Sharps Policy
(Safe Use and Disposal of Sharps and Management of Contamination Injuries)

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1. INTRODUCTION

The main risk posed by a contamination injury to NHS employees is exposure of the worker to blood borne viruses (BBV). This includes clinical and non-clinical support staff - porters, domestics, maintenance staff and ground staff. The main viruses concerned are: hepatitis B (HBV), Hepatitis C (HCV) and human immunodeficiency virus (HIV). The prevalence of BBVs in the UK remains low and the risk of infection from sharps injuries remains low.

NHS employees may acquire a BBV infection if they are exposed to infected blood or body fluids. This could be either via the mucous membranes (eyes, inside of the mouth and nose), through broken skin or through an inoculation injury route, where the skin is punctured or scratched by a needle or sharp device that has been used in a medical procedure. (HSE, Needle-stick injuries).

Rarely patients may also have an exposure incident whilst under the care of the Trust.

A sharp is any item that is capable of penetrating the skin.

Data submitted to the Public Health England Significant Occupational Exposures Surveillance System between 2004 and 2013 indicates that:

4830 significant occupational exposures to a blood borne virus (BBV) were reported among healthcare workers; the annual number of exposures has increased from 373 in 2004 to 496 in 2013.

Of healthcare workers reporting a significant occupational exposure, half were exposed to hepatitis C (HCV), a third to HIV and one in ten to hepatitis B (HBV).

Within the Trust there will be occasions when despite all precautions being followed, staff may become contaminated with a patient’s blood or blood stained body fluids.

The risk of acquiring HIV infection following a needle stick injury is small (overall risk for occupational percutaneous exposure to HIV infected blood in health care settings is estimated at 3 per 1,000 injuries). The risk of acquiring HIV infection through mucous membrane exposure is even smaller (less than 1 per 1,000 exposures). There is no risk from contact between infected blood and intact skin.

Definitions

- **Percutaneous exposure** – Needle or other sharp object contaminated with blood or body fluids causing injury, a bite causing visible bleeding or other visible skin puncture.
- **Mucous membrane exposure** – Blood or body fluid splashes to the eyes, nose or mouth.
• **Contact with broken skin** – Blood or body fluids entering cuts, abrasions or patches of eczema.

2. **PURPOSE**

The policy content is based on sound infection prevention and control principles and national guidance. The purpose of this policy is to minimise/prevent the risk of acquisition of blood borne viruses from inoculation/sharps injuries or blood or body fluid exposure. Set out the details/procedure to be followed by staff in the event that they sustain an inoculation/sharps injury or have been exposed to blood or body fluids following incidents of bites, scratches or splashes. Detail the procedure for testing the patient’s blood and detail the support available to staff following an incident.

3. **SCOPE**

This policy applies to any member of staff, who may be exposed to the risk of sharps/inoculation incidents and/or exposure to blood or body fluids via bites, scratches or splashes of blood or body fluids.

Adherence to this policy is the responsibility of all staff employed by the Trust, including agency, locum and bank staff contracted by the Trust.

4. **RESPONSIBILITIES, ACCOUNTABILITIES AND DUTIES**

All staff working on Trust premises, outreach clinics and community settings including Trust employed staff, contractors, agency and locum staff are responsible for adhering to this policy.

Roles and responsibilities can be accessed via this link to the web based version of the IPC Manual


4.1 **Chief Executive**

The Chief Executive is responsible for establishing and maintaining IPC arrangements across the organisation. This responsibility is delegated to the Director of Infection Prevention and Control and the person with the lead responsibility is the Director of Nursing and Quality.

4.2 **Board of Directors**

The Board of Directors are responsible for having policies and procedures in place to support best practice, effective management, service delivery, management of associated risks and meet national and local legislation and/or requirements in relation to IPC issues.

The Board of Directors also monitor infection episodes, outbreaks and trends as reported by the Infection Prevention and Control Committee
4.3 Director of Infection Prevention and Control

The Director of Infection Prevention and Control (DIPC) is an Executive Director of the Board, member of the Executive Management Team, Quality Committee and Trust Board. The DIPC reports directly to the Chief Executive. The DIPC has the executive authority and responsibility for ensuring strategies are implemented to prevent avoidable HCAIs and duties include; providing Board assurance and to provide leadership, information and guidance at all levels of the organisation in relation to:

- Any identified cases of infections/alert organisms and conditions.
- All incidents requiring root cause analysis investigation.
- The organisations performance in relation to HCAI, providing regular reports including an annual report and IPC programme.
- Actions taken in response to new and updated legislation, national policies and guidance ensuring effective policies are in place and audited in relation to infections/alert organisms and conditions.

4.4 Infection Prevention and Control Committee

The main duties of the Infection Prevention and Control Committee (IPCC) include:

- Overseeing compliance with national standards/targets in relation to the prevention and control of HCAI, including the Health and Social Care Act 2008, and the Care Quality Commission (CQC).
- Overseeing key IPC issues in relation to:
  - Policy development and review
  - Audit
  - Education & training
  - Communication with staff, patients and the public
  - The monitoring of IPC incidents
  - Post Infection Review (PIR) cases, highlighting lessons learnt and action planning, ensuring that robust plans for the management of outbreaks of infection are in place and to monitor their effectiveness
  - Agreeing the annual IPC report and work programme prior to its submission to the Quality Assurance Sub-committee
  - Informing the Quality Assurance Sub-committee of clinical risk issues relating to the Trust
  - To monitor compliance for IPC training

To oversee the Trust’s compliance with the CQC Fundamental Standards
4.5 Consultant Microbiologists

These are medical microbiologists hosted within DBTHFT and RFT, whose main duties include:

- Being available for 24 hour access, arrangements made through local service level agreements
- Informing the IPC team of any alert organisms, conditions or notifiable diseases that may potentially cause outbreaks of infection and/or are identified as multi drug resistant organisms
- Providing expert microbiology and IPC advice for the management and treatment of micro-organisms including outbreaks of infection
- Advising on antibiotic policy/prescribing and challenge inappropriate practices
- Undertaking mandatory surveillance of HCAIs and reporting as required to PHE via a national HCAI Data Capture System

4.6 Clinical Nurse Specialists Infection Prevention and Control

The role of the Clinical Nurse Specialists Infection Prevention and Control (CNS IPC) includes:

