

## Policy Document Control Sheet

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### Final approval

Chairman or Executive Sponsor's Signature	
Date Approved	21 <sup>st</sup> November 2017
Name & Job title of Chairman or Executive Sponsor	Mr Jeremy Cundall, Medical Director
Approving Committee	Integrated Quality & Assurance Committee (IQAC)
Signed master copy held at:	Corporate Records Office, Trust Headquarters, Darlington Memorial Hospital

## Version Control Table

Date Ratified	Version Number	Status
2004	1.0	Superseded
2008	2.0	Superseded
2009	3.0	Superseded
2011 Jan	4.0	Superseded
2011 Dec	5.0	Superseded
2014 Nov	6.0	Superseded
2017 Nov	7.0	Approved

## Table of Revisions

Date	Section	Revision	Author
2008	Full	To ensure contents of Policy meets the needs of the NHSLA	Dr J Sloss
2009	Full	To ensure contents of Policy meets the needs of the NHSLA	Infection Control Team
2011 Jan	Full	To ensure policy reflects the needs of acute and community services	Infection Control Team
2011 Dec	Full	Full three yearly review	Infection Control Team
2014 Nov	Full	Full three yearly review	Infection Control Team
2017 Oct	Full	Full three year review	Infection Control team

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## 1 Introduction

There are a number of laws that require employers to protect health care workers from sharps injuries. An additional European directive targeted at protecting health care workers was introduced in May 2010 and was transposed into UK regulations, *The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013*, in May 2013. These regulations build on the requirements of existing regulations including the Control of Substances Hazardous to Health Regulations 2002. The overarching law is the Health and Safety at Work etc. Act 1974. This places general responsibilities on employers to ensure, so far as reasonably practicable, the health, safety and welfare of employees. The act requires employers to provide a safe working environment in relation to sharps injuries, together with safe equipment, training, information and instructions on safe systems of work.

## 2 Purpose

The purpose of this policy is to provide a framework for the safe use and disposal of sharps in line with national guidance from DOH.

## 3 Scope

This Policy applies to all staff working within County Durham and Darlington NHS Foundation Trust.

## 4 Definitions

This policy is a statement of corporate intent which members of staff Trustwide must follow, when using or disposing of sharps.

## 5 Duties

This policy applies to all CDDFT staff working within the Trust.

### **Trust Board**

The Board, via the Chief Executive, is ultimately responsible for ensuring that systems are in place that effectively manages the risks associated with Infection Control.

Day to day operational responsibility in relation to Infection Control will be that of the Director of Infection Prevention & Control (DIPC). The DIPC will provide assurance to the board that effective systems are in place. The DIPC will be a member of the ICC.

### ***Infection Control Committee (ICC)***

The ICC is responsible for the development and approval of all IC related policies within the organisation.

### ***Consultant Microbiologists/Infection Control Doctors***

The Consultant Microbiologists are responsible for professional advice to the Infection Control Committee on the use of antibiotic policy, content of Infection Control policies and liaison with Clinicians on clinical microbiology.

### ***Senior Infection Control Nurse (SICN)***

The SICN is responsible for advising the ICC appropriately, attending Matrons Meetings to advise, and ensuring that all staff can access IC policies as approved by the ICC.

### ***Infection Control Team (ICT)***

The ICT are responsible for ensuring all staff are aware of all IC policies (as appropriate to their role) and educating/advising staff on IC issues.

### ***All staff***

All staff are responsible for ensuring that they follow all IC policies as approved by the ICC relevant to their job.

## **6 Legislation Requirements**

The main requirements of the regulations stipulate that employers need to assess the risk of sharps injuries under the COSHH regulations. Where risks are identified. The Sharps in Health Care Regulations require them to take specific risk control measures detailed below:

- where an employer has identified a risk, steps must be taken to avoid the unnecessary use of sharps (Regulation 5 (1)(a))
- where it is not reasonably practicable to avoid the use of medical sharps, the sharps regulations require employers to:
- use safe sharps (incorporating protection mechanisms) where it is reasonably practicable to do so (Regulation 5(1) (b))
- prevent the recapping of needles (Regulation 5 (1) (c))
- place secure containers and instructions for safe disposal of medical sharps close to the work area (Regulation 5 (1) (d))

It is the responsibility of Ward Sisters/Charge Nurses and Heads of Departments to check that this policy is fully understood and is implemented within their area of responsibility.

## 7 Risk Assessment

Each clinical area should take a systematic approach to minimising sharps injuries by undertaking a risk assessment of local practices.

### **Safer Sharps**

The incidence of sharps injuries has led to the development of safety devices in many product groups. They are designed to minimise the risk to the operator during sharps use as well as downstream injuries that occur after disposal often involving housekeeping and parties who are responsible for the collection of sharps disposal units.

