

## Sharps Safety Policy

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### REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

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April 2022 – Amended roles to reflect new structure and governance arrangements

June 2023 – Small amendment to wording section 5.4.3 to clarify disposal of sharp in event of sharps injury

### KEY WORDS

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Sharps

Safer sharps

Safety devices

## 1 INTRODUCTION AND OVERVIEW

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- 1.1 This document sets out the University Hospitals of Leicester (UHL) NHS Trusts Policy and Procedures for the prevention of exposure to blood borne infections through safe and appropriate management of sharps.
- 1.2 All staff must possess an appropriate awareness of their role in the prevention and containment of infection in their area of work. Not only is this part of their Duty of Care to the patients with whom they are involved, but it is also their responsibility to themselves, to other patients and members of staff under the Health and Safety at Work etc. Act (1974), the Management of Health and Safety at Work Regulations 1999, the Control of Substances Hazardous to Health (COSHH) Regulations (2002) and the Health and Safety (sharp Instruments in Healthcare) Regulations 2013, which all require actions to be taken to control the risk of hazardous substances, including biological agents.
- 1.3 Many sharp devices are routinely used in healthcare practice and numerous staff injuries from contaminated sharps are reported.
- 1.4 Although the risk of acquiring a blood borne virus (BBV) through occupational exposure is low, the consequences can be serious and pose a significant risk to physical and mental health of staff members, costs to the healthcare organisation, and potential litigation costs. The current risk of infection by a contaminated needle is estimated to be

30 % for Hepatitis B

1-3 % for Hepatitis C

0.3% for HIV (HSE 2022)

## 2 POLICY SCOPE

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- 2.1 This policy applies to all staff employed within University Hospitals of Leicester NHS Trust and staff working in a contracted or training capacity who are exposed to potential injury from sharp instrument.

## 3 DEFINITIONS AND ABBREVIATIONS

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**Sharps Injury** - A sharps injury is defined as an injury where a needle or other sharp object penetrates the skin. This includes clean needles/sharps as well as those contaminated with blood, other body fluid, drugs or chemicals. It also includes human bites or scratches that break the skin.

**Medical Sharp** – Sharp device which may become contaminated with blood or other body fluids during care.

**Safety Device** – A medical sharp that incorporates features or mechanisms to reduce or prevent the risk of accidental sharps injury.

## **4 ROLES**

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### **4.1 Chief Nurse**

The Chief Nurse has Executive responsibility for this policy

### **4.2 Director of Quality Governance/Safety/Risk/Deputy Chief Nurse**

The Director of Quality Governance/ Safety/Risk/Deputy Chief Nurse will have overall responsibility for this policy

### **4.3 Health and Safety Services**

4.3.1 Report exposure incidents resulting in staff exposure to blood and blood contaminated fluids from positive source patients/samples in line with statutory requirements under RIDDOR (The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations).

4.3.2 Investigate all incidents where sharps injuries result in staff exposure to blood and blood contaminated body fluids from known positive source patients/samples. Communicate lessons learned during investigations carried out to key stakeholders.

4.3.3 Provide advice and guidance on systems and arrangements required in order to comply with statutory duties.

4.3.4 Carry out trend analysis of incident data. Report incident trends to the Sharps Safety Group.

4.3.5 Work with managers and staff to review systems where trends are identified.

### **4.4 QSHE (Estates & Facilities)**

4.4.1 The Quality, Safety, Health and Environment (QSHE) team will investigate Sharps related RIDDOR incidents involving Estates & Facilities staff upon notification via the DATIX reporting system or the Health and Safety Services Team. Any findings will be updated into the specific DATIX report concerning the Sharps injury.

4.4.2 Carry out trend analysis of data for Estates & Facilities incidents.

4.4.3 Report Estates & Facilities incident trends to the Sharps Safety Group.

4.4.4 Work with Estates & Facilities managers and staff to review systems where trends are identified.

### **4.5 Occupational Health (OH)**

4.5.1 Occupational health are responsible for advising staff on the correct procedures to follow after an exposure incident, and ensuring that the staff member is followed up according to their exposure risk. This includes reminding the staff member to fill in an incident/Datix report.