- Providing expert professional advice on control measures, delegating responsibility to Trust staff as appropriate
- Providing education on the prevention and control of infection to other professionals, multi-disciplinary groups, patients and carers
- Leading in the investigation of identified cases of infection/alert organisms and conditions
- Undertaking PIRs for micro-organisms as and when directed by the Department of Health
- Contributing to serious incidents (SIs) reports as required Notifying the local PHE Team and Clinical Commissioning Group (CCG) of any outbreaks of infection

4.7 Consultant Medical Staff/Medical Staff

Consultant Medical staff are responsible for the supervision of any junior medical staff assigned to work with them, and as part of this supervision they should mentor junior staff members in relation to IPC issues which include:

- Reading and understanding the procedures
- Adhering to the policy
- Being aware of and complying with antibiotic prescribing guidance

4.8 Chief Pharmacist

The Chief Pharmacist is responsible for the supervision of pharmacists/pharmacy assistants and their duties include:

- Challenging inappropriate antibiotic prescribing
- Reviewing and update antibiotic guidelines and policy
• Contributing to PIR and other reports as required

4.9 **Service Managers/Modern Matrons**

Duties of all Service Managers and Modern Matrons include:
• Membership at the IPCC where nominated by their care group
• Monitoring and on-going compliance with this policy for areas within their control and reporting non-compliance to the DIPC via the IPC team
• Reporting all matters relating to IPC to the Deputy Director of Nursing
• Facilitating feedback of information related to surveillance data and identified cases of infection/alert organisms and conditions

4.10 **Ward/Department Managers**

Ward/department managers’ duties and responsibilities for areas under their control are that staff:
• Can demonstrate compliance with the manual
• Undertake mandatory IPC training
• Discuss IPC during annual reviews and that it is documented

4.11 **Staff**

All staff who are involved with the care of a patient within the inpatient services and community must comply with this manual and procedures on all identified cases of infection/alert organisms and conditions

It is the responsibility of each individual member of staff to adhere to the requirements set out within this policy.

4.12 **Infection Prevention and Control Link Champions**

Duties of the IPC Link Champions include:
• Acting as a resource within their working environment, for patients, staff and visitors
• Acting as role models, encouraging good IPC practices at all times
• Liaising closely with the IPC team

5. **PROCEDURE/IMPLEMENTATION**

5.1 **Risk Assessment**

Risk assessment is central to any process for eliminating or reducing risk.

The Trust supports the Five Steps to risk assessment process advocated by the Health & Safety Executive;

1. Identify The Hazard
2. Decide Who Might Be Harmed
3. Evaluate The Risks And Decide On Precautions
4. Record Your Findings And Implement Them
5. Review Your Assessment And Update If Necessary

5.1.1 STEP ONE - IDENTIFY THE HAZARDS

In most hospital and health care environments there will be varying degrees of exposure to blood-borne viruses (BBVs). The main BBVs of concern are hepatitis B and C and HIV.

Accidental injury by a sharp implement, such as a hollow bore needle contaminated with a blood-borne virus, can lead to the transmission of blood-borne viruses (BBVs). While the risks of contracting a blood-borne virus are variable, the anxiety of having to go through blood tests and possible treatment can cause the worker a great deal of stress.

All sharps injuries are therefore a hazard that could lead to the risk of transmission of blood-borne viruses. Some injuries will be a higher risk than others.

5.1.2 STEP TWO - DECIDE WHO MIGHT BE HARMED AND HOW

There are many types of health care and hospital work that can expose individuals to the risk of sharps injuries. They include:

- Clinical procedures such as injections, phlebotomy, cannulation, vaccination, acupuncture and surgical procedures
- Ancillary services – cleaning, portering and hospital laundry
- Diagnostic testing (e.g. pin prick tests)
- Mortuary work

Groups that carry out the majority of procedures using sharps are those most at risk. These include: nurses, phlebotomists, physiotherapists, doctors, and health care assistants. In addition, cleaning staff will have a high exposure to risks if sharps are not properly disposed of.

Community-based, as well as acute staff, may be injured by inappropriate use or non-disposal of sharps.

Injury can occur with a wide range of items, but those with a higher risk of injury include:

- hollow bore hypodermic needles
- IV cannulae
- winged steel needles (butterfly)
- phlebotomy needles.

Some services have more specific hazards, for example scalpel blades used in podiatry services.
5.1.3 STEP THREE - EVALUATE THE RISKS AND DECIDE ON PRECAUTIONS

The hierarchy of controls on the prevention of sharps injuries highlights the most effective way of controlling these risks. The hierarchy starts with the most effective action and moves down the hierarchy to less effective controls. If it is not possible to eliminate the risk, then a combination of the other steps should be employed.

1. Elimination of hazard

Is it necessary to carry out the procedure?

Is it necessary to use sharps to carry out the procedure?

Complete removal of a hazard from the workplace is the most effective way to control hazards; this approach should be used whenever possible. Examples include:

- removing sharps and needles when possible e.g. using needleless
- intravenous systems/needle free connectors
- eliminating all unnecessary injections
- eliminating unnecessary sharps.

2. Engineering controls

Isolate or remove the hazard, or isolate or remove parts of the work which increase the hazard. Examples include:

- adequate numbers of easily accessible sharps disposal containers
- environmental factors including good lighting and adequate space to carry out the procedure
- Non-sharp alternatives (filter straws/blunt needles for drawing up medication)
- use of safety-engineered devices for all procedures that may cause an injury to any individual (devices with needles that retract, sheath or blunt immediately after use).

3. Administrative controls

Ensure there is an adequate risk assessment in place, safe systems of work which are in line with relevant, up to date guidance are in place, and that relevant policies are followed.

The relevant policies are listed in section 9.

4. Work practice controls

These controls aim to change the behaviour of workers to reduce exposure
to occupational hazards.

They include, as examples:

- Filter straws and blunt needles
- no needle recapping or re-sheathing
- safe construction of sharps containers
- placing sharps containers at eye level and within arms’ reach
- disposing of sharps immediately after use in designated sharps containers
- sealing and discarding sharps containers when they are three-quarters full disposing of sharps bins within 3 months of the assembly date
- establishing means for the safe handling and disposal of sharps devices before the beginning of a procedure.