- Use safer sharps devices where assessment indicates that they will provide safe systems of working.
- All staff using safer sharps devices must be trained in the correct use of the product.
- Staff must not remove the protection mechanism.

## 8 What is a Sharp?

A 'sharp' is defined as anything which could cause cuts or may puncture skin and which may be contaminated by blood or other body fluids. This includes intravascular guidewires, cannulae, giving sets, as well as hypodermic needles and syringes, suture needles and scalpel blades.

The Sharp Instruments in Health Care Regulations refer to medical sharps as being an object or instrument necessary for the exercise of specific health care activities which is able to cut, prick or cause injury. These include equipment such as needles and scalpels. Injuries presenting a higher risk would be those where the sharp is contaminated with blood where there is the potential of transmitting infectious agents such as hepatitis B or C and human immunodeficiency virus (HIV). Most sharps injuries can be prevented, and there are legal requirements for employers to take steps to prevent health care staff being exposed to infectious agents from sharps injuries.

Sharps do not include bottles, vials, tubes, tablets or swabs, however these items can also present a risk of injury and steps should also be taken to prevent such injuries.

### **Procedure**

- It is the responsibility of the healthcare worker carrying out a procedure involving a sharp to ensure correct disposal. All used sharps must be discarded at the point of use by the person generating the waste. All sharps including hypodermic needles, suture needles, cannulae, giving sets, scalpel blades etc. must be discarded directly and immediately into a sharps disposal container at point of use. Needles must not be re-sheathed prior to disposal. Needles must not be bent or broken prior to use or disposal.

- Sharps container must comply with UN3291, BS7320:1990 “Specification for sharps containers.” Sharps should not be passed from hand to hand and handling should be kept to a minimum. Sharps contaminated with cytotoxic or cytostatic products should be disposed of in suitably coloured receptacle (i.e. yellow/purple).
- Universal precautions must be observed when using any sharp. Always wear gloves when handling or disposing of sharps.
- Follow the manufacturers’ instructions when assembling sharps containers, taking particular care to ensure that the lid is properly fastened into position prior to use. Ensure date, time and ward information is written on the sharps container by the person who has assembled it.
- Sharps containers should be in a designated place and at a height which enables safe disposal by all health care staff. They must never be placed on the level, and always be out of the reach of children and where unauthorised people cannot gain access to them when not in use. Sharps containers should be secured to avoid spillage, using a tray system, or stands. Transporting sharps boxes within the community should ensure they are transported safely with care to keep them upright. It is recommended that community staff carry a spare sharps container in the rare event that there is an issue with the sharps container, or it becomes full. Use the temporary closure when the sharps container is not in use. In addition, gels should be used to absorb any fluids contained in the sharps box.
- When taking arterial blood for blood gases take extreme care when removing the used/contaminated needle from the syringe and discard the needle immediately into the sharps container. Attach a blind hub to the syringe for transportation to the laboratory. Syringes must **not** be sent to the laboratory with the needle still attached.
- In the rare circumstance that blood needs to be transferred from a syringe into a specimen bottle extreme care must be taken when removing the used/contaminated needle from the syringe. The used/contaminated needle should be discarded directly and immediately into the sharps container.
- To comply with the controlled waste regulations write the ward/department in which the sharps container has been used on the top of the container with an indelible marking pen when full.
- Do **not** attempt to retrieve any items from sharps containers. Do not attempt to press down on the sharps to make more room in the sharps container or shake the box. The box must be locked and a new sharps box put into use. If the container cannot be locked as it is too full, it should be placed in a larger sharps container and then locked off and disposed of safely.
- Lock the used sharps container when ready for final disposal, when the manufacturers marked level is reached. If the sharps box is infrequently used, it should be disposed of after a maximum of three months regardless of its capacity. Ensure source and date are indicated

on the label by person locking container. Under no circumstances should staff attempt to force open a locked sharps container.

- When sharps boxes are ready for disposal they should be stored in a designated secure/locked area prior to collection. This includes sharps boxes in GP surgeries, community premises and prisons. Do not place used sharps containers ready for disposal into yellow bags or any other bags.

## 9 Patients Own Use of Sharps

- Needles used on an insulin pen device must only be used once and discarded immediately after use, they must never be re-sheathed.
- It is the responsibility of the nurse administering or supervising the insulin injection to ensure safe disposal of the sharp.
- It is the responsibility of the nurse to assess the patient to decide if they are able to remove the needle themselves.
- If the patients are issued with sharps boxes on discharge, or by community nurse, the nurses must ensure the box is fully assembled, and the patient is given instructions on the safe use, storage and disposal of the sharps box.