4.5.2 Immediate sharps injury management for UHL staff 'out of hours' i.e. when the OH department is closed, will be the responsibility of the Emergency Department (ED). All staff will also report to OH on the next working day to ensure they are appropriately followed up.

4.5.3 Occupational Health will also ensure colleagues in Health and Safety Services have been notified of a positive source exposure for RIDDOR reporting purposes although

they cannot provide details of the individual involved due to data protection/client confidentiality.

- 4.5.4 The OH Service will share data relating to the number of sharps injuries/exposure incidents in UHL staff with Local and Trust Health and Safety committees/ Sharps Safety Group, to assist with analysis of incidents and trends, and to assist with any strategies to reduce risk.

## **4.6 Sharps Safety Group**

4.6.1 The Sharps Safety Group comprises representatives from Health and Safety, QSHE (Estates And Facilities), Anaesthetics, Occupational Health, Staff Side, Diabetes nurse, Clinical Procurement, Nursing and Infection Prevention. The sharps safety group is responsible for ensuring that the Trust complies with current legislation and to ensure that new innovations and legislation is reviewed as necessary.

4.6.2 The purpose of the group is to reduce the risk of sharps injury by carrying out the following

- a) Keep up to date with development in practice and/or new sharps devices
- b) Monitor and review Trust systems and arrangements
- c) Analyse incident data and make recommendations to key stakeholders

## **4.7 Local Managers**

4.7.1 Local Managers are responsible for ensuring that they have completed and documented risk assessments for all activities involving the use of sharps. Sharps should only be used where they are required. Change of practice must be considered where the use of sharps can be avoided or reduced.

4.7.2 They are also responsible for ensuring that staff have received appropriate information and training.

4.7.3 Local managers must investigate the circumstances and causes of any medical sharps incidents and take any actions necessary to prevent a recurrence. This is in line with the Trusts Incident Reporting Policy

4.7.4 Local Managers must ensure that wherever a safety sharp cannot be used then a risk assessment is in place to justify the use of a non-safety sharp.

4.7.5 Local Managers are responsible for ensuring that the necessary equipment and/or procedures are readily available for the safe disposal of sharps.

## **4.8 Employees**

4.8.1 All employees have a duty to follow the arrangements set out within this policy for the safe use of sharps. Staff also have a duty to report concerns and to report any injuries sustained with sharps (even if not contaminated) to their line manager and complete a Datix form.

4.8.2 All staff must undertake their roles in a manner that also reduces the risk of sharps injury not only to themselves but to patient, other health care professionals and anyone else who may be affected by their actions.

## 5. POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS

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### 5.1 Use of Sharps

- 5.1.1 All staff must have the knowledge and resources to handle and dispose of sharps safely in order to prevent a percutaneous injury to themselves or others.
- 5.1.2 The disposal of the sharp is the responsibility of the user and therefore must **NOT** be handed to anyone else for disposal.
- 5.1.3 In areas such as theatres where this may not be possible a receiver must be used. Sharp disposal devices such as adhesive pads must be available.
- 5.1.4 Sharps used during an operative procedure must under no circumstances be returned on the instrument trays/procedures packs back to the off site decontamination facility. The practitioner responsible for the instrument counts must dispose of any sharps used as per this policy.
- 5.1.5 Used syringes/cartridges and needles must **not** be re-sheathed by hand, bent or broken, prior to disposal.
- 5.1.6 Where a sharp has a safety device fitted, it must be engaged prior to disposal of the sharp. This should be done by placing the safety sheaf against a hard surface, preferably the bottom of the ANTT tray and pushing the needle down into it. Never engage the safety device by using your fingers.
- 5.1.7 Scalpels or blades of the retractable kind must be activated before disposal. other blades must be removed using a blade remover before disposal
- 5.1.8 A sharps bin must be taken to the point of use of the sharp instruments every time.
- 5.1.9 Sharps must be disposed of at the point of use into a designated sharps bin. Sharps must **not** be 'stabbed' into furniture/mattresses during procedures, even during an emergency.
- 5.1.10 Discard needle and syringe as one unit. If it is necessary to detach the needle syringe, extra care must be taken. The needle must be removed using the device on the sharps bin (or artery forceps) then be placed directly into the container.
- 5.1.11 Assistance should be requested when obtaining blood or administering injections or infusion therapy to an un-cooperative patient to reduce the risk of a percutaneous injury.
- 5.1.12 Care should be taken when cleaning used sharp reusable instruments to avoid a percutaneous injury.
- 5.1.13 Needles from insulin pens must **not** be removed by hand after use. A facility exists on each sharps bin for removal of these needles.