5. Personal Protective Equipment (PPE)

Personal protective equipment provides barriers and filters between the worker and the hazard. Used properly it can prevent exposure to blood splashes, but will not prevent needlestick injuries. Examples include:

- eye goggles/full face protection
- masks
- gloves

5.1.4 STEP FOUR - RECORD YOUR FINDINGS AND IMPLEMENT THEM

The findings of the risk assessment should be documented using the Generic Risk Assessment format detailed in Appendix 1, and contain the action plan to reduce the risks of injury.

The risk assessment can be department / ward-based, or refer to one secular practice if required.

The results of the risk assessment should be shared with all workers identified as being at risk.

The manager is responsible for the completion of the action plan.

5.1.5 STEP FIVE - REVIEW YOUR ASSESSMENT AND UPDATE IF NECESSARY

The risk assessment is to be reviewed annually, and the effectiveness of the risk assessment and control measures in place reassessed.

The risk assessment should also be reviewed after an incident, or when there is a change which affects its efficiency, such as changes to work practices or new equipment is introduced.
5.2 **Body fluids which pose a risk of blood borne virus infection**

As it is not always possible to know who may have certain bacteria or viruses when dealing with blood and body fluids, standard infection prevention and control precautions apply in all dealings with blood and body fluids.

In addition to blood, the following body fluids also pose a high risk of blood-borne virus infection:

**High risk body fluids are:**

- Amniotic fluid
- Vaginal secretions
- Semen
- Human breast milk
- Cerebrospinal fluid
- Peritoneal fluid
- Pleural fluid
- Pericardial fluid
- Synovial fluid
- Exudative or other tissue fluid from burns or skin lesions/wounds
- Saliva in association with dentistry
- Unfixed tissues and organs

**Other body fluids pose a risk only if they are visibly blood-stained:**

- Urine
- Faeces
- Saliva
- Sputum
- Sweat
- Tears

Care should still be taken as the presence of blood is not always obvious.

The following factors are associated with increased risk of occupationally acquired blood borne infection:

- Deep injury
- Visible blood on the device which caused the injury
- Injury with a needle which had been placed in the source patient's artery or vein
- Injury with a hollow bore needle
- Terminal HIV-related illness in the source patient.

5.3 **Preventative advice to staff**

It is recommended that healthcare staff who handle sharps or are exposed to blood/body fluids are offered Hepatitis B vaccination.
5.4 Selection Of Safety-Engineered Devices

The European Union Council Directive 2010/32/EU. Framework agreement on prevention of sharps injuries in the hospital and healthcare sector is concerned with reducing and eliminating the number of ‘sharps’ related injuries which occur within healthcare. Its basic guidance is:

- If a sharp instrument is to be used, then a non-sharp alternative is to be sourced and used.
- If a non-sharp alternative is not available, then a safety device is to sourced and use
- If a safety device is not available then all available risk management processes should be employed such as sticky mats, sharps bins, required assistance, safety procedures, training.

If a risk assessment indicates that there could be potential injuries leading to blood-borne infections because a hazard cannot be eliminated, the Trust if available will provide non-sharp alternatives and/or medical devices that incorporate safety-engineered protection mechanisms

Non-sharp alternatives

A filter straw (quill) or blunt needle should be used to draw up medication and fluids where a needle would normally be used.

A filter straw (a sterile long, thin plastic tube) is best for large volumes of liquid, and the blunt filter needle (a needle like construct with a blunt end and wide bore) for smaller amounts in ampoules.

As a standard safety measure, needles used for aspirating from ‘break neck’ glass ampoules should have a filter built in or a filter straw should be used.

Filter straws and blunt filter needles should become the accepted practice for the Trust to ensure that practices are as safe as possible and comply with the EU directive.

Safety-engineered devices

Safety-engineered devices are also known as safer needle devices or safety devices. These devices have a built-in safety feature to reduce the risk of a sharps injury before, during or after use. There are a number of different devices available which work in different ways, or may be for specific purposes.

When selecting and evaluating a safety device the following features should be considered:

- the device must not compromise patient care
- the device must perform reliably
- the safety mechanism must be an integral part of the safety device, not a separate accessory
• it should be easy to use and require little change of technique
• activation of the device must be convenient and allow care give to maintain appropriate control over the procedure
• the device must not create other safety hazards or sources of blood exposures
• single handed or automatic activation is preferred
• activation must manifest itself by means of an audible, tactile or visual sign to the health professional not reversible when activated.

To reduce the risk of inoculation/splash injury staff should:
• Use needless intravenous devices and safer needle systems whenever possible
• Get help when using sharps with a confused or agitated patient
• Take care when handling any waste bags, avoiding close contact with your body to prevent any inappropriately disposed sharps causing injury

Assembly of Sharps Bin

• Staff must ensure the sharps bin is correctly assembled according to manufacturers’ instructions.
• Once assembled prior to putting into use, attempt to pull the lid and bin apart to ensure it has been assembled correctly
• Always use sharps bins that conform to British Standards (BS 7320) or UN 3291. If oversized or awkward shaped sharps are used an appropriate sized bin must be sourced
• Always ensure that the correct sharps bin is used (appropriate coloured lid) for the segregation and disposal of waste in accordance with the organisation's Waste Management Policy.
• Staff must ensure traceability of sharps containers in case of adverse incident by labelling the sharps bin at the time of assembly with:
  o Point of origin
  o Date
  o Printed name

Location of Sharps Bin

• All sharps bins must be stored out of reach of children, the public and others who may be at risk
• Sharps bins should not be stored on the floor or above shoulder level
• Sharps bins should be placed on a secure, stable surface, at or just above waist height
• Sharps bins must be taken to the point of use to ensure immediate disposal
• Secure sharps bins on brackets (wall or trolley) as appropriate

Safe Use of Sharps

• Always wear disposable gloves when handling sharps. NB. Vinyl gloves should not be used for sharps procedures
• Gloves cannot prevent needle stick injuries but they may prevent the
acquisition of infection by reducing the volume of blood inoculated during the incident or splashing onto broken skin

- Wear face protection if splashing is likely to occur
- Completely cover breaks in the skin with waterproof dressings
- It is the responsibility of the individual who has used the sharp equipment, to safely dispose of it in an appropriate container. Sharps must not be left for others to clear away
- Place all disposable sharps into an approved (BS 7320, UN 3291) puncture proof sharps container immediately at the point of use
- Fill sharps bin to the ‘fill’ line only. Never overfill any sharps bin.
- Never re-sheath needles.
- Never bend, break or attempt to remove a needle from the syringe.
- Discard the needle and syringe as a single unit, into an appropriate sharps bin.
- Never pass sharps from person to person for disposal
- Never try to catch a sharp that has been accidently dropped
- Some drugs are only supplied in the form of prefilled multi dose pen devices for patient self-administration. Where the patient is unable to self-administer and there is no alternative solution staff should use the device to administer according to the prescriber’s instructions. Where it is necessary to remove the needle to allow for multi dose administration, a suitable needle removal device may be used carefully following manufacturers instruction. Owen Mumford ‘Uniguard’ is one preferred device. This is a single use device which is discarded with the removed needle insitu.