## 10 Sharps Injury

Immediately following sharps injury free bleeding of the puncture wound should be encouraged; the wound should not be sucked. The site should be washed liberally with soap and water but without scrubbing. Cover the wound with a waterproof dressing. Report the injury to the person in charge for initial assessment and management as per Blood Borne Virus Policy (see link below) and ensure Safeguard is completed.

Contact the Staff Health & Wellbeing Department for advice on further management.

University Hospital of North Durham                      0191 333 2351

Darlington Memorial Hospital                              01325 743493

Out of hours contact A&E Department                      43482 (DMH) or 32131 (UHND)

Further details are available in the Trust's Blood Borne Viruses Policy via the link below:

<http://intranet/sites/policiesandprocedures/Published%20Documents/Blood%20Borne%20Virus%20Policy.pdf>

## 11 Dissemination Arrangements

This Policy applies to all CDDFT staff working within Trust premises and all staff visiting the Trust and is available for Staff to access via the CDDFT Intranet in Policies and Procedures.

## 12 Monitoring

### 11.1 Compliance and Effectiveness Monitoring

This policy will be reviewed every three years by the Infection Control team and in accordance with legislative requirements, unless an early review is required due to changes in practice or legislation.

Compliance with this policy will be monitored via audit which is undertaken annually by the manufacturers of the sharps disposal boxes using a dedicated tool based on the Infection Prevention Society audit tool. This is managed by the Infection Control Nurses. Results are fed back to the wards via:

- Monthly ward/department self-assessment of Saving Lives High Impact Interventions and ICT routine ward visits
- Annual infection prevention and control environmental audits
- Incident reporting

Compliance with this policy will be monitored as outlined in the table below.

### 11.2 Compliance and Effectiveness Monitoring Table

Monitoring Criterion	Response
Who will perform the monitoring?	All sharps injuries will be reviewed by Staff Health & Wellbeing and monitored at both Health & Safety Committee and Infection Control Committee
What are you monitoring?	Compliance with Policy
When will the monitoring be performed?	Sharps practice issues and injuries will be monitored quarterly at the Sharps Group and sharps practice will be observed annually.
How are you going to monitor?	Trustwide wards/departments are responsible for monitoring the placement of sharps boxes and their management within their own areas.
What will happen if any shortfalls are identified?	
Where will the results of	Via Health & Safety Committee

the monitoring be reported?	
How will the resulting action plan be progressed and monitored?	Via Health & Safety Committee and Infection Control Committee
How will learning take place?	Via Trust e-mail/bulletin and Essential Training. Outcomes shared with wards/departments to cascade through Care Groups. Trustwide issues will be disseminated via the HCAI Reduction Group key messages.

## 12 Glossary of Terms

Explain any abbreviations

## 13 Associated Documentation

POL/PD/0011 Blood Borne Virus Exposure policy

Health and Safety Executive (2013) *Health and Safety (Sharp Interments) in Healthcare Regulations 2013 - Guidance for employers and employees*  
<http://www.hse.gov.uk/pubns/hsis7.pdf>

Department of Health (1998) *Guidance for clinical health care workers – protection against infection with blood-borne viruses*. UK Health Departments.

Blood Borne Virus Policy (2014) Trust Policy  
<http://intranet/sites/policiesandprocedures/Published%20Documents/Blood%20Borne%20Virus%20Policy.pdf>

Medical Devices Agency (2001). *Safe use and Disposal of Sharps*. MDA. Safety Notice. SN2001 (19) 2001.

Department of Health (2008) *The Health & Social Care Act. Code of Practice for the NHS on the prevention and control of healthcare associated infections and related guidance*.

Department of Health (2005) *Saving Lives: a delivery programme to reduce Healthcare associated Infection (HCAI) including MRSA*. London DH 2005

Health & Safety (1992) *The Provision and Use of Work Equipment No 2932*.

Health and Safety Executive (2013) *Health and Safety (Sharp Interments) in Healthcare Regulations 2013 - Guidance for employers and employees*. Available at  
<http://www.hse.gov.uk/pubns/hsis7.pdf>

Health Protection Agency (2012) *Eye of needle: United Kingdom surveillance of significant occupational exposures to bloodborne viruses in health care workers*, London: HPA.

Infection Control Nurses Association (2004). *Audit tools for monitoring infection control standards* ICNA 2004.

Pratt R J et al (2001) The Epic project: *Developing national evidence based guidelines for preventing healthcare associated infection* Journal of Hospital Infection. 47 (supplement) S1-S82.

ISBN 07176-24927. *Safe Disposal of Clinical Waste*. Health Services Advisory Committee. Health and Safety Commission.

