the Trust Safer sharp's register.
- Needles that are medical sharps must not be manually recapped/resheathed after use unless risk assessment has identified a greater by not recapping and the risk of the injury is effectively controlled by the use of a suitable appliance, tool or other equipment.
- Handling of sharps should be kept to a minimum and passing from person to person avoided.
- Gloves should always be worn when handling sharps.
- Sharps must not be carried to the patient by hand; ideally they should be carried on a purpose made sharps tray with integral sharps bin.
- Vacutainers should be used by phlebotomy wherever possible.
- Wherever possible disposable needles and syringes must be discarded as a single unit and not bent, broken or disassembled.
- Sharps must be disposed of into a sharps container at the point of use.



Equality Impact Assessment Tool

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Name of Document: Sharps Safety Policy

| | | Yes/No | Comments |
|----|--|--------|----------|
| 1. | Does the policy/guidance affect one group less or more favourably than another on the basis of: | | |
| | Race | No | |
| | Ethnic origins (including gypsies and travellers) | No | |
| | Nationality | No | |
| | Gender | No | |
| | Culture | No | |
| | Religion or belief | No | |
| | Sexual orientation including lesbian, gay and bisexual people | No | |
| | Age | No | |
| | Disability | No | |
| 2. | Is there any evidence that some groups are affected differently? | No | |
| 3. | If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable? | N/A | |
| 4. | Is the impact of the policy/guidance likely to be negative? | No | |
| 5. | If so can the impact be avoided? | N/A | |
| 6. | What alternatives are there to achieving the policy/guidance without the impact? | N/A | |
| 7. | Can we reduce the impact by taking different action? | N/A | |

For advice or if you have identified a potential discriminatory impact of this procedural document, please refer it to The Equality & Diversity Lead, Yeovil Academy, together with any suggestions as to the action required to avoid/reduce this impact.

Signed **Rachael Grey**

Date: March 2016