**Locking Sharps Bins**

- Sharps bins must be available in adequate numbers to ensure they are not overfilled and must be locked, labels completed and disposed of when they are ¾ full.
- Sharps bins should be available in an appropriate size and colour for the clinical need. Different sizes and colours are available.
- Sharps bins must be disposed of within 3 months of the assembly date.
- Ensure the temporary closure is activated between uses.
- Ensure sharps bin lid is securely closed prior to disposal.
- Ensure the sharps bin is labelled at the time of disposal with:
  - Point of Origin
  - Date
  - Name of person closing the bin

**Community Staff Using Sharps**

Healthcare staff who travel in the community and carry sharps (used or
unused) in the course of their work should follow a safe system of working at all times. They should:

- Have access to appropriately sized sharps bins compliant with relevant standards.
- Arrange removal of sharps bins from patients’ homes that are housebound via the Environmental Services Department of the local authority (Appendix 3).
- Transporting sharps bins from client to client must be undertaken in a responsible and safe manner. Sharps bins must be transported in a rigid, robust container’s to avoid accidents occurring and carry at all times the Trust’s community Transport Document. Community staff must ensure that sharps boxes are kept out of sight in a locked car.
- Alert the waste contractor as soon as possible if a sharps bin has been placed in the incorrect waste stream i.e. a sharps bin placed in a domestic waste (black) bag and collected by the Local Authority. An incident form must be completed.
- Dispose of sharps immediately after use in a container suitable for transport, close the lid immediately after use, to the temporary closure point if the bin is to be used again;
- Secure the container in the vehicle to avoid tipping;
- Follow instructions for the assembly and use of sharps containers, including the use of lid closing and locking mechanisms;
- Report any lid closing and locking mechanisms problems so that the suitability of the container can be reviewed;
- Check the container at the end of each shift to ensure no sharps have been dropped or spilled in the vehicle.
- Report any difficulty following this process to the manager.
- Do not use the affected area if sharps have been spilled and, if necessary, do not use the whole vehicle until made safe;
- Clear contaminated vehicles as soon as possible without compromising safety using a torch, a special tool/device to avoid hand contact, and Personal Protective Equipment (PPE), being wary of sharps hidden in crevices and fabrics

**Disposal Of Sharps Bin:**

- Make sure the sharps bin lid is locked before disposal – follow Manufacturers’ guidelines.
- Complete the label on the sharps bin at the time of closure/disposal with:
  - Date
  - Name
- Never leave sharps for someone else to dispose of.
- Ensure the sharps bin is placed in a secure place whilst awaiting
collection for final disposal following local procedures

**Lease cars:**

Clean and check lease cars for sharps by the user before being handed back or passed onto another person.

**Patient’s Own Sharps**

- Many patients self-administer medications e.g. people with diabetes. A variety of administration and monitoring systems are available including pens as well as needles, lancets and syringes. All systems involving the use of sharps have the potential to cause injury if handled inappropriately.

- Patients self-administering medication must be supervised and trained in safe practices prior to being allowed to self-medicate, including safe disposal.

- Staff providing needle exchange to drug users should provide sharps bins and advice on returning these, advice on safer injecting practice and overdose prevention. Where appropriate staff should offer help to stop injecting, immunisation services and referral to drug treatment services.

- Appropriate equipment must be provided for the patient either by their GP or hospital consultant/nurse specialist. Small portable sharps bins complying with relevant standards must be used. These must be returned to the patient’s GP practice/hospital department if distributed from there for disposal as clinical waste or via Local authority drop off and collection service.

- Patient’s own sharps bins must not be disposed of into the household waste stream.

**Needles Found In Public Areas**

A situation may arise where needles have been found in public places e.g. toilets, grounds. If this situation arises follow the action outlined below.

**Action**

- If **no** injury has occurred:
  
  o **A needle is brought to you.** If you have a sharps box available the person with the needle should put it in the sharps box. If no box is available, the Health Care Worker should keep the needle safe and arrange non-urgent disposal by the Local Authority (Appendix 3)
  
  o **Needle remains in an accessible public place.** Note the exact site of needle(s) and arrange urgent collection by the Local Authority. (Appendix 3)
  
  o **Needle remains in a public place but inaccessible** e.g. under a drain grate. Note the exact site. Arrange-non urgent collection and disposal by the Local Authority. (Appendix 3)

If appropriate an incident form must be completed.
• If an injury has occurred to a member of the public:

  o The injured person should be advised to visit Accident and Emergency Department as soon as possible.

5.5 Accidental exposure incidents which fall within this policy

• All penetrating sharps/needle injuries.
• Contamination of abrasions with blood or body fluids.
• Scratches/bites involving broken skin (i.e. causing bleeding or other visible skin puncture).
• Splashes of blood/body fluids into eyes or mouth.

5.6 Process for the management of an inoculation incident (including prophylaxis)/General advice for exposure incidents

IMMEDIATE ACTION (Appendix 4)

Percutaneous injury (needle stick/punctured skin)
• Gently encourage puncture wound to bleed
• Wash liberally with soap and water.
• Do not scrub or suck the wound.
• Dry and cover wound with a waterproof dressing

Splash exposure to broken skin
• Wash area liberally with soap and water without scrubbing.
• Do not scrub or suck the area
• Dry and cover wound with a waterproof dressing

Splash exposure to mucous membranes
• If eyes are contaminated, wash copiously with water or normal saline (before and after removing contact lens if worn).
• If mouth is contaminated, gargle copiously with water, without swallowing.

Report incident to immediate line manager and attend the local Accident and Emergency Department for assessment.