### 5.2 Sharps Bin Requirements

- 5.2.1 Sharps bins must conform to UN 3291 (1997) and/or BS 7320 (1990) standards.
- 5.2.2 Sharps bins must be assembled correctly in accordance with manufacturer's

Instructions, the label completed correctly and signed by the person assembling it.

- 5.2.3 The capacity of the sharps bin must be appropriate for its intended use.
- 5.2.4 Sharps bins must be labelled when in use to identify its origin with the ward/department/hospital/health centre or other site details.
- 5.2.5 Sharps bins must be located in all clinical areas primarily for the safe disposal of objects.
- 5.2.6 When in use sharps bins must be situated in a location that precludes injury to patients, visitors and health care workers.
- 5.2.7 Sharps bin closure to be left in the partial closed position when not in use, especially if it is in an accessible patient / visitor area.
- 5.2.8 Sharps bins must be taken to where the task is being carried out if a bin is not located in that area.
- 5.2.9 Never overfill a sharps bin

### **5.3 Disposal Of Sharps Bin**

- 5.3.1 Sharps bins must be closed securely according to the manufacturer's instructions when they are  $\frac{3}{4}$  full and/or to a level not greater than manufacturer's instructions.
- 5.3.2 Sharps bins must be checked to ensure that they are labelled with their point of use once sealed.
- 5.3.3 Blood contamination on the outside of a sharps bin requires disinfection with Milton.
- 5.3.4 When sharps bins are 'locked' for disposal, the person doing this must sign where indicated on the label. The person disposing of the sharps bin into the secure holding must sign and date the label. This must be legible and in black ink.
- 5.3.5 Sharps bins must **NOT** be placed into any waste bags prior to disposal.
- 5.3.6 Prior to disposal sharps bins must be stored safely in a secure area inaccessible to the general public.
- 5.3.7 All sharps containers must be disposed of by incineration.

### **5.4 Management of Occupational Exposure Incidents**

- 5.4.1 Refer to the UHL Policy for the management of occupational exposure incidents to blood borne viruses (HBV, HCV and HIV) B42/2007. Details of the current policy can be found on INsite or immediate actions card: 'What to do in the event of a sharps injury' displayed in clinical areas. Key points from the policy can be found below.
- 5.4.2 If an exposure incident occurs involving a used needle or sharp which is/has been contaminated with blood or other body fluids, or a mucocutaneous exposure e.g. splash to the eyes :

- Wash exposed area liberally with soap and water but without scrubbing, or rinse the eyes thoroughly.
- Encourage free bleeding of wounds but without sucking

- Cover any wounds with water proof dressing
- Seek advice from Occupational Health (OH) by contacting the department by telephone (LRI x 5307, GGH/LGH x 5434)
- Out of hours, contact the OH telephone line for advice and record a message leaving your contact details. Refer to the UHL Policy for the management of occupational exposure incidents to blood borne viruses (HBV,HCV and HIV)
- For out of hours exposure incidents that are potentially high risk for transmission of a blood borne virus, or where the risk is unclear, attendance at the Emergency Department for a full evaluation is necessary. If so, inform the Duty Manager who will request that priority is given in the ED.
- Staff will also be followed up in the OH department on the next working day.

5.4.3 If a member of staff injures themselves with a sharp that isn't contaminated dispose of the sharp and do not use. Cover the wound with a waterproof dressing. Complete a datix form.

## **5.5 UHL Staff who work in the community**

5.5.1 Where sharps are to be used in patients own homes a sharps bin must always be available.

5.5.2 Where sharps bins are left in patients' homes they must be stored safely and out of access of children if present.

5.5.3 If sharps bins are carried by staff in bags or vehicles they must be kept secure at all times.

5.5.4 Temporary closure mechanisms must always be used to prevent sharps falling out of the bins during transportation.

## **5.6 Use of Safety Devices**

5.6.1 Devices incorporating protective mechanisms (referred to as safety devices) must be used where it is reasonably practicable to do so. It should be noted that safety devices do not remove all risks associated with sharps and the risk assessment should identify risks and suitable control measures to reduce the risk of associated injury.