HTM 07-01: Safe Management of Health Care Waste. Department of Health.

Available at: <https://www.gov.uk/government/publications/guidance-on-the-safe-management-of-healthcare-waste>

Pratt et al (2007) Epic 2: Natural Evidence Based Guidelines for Preventing Healthcare Associated Infections in NHS Hospitals in England.

Journal of Hospital Infection (2007) 655 51-564. Available at <http://www.epic.tvu.ac.uk>

Health and Safety Executive (2013) *Health and Safety (Sharp Interments) in Healthcare Regulations 2013 - Guidance for employers and employees* <http://www.hse.gov.uk/pubns/hsis7.pdf>

## 14 Appendices

Appendix 1 Equality Analysis/Impact Assessment

# Equality Analysis / Impact Assessment

EAIA Assessment Form

v3/2013

**Division/Department:**

Infection Control Department

**Title of policy, procedure, decision, project, function or service:**

Policy for the Safe Use and Disposal of Sharps within County Durham & Darlington NHS Foundation Trust

**Lead person responsible:**

Director of Infection Prevention and Control

**People involved with completing this:**

Infection Control Team  
Sharps Group

**Type of policy, procedure, decision, project, function or service:**

Existing

New/proposed

Changed

**Date Completed:**



## Step 1 – Scoping your analysis

**What is the aim of your policy, procedure, project, decision, function or service and how does it relate to equality?**

To provide a framework for the safe use and disposal of sharps. This policy is in line with national guidance from DOH. This Policy will not have a negative impact on equality groups.

**Who is the policy, procedure, project, decision, function or service going to benefit and how?**

Staff and patients

**What barriers are there to achieving these outcomes?**

None

**How will you put your policy, procedure, project, decision, function or service into practice?**

Policy will be disseminated Trustwide and available on the Trust intranet. Paper copy stored in Corporate Records Office, DMH. Infection Control Newsletter alerts people that there is a new policy.

**Does this policy link, align or conflict with any other policy, procedure, project, decision, function or service?**

## Step 2 – Collecting your information

### What existing information / data do you have?

The Policy is based on national guidance and is relevant to all groups.

### Who have you consulted with?

Consultant Microbiologists, Infection Control Team, Sharps Group and Infection Control Committee

### What are the gaps and how do you plan to collect what is missing?

None

## Step 3 – What is the impact?

Using the information from Step 2 explain if there is an impact or potential for impact on staff or people in the community with characteristics protected under the Equality Act 2010?

### Ethnicity or Race

No impact or potential for impact on any group

### Sex/Gender

No impact or potential for impact on any group

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**Age**

No impact or potential for impact on any group

**Disability**

No impact or potential for impact on any group

**Religion or Belief**

No impact or potential for impact on any group

**Sexual Orientation**

No impact or potential for impact on any group

**Marriage and Civil Partnership (applies to workforce issues only)**

No impact or potential for impact on any group

**Pregnancy and Maternity**

No impact or potential for impact on any group

**Gender Reassignment**

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No impact or potential for impact on any group

**Other socially excluded groups or communities e.g. rural community, socially excluded, carers, areas of deprivation, low literacy skills etc.**

No impact or potential for impact on any group

#### Step 4 – What are the differences?

**Are any groups affected in a different way to others as a result of the policy, procedure, project, decision, function or service?**

No

**Does your policy, procedure, project, decision, function or service discriminate against anyone with characteristics protected under the Equality Act 2010?**

Yes  No

**If yes, explain the justification for this. If it cannot be justified, how are you going to change it to remove or mitigate the affect?**

N/A

#### Step 5 – Make a decision based on steps 2 - 4

**If you are in a position to introduce the policy, procedure, project, decision, function or service? Clearly show how this has been decided.**

After consultation with Consultant Microbiologists/Infection Control Team/Infection Control Committee and Sharps Group. Approved at Quality & Healthcare Governance Committee.

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**If you are in a position to introduce the policy, procedure, project, decision, function or service, but still have information to collect, changes to make or actions to complete to ensure all people affected have been covered please list:**

N/A

**How are you going to monitor this policy, procedure, project or service, how often and who will be responsible?**

Monitoring – all staff both clinical and non-clinical will be educated in the safe use and disposal of sharps at both induction and mandatory training. All sharps injuries will be reviewed by Staff Health & Wellbeing and monitored at both Health & Safety Committee and Infection Control Committee. Sharps practice issues and injuries will also be monitored quarterly at the Sharps Group and sharps practice will be observed annually Trust wide. Wards/departments are responsible for monitoring the placement of sharps boxes and their management within their own areas.

## Step 6 – Completion and central collation