Report the incident via the Trust electronic incident reporting system.

5.6.1 Scratches and Bites

Scratches and bites are generally considered as a low risk injury for blood borne viruses. The risks are increased when there is blood present under the nails of a patient who scratches or in the mouth of a patient who bites, otherwise these injuries are deemed as low risk.

The HIV virus does not survive well outside of the body and due to the lower infection risk from HIV, the risk of transmission from a scratch is remote.

If the skin is intact following a bite or a scratch then it is impervious to blood borne viruses. However if the skin is not intact following a bite or scratch eg through cuts or abrasions then transmission may occur. Please refer to
appendices 5 & 6.

An individual risk assessment should be completed with the manager/supervisor on duty as the staff member affected may not need to attend the local Accident and Emergency Department or Occupational Health.

Immediate Action

- Wash area liberally with soap and water without scrubbing
- Dry and cover with a waterproof dressing

Report incident to immediate line manager and attend the local Accident and Emergency Department for assessment if applicable.
Report the incident via the Trust electronic incident reporting system.

5.7 Further action to take in relation to percutaneous injuries (needle stick/punctured skin)

A sample of 10ml-clotted blood is required from both patient (if known) and the staff member.

Staff member (recipient)
The staff member must be sent to the nearest Accident and Emergency Department at all times, taking details of the patient (if known) from whom they have acquired the injury from. This should include information regarding the patient’s history and if they are known to have a blood borne virus or belong to a high risk group (e.g. intravenous drug user, homosexual, originates from high risk country). A sample of blood will be taken, following consent, and the staff at the relevant department will explain what is to happen to the blood and provide support to the staff member.

Hepatitis B Vaccine: Staff who have not been vaccinated against Hepatitis B should be offered an accelerated course as soon as they report the incident, i.e. one dose immediately, further doses at one month, 2 months and 12 months.

Obtaining consent from the patient
Consent will be required if Hepatitis B, C or HIV testing is necessary. Information for the patient is available in Appendix 2.

- If the patient is on a ward/clinic, ask the respective doctor to take the sample (with informed consent).
- If the patient is at home the blood sample must be obtained as soon as practicable (with informed consent). The blood sample must include details of the affected staff member as well as the patient’s details. The minimum information required will be the staff member’s name, date of birth and date of contamination injury.

The Consultant in charge of the patient’s care should consider the need for referral to Genito-Urinary Medicine Department for counselling. Any referral should be made by the Consultant in charge of the patient’s care.
If the patient belongs to a high-risk group (e.g. intravenous drug user (IVDU), homosexual, originates from high risk country) then consideration needs to be given to testing for other blood-borne viruses, such as Hepatitis B, C and HIV, as prophylactic antiviral therapy may be of benefit. If the patient is known or strongly suspected to be HIV positive.

If the patient is unknown or refuses to give consent to testing the staff member is still required to attend A&E where a risk assessment will be undertaken.

The injured member of staff must not take the blood sample or obtain the patient’s consent.

On the patient’s (source) laboratory form write in the clinical details section “Inoculation injury to (name of staff member) on (date, time)”. The patient’s sample will be either saved or tested for the presence of blood-borne viruses (hepatitis B, C or HIV). Under no circumstances should testing be carried out without the patient’s informed consent. A careful risk assessment should be carried out on the patient to determine which of these tests are required and, if so, how urgently.

Timing
Timing is important. The patient’s blood should be tested as soon as possible following the incident. If they are in a high-risk group, they may require urgent testing. This should be discussed with the Consultant/General Practitioner in charge of the patient’s care.

Provision of Information
If Hepatitis B, C or HIV testing is necessary consent must be obtained from the patient. A provision of information leaflet (appendix one) should be given to the patient by the person taking the blood sample. Further guidance can be obtained from the Consultant in genitourinary medicine or Consultant Microbiologist.

In all other circumstances the person taking the samples should explain that the sample will be saved only, and that no further tests will be carried out on the sample without the patient’s prior consent.

If consent is refused or unobtainable guidance must be discussed with the Occupational Health Department, Consultant in genitourinary medicine and/or Consultant Medical Microbiologist in all cases.

Implementation of the guidance in “AIDS/HIV Infected Health Care Workers” will minimize the risk of a patient being exposed to the blood of an infected health care worker.

5.8 Patient exposure incidents

When an incident occurs in which a health care worker may have exposed a patient to their blood or another patient’s blood, this should be reported immediately to the responsible clinician for an assessment of the risks involved and to the line manager. It must be recorded on the Trust
Safeguard Incident Reporting System.

Follow the guidance in appendix 4 for immediate first aid management

Community patients

If the incident occurs in the community the patient sustaining the injury (recipient) should be advised to go to Accident and Emergency for assessment.

The source patient (from whom the contamination occurs) if known, must be informed of the incident and a history obtained which should include details of whether they are known to have a blood borne virus or belong to a high risk group (e.g. intravenous drug user, homosexual, originates from high risk country). The Accident and Emergency Department should be informed of the results to aid the risk assessment process in determining the need for treatment.

If the source patient refuses to give a history/have blood taken or if the source is unknown, inform the Accident and Emergency Department and the incident will be assessed as an unknown source.

In-patient areas

If the incident occurs in hospital inform the patient’s medical team so that bloods and informed consent can be obtained from the source patient and the recipient as necessary. The medical team should liaise with the Consultant Microbiologist for further advice.

The member of staff involved with the initial incident must not obtain bloods or the patient’s consent.

Pre and post blood test counselling is an important part in the management of patients who have suffered an inoculation/needlestick injury that may have exposed them to a BBV. The patient may need referring to a specialist service for counselling via the trust or their General Practitioner.

Further advice

In office hours contact the IPC team.
Out of office hours contact the On-call Consultant Microbiologists.

5.9 Support for those who are involved in, or affected by an inoculation/sharps or exposure incident

Any inoculation/sharps or exposure incidents will be stressful to staff and they will need to be supported throughout the process of assessment and any subsequent treatment. This support can be given in a variety of ways, such as:

- Support through 1:1 sessions with their line manager. Manager to refer employee to Occupational Health on a manager’s referral form with details of the injury and A&E attendance/outcome. Occupational Health will review and provide follow up care.
- On-going care, vaccinations and blood testing which will be provided by Occupational Health following Accident and Emergency attendance.
Employee will provide the Accident and Emergency discharge letter to Occupational Health.