5.6.2 Safety devices have in-built safety features that reduce the risk of sharps injury.

5.6.3 These can be passive or active safety measures

5.6.4 Active devices have to be manually activated by staff whilst passive devices automatically activate.

5.6.5 When selecting safety devices a number of features need to be considered. These are:-

- The device must not compromise patient care
- The device must perform reliably
- The safety mechanism must be an integral part of the device
- It should be easy to use and require little modification to how the device is used
- Activation of the device must be convenient and allow care giver to maintain appropriate control over the procedure.



- Activation should be either single handed or automatic
- Activation must manifest itself by means of audible, tactile or visual sign

## 6 EDUCATION AND TRAINING REQUIREMENTS

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- 6.1 Line managers have a responsibility to ensure that staff under their control receive information, training, instruction and supervision appropriate to their role. Sharps use and disposal training must include the following elements:
- 6.2 Information must include:
- The risks associated with the use of medical sharps
  - Legal duties for employers and employees
  - Good practice for injury prevention
  - Benefits and drawbacks of vaccination for blood borne diseases
  - Support provided in the event of injury from a medical sharp
- 6.3 Training must include:
- Safe use and disposal of medical sharps
  - Correct use of sharps safety devices
  - Good practice in assembling, storage, use and disposal of sharps bins
  - Safe disposal of sharps
  - All aspects of sharps injury prevention
  - The required actions in the event of injury including how to access out of hours help and advice
  - Health surveillance and other procedures to be provided by the employer in the event of an injury from a medical sharp
  - The appropriate use of Post Exposure Prophylaxis (PEP)
- 6.4 Core training covering the elements above will be provided at induction and through an ongoing online education programme through HELM. Infection Prevention training must be completed annually.

## 7 PROCESS FOR MONITORING COMPLIANCE

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- 7.1 The audit criteria for this policy and the process to be used for monitoring compliance are given in the table below

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements
Sharps bin safety	Lead Nurse Infection Prevention	Daniels audit tool	Yearly	Report and this is sent out to each CMG.
Numbers of staff seen in OH/ED with exposure incidents	OH nurse/physician attending H&S committees	OH patient records system	Quarterly to Local and Trust Health and Safety Committee	Local and UHL Health and Safety Committee

Completion of work activity risk assessments	Local Manager	Annual Health, Safety & Environment Audit	Annually	Local and UHL Health and Safety Committees Audit reports to
Completion of non-safety sharps risk assessments	Local Manager	Annual Health, Safety & Environment Audit	Annually	Local & UHL Health and Safety Committees Audit reports to CMG's

## **8 EQUALITY IMPACT ASSESSMENT**

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- 8.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.
- 8.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

## **9 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES**

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[Control of Substances Hazardous to Health Regulations \(2002\) HMSO, London](#) [Health and Safety at Work Act \(1974\) HMSO London](#)

[Public Health England \(2014\) Eye of the Needle – United Kingdom surveillance of significant occupational exposures to bloodborne viruses in healthcare workers. Health Protection Agency, London](#)

[Royal College of Nursing \(2013\) RCN Guidance to support the implementation of The Health and Safety \(Sharp Instruments in Healthcare Regulations\) 2013](#)

[Health and Safety executive \(2013\) Health and Safety \(Sharp Instruments in Healthcare\) regulations](#)

[UHL Exposure to Blood Borne Virus Policy B42/2007](#)

[UHL Health and Safety Policy A17/2002](#)

[UHL Control of Substances Hazardous to Health Policy B10/2002](#)

[UHL Personal Protective Equipment at Work Policy B9/2004](#)

[UHL Incident and Accident Reporting Policy A10/2002](#)

[UHL Risk Management Policy A12/2002](#)

[UHL Waste Management Policy A15/2002](#)

[UHL Infection Prevention Policy B4/2005](#)

[Health and Safety Executive 2022 How Blood Borne Viruses are Spread Risk to healthcare Workers](#)

## **10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW**

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- 10.1 The policy will be reviewed every 3 years or sooner if there are significant changes in national guidance
- 10.2 This document will be uploaded onto SharePoint and available for access by Staff through INsite. It will be stored and archived through this system.