- Counselling which can be provided through the Occupational Health Department
- As well as psychological support staff will need practical support through the arrangement of time off work to attend appointments and managers must do all they can to facilitate this

Any appropriate treatment will be provided via the local occupational health department or the local A&E department as stated above.

5.10 Reporting of Inoculation incidents and Occupational Exposure to HIV

- All incidents of exposure must be reported on the Trust safeguard electronic reporting system
- Occupational exposure to HIV is notifiable to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations (RIDDOR) 1995

Under the Control of Substances Hazardous to Health Regulations (COSHH) the Trust must keep a list of workers who have been occupationally exposed to hazard group 3 pathogens, which includes HIV.

6. TRAINING IMPLICATIONS

<table>
<thead>
<tr>
<th>Sharps Policy – Safe Use and Disposal of Sharps and Management of Contamination Injuries</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Staff groups requiring training</strong></td>
</tr>
<tr>
<td>All clinical staff, including clinical support staff who are involved with sharps management/ procedures, including the use of mechanical safety devices.</td>
</tr>
</tbody>
</table>
7. MONITORING ARRANGEMENTS

<table>
<thead>
<tr>
<th>Area for Monitoring</th>
<th>How</th>
<th>Who by</th>
<th>Reported to</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duties</td>
<td>Reporting</td>
<td>Health and Safety</td>
<td>Health and Safety Forum</td>
<td>Quarterly</td>
</tr>
<tr>
<td>How inoculation incidents are reported</td>
<td></td>
<td>Lead</td>
<td></td>
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<tr>
<td>Process for the management of an inoculation incident (including prophylaxis)</td>
<td></td>
<td>Health and Safety Forum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Audit of Sharps Policy</td>
<td>Audit</td>
<td>Modern Matrons/Service</td>
<td>Infection Prevention and Control Committee</td>
<td>Every two years</td>
</tr>
<tr>
<td>How the organisation trains staff, in line with the training needs analysis</td>
<td>Monitoring arrangements as per Mandatory Risk Management Training Policy</td>
<td>Infection Prevention and Control Committee</td>
<td>Health and Safety Lead</td>
<td>Health and Safety Forum and the Business Divisions.</td>
</tr>
<tr>
<td>Number and types on incidents. Compliance with policy</td>
<td>Management reports that provide analysis of inoculation/ exposure incident data</td>
<td>Health and Safety Lead</td>
<td>Health and Safety Forum and the Business Divisions.</td>
<td>Quarterly</td>
</tr>
</tbody>
</table>

8. EQUALITY IMPACT ASSESSMENT SCREENING

The completed Equality Impact Assessment for this Policy has been published on this policy’s

8.1 Privacy, Dignity and Respect

The NHS Constitution states that all patients should feel that their privacy and dignity are respected while they are in hospital. High Quality Care for All (2008), Lord Darzi’s review of the NHS, identifies the need to organise care around the individual, ‘not just clinically but in terms of dignity and respect’.

As a consequence the Trust is required to articulate its intent to deliver care with privacy and dignity that treats all patients with respect. Therefore, all procedural documents will be considered, if relevant, to reflect the requirement to treat everyone with privacy, dignity and respect, (when appropriate this should also include how same sex accommodation is provided).

Indicate how this will be met

There are no additional requirement in relation to privacy, dignity and respect.
8.2 Mental Capacity Act

Central to any aspect of care delivered to adults and young people aged 16 years or over will be the consideration of the individuals capacity to participate in the decision making process. Consequently, no intervention should be carried out without either the individuals informed consent, or the powers included in a legal framework, or by order of the Court.

Therefore, the Trust is required to make sure that all staff working with individuals who use our service are familiar with the provisions within the Mental Capacity Act. For this reason all procedural documents will be considered, if relevant to reflect the provisions of the Mental Capacity Act 2005 to ensure that the interests of an individual whose capacity is in question can continue to make as many decisions for themselves as possible.

<table>
<thead>
<tr>
<th>Indicate how this will be met</th>
</tr>
</thead>
<tbody>
<tr>
<td>All individuals involved in the implementation of this policy should do so in accordance with the Guiding Principles of the Mental Capacity Act 2005. (Section 1)</td>
</tr>
</tbody>
</table>

9. LINKS TO ANY ASSOCIATED DOCUMENTS

- Management of Blood and Body Fluid Spillages, Clinical Policies, Infection Control, RDaSH Intranet
- Hand Hygiene Policy, Clinical Policies, Infection Control, RDaSH Intranet
- Standard Infection Prevention and Control precautions policy, Clinical Policies, Infection Control, RDaSH Intranet
- Personal protective equipment (PPE) policy, Health and Safety Policies, RDaSH Intranet
- Incident Reporting Policy, Health and Safety Policies, RDaSH Intranet
- Policy for the correct use of gloves and the avoidance of latex sensitisation, Health and Safety Policies, RDaSH Intranet
- Supporting Staff Involved in a traumatic/stressful Incident, complaint or claim associated with employment, Employment Policies, Section B
- Mandatory Risk Management Training Policy, General Policies, RDaSH Intranet

10. REFERENCES

- COSHH (2002) Control of Substances Hazardous to Health Regulations HSC
• Estates and Facilities Alert Ref: EFA/2013/001 Issued 21st January 2013.
• Gateway Reference: 18655 Sharps and sharps containers transported in
  staff vehicles
  prevention from sharps injuries in the hospital and healthcare sector
• Health and Safety Executive website provides further information on managing
  the risks associated with inoculation incidents: http://www.hse.gov.uk/healthservices/
• Health and Safety at Work etc Act 1974
• Health Protection Agency (2008) Eye of the Needle. United Kingdom
  Surveillance of Significant Occupational Exposure to Bloodborne Viruses in
  Healthcare Workers
• Health and Safety Executive (2003) Reporting of Injuries, Diseases and
  Dangerous Occurrence Regulations (RIDDOR)
• Health and Safety (Sharp Instruments in Healthcare) Regulations 2013
• Guidance for employers and employees. Health Services Information Sheet 7
• NHSLA Risk Management Standards
• National Institute for Health and Clinical Excellence (2012) Prevention of
  healthcare-associated infection in primary and community care. NICE. London
• NHS Employers (2008) Needle stick injury
• Public Health England (2014) Eye of the Needle United Kingdom Surveillance
  of Significant Occupational Exposures to Bloodborne Viruses in Healthcare
  Workers
• Royal College of Nursing (2011) Sharps safety. RCN guidance to support
  implementation of the EU Directive 2010/32/EU on the prevention of sharps
  injuries in the health care sector.
• UK Health Department (1998). Guidance for Clinical Healthcare Workers;
  Protection against Infection with Blood Borne Viruses, HMSO-London

11. APPENDICES

Appendix 1  Generic Risk Assessment Form & Guidance
Appendix 2  Patient Information following staff exposure to your blood or blood
            fluids
Appendix 3  Disposal by Environmental Services
Appendix 4  Contamination Injury Procedure
Appendix 5  Contamination Injury flowchart for bites
Appendix 6  Contamination Injury flowchart for scratches
### SECTION A. Identification of Hazards and Risk Quantification

<table>
<thead>
<tr>
<th>HAZARDS IDENTIFIED</th>
<th>PERSONS AT RISK</th>
<th>CONSEQUENCES (see page 2 for guidance)</th>
<th>LIKELIHOOD (see page 2 for guidance)</th>
<th>RISK SCORE</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Employee</td>
<td>Patient</td>
<td>Contractor</td>
<td>Public</td>
</tr>
<tr>
<td>1.</td>
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RISK QUANTIFICATION

A simple approach to quantifying the degree of risk is to define measures of Consequences (severity) and Likelihood. This allows construction of a risk matrix, which can be used as the basis for identifying acceptable and unacceptable risk.

\[ \text{Risk} = \text{Consequences (severity)} \times \text{Likelihood} \]

CONSEQUENCES (Severity)

<table>
<thead>
<tr>
<th>LEVEL</th>
<th>DESCRIPTOR</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Low</td>
<td>First aid treatment. Moderate financial loss</td>
</tr>
<tr>
<td>2</td>
<td>Minor</td>
<td>Medical treatment. Moderate environmental implications. High financial loss. Moderate loss of reputation. Moderate business interruption</td>
</tr>
<tr>
<td>4</td>
<td>Significant</td>
<td>Single death of any person</td>
</tr>
<tr>
<td>5</td>
<td>Major</td>
<td>Multiple deaths of any persons</td>
</tr>
</tbody>
</table>

LIKELIHOOD

<table>
<thead>
<tr>
<th>LEVEL</th>
<th>DESCRIPTOR</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>1</td>
<td>Rare</td>
<td>The event may only happen in exceptional circumstances</td>
</tr>
<tr>
<td>2</td>
<td>Unlikely</td>
<td>The event is not expected to happen</td>
</tr>
<tr>
<td>3</td>
<td>Possible</td>
<td>The event should occur at some time</td>
</tr>
<tr>
<td>4</td>
<td>Likely</td>
<td>The event will occur in most circumstances</td>
</tr>
<tr>
<td>5</td>
<td>Certain</td>
<td>The event is expected to occur in most circumstances</td>
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</table>

GRADING MATRIX

<table>
<thead>
<tr>
<th>CONSEQUENCES</th>
<th>LIKELIHOOD</th>
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<tbody>
<tr>
<td></td>
<td>Rare 1</td>
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<tr>
<td>Low risk – 1</td>
<td>1</td>
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<tr>
<td>Minor – 2</td>
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<tr>
<td>Moderate – 3</td>
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<td>Significant – 4</td>
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<tr>
<td>Major – 5</td>
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Key:  
1-3 = Low Risk  
4-6 = Moderate Risk  
8-12 = Significant Risk  
15-25 = High Risk
**SECTION B. Identify existing controls in place and their adequacy**

<table>
<thead>
<tr>
<th>HAZARD NO: (List the Hazards identified in Section A)</th>
<th>SUPPORTING INFORMATION (Why has this been identified as a hazard? Is there any background information available?)</th>
<th>EXISTING CONTROLS (Identify any preventative and protective measures already in place)</th>
<th>ARE THE EXISTING CONTROLS ADEQUATE Yes/No?</th>
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<tbody>
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<td>1.</td>
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</tbody>
</table>
## SECTION C. Identification of actions required with timescales

<table>
<thead>
<tr>
<th>HAZARD NO. (List the Hazards again identified in Section A)</th>
<th>ACTION REQUIRED</th>
<th>TARGET DATE</th>
<th>ACTION TO BE TAKEN BY</th>
<th>COMPLETED BY (NAME &amp; DATE)</th>
</tr>
</thead>
<tbody>
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Next Risk Assessment due before
**Guidance Notes**

- Risk Assessment is a process of identifying hazards in a workplace in order to eliminate or adequately control risks and their potential impact on patients, staff and the Trust. It is key to the effective implementation of the Trust *Risk Management Strategy, 2004*.

- There are 5 steps to risk assessment:
  1. **Identify the hazards** - (anything with the potential to cause harm)
  2. **Identify persons at risk** - who may be harmed
  3. **Evaluate the risks** – Calculate the risk scores using the Consequences and Likelihood Matrix. Assess whether any existing controls are sufficient to reduce the risk to an acceptable level. If acceptable, no further action is required.
  4. **Record the significant findings** – Decide upon appropriate measures to reduce the risk. These might typically include: obtaining equipment; provision of training; additional staff support; and the production of new - or the modification of - existing policies, procedures or protocols etc.
  5. **Review/revise the findings** – At planned regular intervals/where the nature of the work changes/ after accidents, near misses etc.

- All risks that arise out of work activity or use of equipment are required to be assessed, in order to implement preventive and protective measures.

- The Trust Board is committed to an ‘open, non-punitive and just’ approach in all matters. It expects staff to acknowledge that risks within the Trust can be identified and managed if everyone adopts an attitude of openness and honesty and the overall approach is one of help and support to each other. Risk management forms an integral part of the overall management process and is the responsibility of all staff. *Risk Management Strategy, September 2004*

- Risk assessments should be undertaken with the staff who work in the environment being assessed, or who undertake the particular activity or who use the equipment being assessed, as they will be well placed to identify hazards and to generate appropriate measures to reduce or eliminate the risk.

- The Non Clinical Risk Manager, nominated Health and Safety Coordinators and staff who have undertaken the Institute of Occupational Safety and Health (IOSH) *Managing Safely for Health Professionals* course will be able to offer advice and assistance with risk assessments.
Rotherham Doncaster and South Humber NHS Foundation Trust

**Patient information following staff/other patient exposure to your blood or body fluids.**

**Testing information for patients**

A member of staff/other patient has been accidentally exposed to your blood or body fluids during the course of their work/treatment. We are requesting to test your blood in order to assist the member of staff/other patient. Three specific viruses are covered in this information sheet. All three viruses can be present in your body without your knowledge. We ask every patient in this situation if we can test him or her for:

- **HIV (Human Immunodeficiency Virus):** A virus that can be transmitted through blood, body fluids, and sexual exposure. Examples include sharing needles, syringes or equipment for drugs, tattoos, body piercing, through unscreened blood transfusions, and from mother to baby.
- **Hepatitis B:** A virus that affects the liver and is passed on in the same way as HIV.
- **Hepatitis C:** A virus that affects the liver and is usually passed on through blood or sharing needles or other equipment during recreational drug injecting. Other examples include tattoos, body piercing, and unscreened blood transfusions.

**Frequently Asked Questions:**

**What does the test involve?**

A 5 ml sample of blood will be taken from your arm. If any of the results are positive, the test will be repeated to confirm the result.

**Who will know my test result?**

The result will be given to you in confidence and your own doctor will be informed. The doctor looking after the member of staff/other patient affected will be informed, unless you request otherwise.

**What if I am found to have one of these viruses?**

If the test shows that you have one of these viruses, you will be offered care, support, and treatment.

**What are the benefits of having these tests now?**

You can have these viruses with or without any symptoms. If you have Hepatitis B or Hepatitis C virus, treatment can often help to cure you and reduce the damage to your liver. New treatments are available for individuals with HIV. The treatment for HIV may be more effective if it is given before any serious illness develops.
How can this help the member of staff/other patient who has been exposed to my blood?

If you are carrying a blood borne virus the member of staff/other patient affected can be followed up to see if the virus has been transmitted to them and treated if necessary.

Will having the HIV test affect my chances of getting life insurance?

Doctors do not need to report negative HIV tests when writing insurance reports. Insurance companies should no longer ask whether you have had an HIV test, they should only ask whether or not you are HIV positive (As agreed by the Association of British Insurers 1994).

What are the drawbacks of having the HIV test?

If you do have HIV, the benefits of knowing usually outweigh the disadvantages, which may include difficulties in relationships with family and friends or, for some, employment issues. Travel to some countries is currently restricted for people who know they have HIV.

If you have any further questions, please do not hesitate to ask a member of staff. When you have read this information sheet and asked any questions please sign below. You may have a copy of this information sheet.

CONSENT

I fully understand the information given to me and have had the opportunity to ask questions regarding the tests.

I agree/do not agree to have my blood tested for HIV, Hepatitis B, and Hepatitis C.

Signed…………………………………………………

Date…………………

Print name…………………………………………………..
Appendix 3

Disposal by Environmental Services

Contact the relevant Environmental Services:

**Doncaster**
- Office Hours (8am-6pm, Mon-Fri) 01302 736000
- (8am-12 noon, Sat) 01302 736000
- Out Of Office Hours 01302 737296

**Rotherham**
- Office hours (8am-8pm) 01709 336003 (If found on Highways)
- 01709 526137 (If found on private land)
- Out of hours 01709 823172

**North Lincolnshire**
- Office Hours (8.30am -5pm, Mon-Thurs) 01724 297843
- (8.30am – 4.30 pm, Friday) 01724 297843
- Out of Office Hours, phones are diverted

**Manchester**

Services are provided in a multi-occupancy building, managed by BIZSPACE, who would be notified and deal with any issues relating to Health and Safety.
Contamination Injury Procedure

OCCUPATIONAL EXPOSURE TO BLOOD / BODY FLUIDS
Needlestick injuries, cuts, splashes into eyes, mouth or into cuts / abrasions.

SHARPS INJURY FIRST AID
Encourage wound to bleed. Wash contaminated area. Do not suck the wound. Dry and cover wound with a waterproof dressing.

SPASH INJURY FIRST AID
Irrigate eyes / mouth with water.

Report the incident to immediate manager.

Visit A&E immediately for advice and treatment and Manager to inform Occupational Health.

Report the incident via the Trust electronic reporting system.

Please refer to Sharps Policy - Safe Use and Disposal of Sharps and Management of Contamination Injuries for full details of action to be taken.
Contamination Injury Procedure for Bites

Bite from a known Hepatitis B or Hepatitis C or HIV source

YES / UNKNOWN

Blood present in the mouth of patient

NO → Staff skin broken

YES → Staff skin broken

NO → Wash thoroughly with soap and water

YES → Staff skin broken

Encourage wound to bleed. Wash thoroughly with soap and water

Dry and cover with a waterproof dressing

Report incident to Manager

Visit A&E immediately for advice and treatment

Manager referral to Occupational Health

Occupational Health will contact individual for review and to arrange any follow up treatment

Report the incident via the Trust electronic reporting system

Dry and cover with a waterproof dressing

Report incident to Manager

Monitor for signs of infection

Staff to see own GP with any concerns regarding injury

Report the incident via the Trust electronic reporting system

Please refer to Sharps Policy - Safe Use and Disposal of Sharps and Management of Contamination Injuries for full details of action to be taken
Contamination Injury Procedure for Scratches

Scratch from a known Hepatitis B or Hepatitis C source

YES / UNKNOWN

Blood present under nails of patient

NO

Staff skin broken

YES

Wash thoroughly with soap and water

YES

Staff skin broken

NO

Wash thoroughly with soap and water and dry

Dry and cover with a waterproof dressing

Report incident to Manager

Monitor for signs of infection

Staff to see own GP with any concerns regarding injury

Report the incident via the Trust electronic reporting system

Visit A&E immediately for advice and treatment

Manager referral to Occupational Health

Occupational Health will contact individual for review and to arrange any follow up treatment

Report the incident via the Trust electronic reporting system

Encourage wound to bleed. Wash thoroughly with soap and water

Dry and cover with a waterproof dressing

Report incident to Manager

Monitor for signs of infection

Staff to see own GP with any concerns regarding injury

Report the incident via the Trust electronic reporting system

Please refer to Sharps Policy - Safe Use and Disposal of Sharps and Management of Contamination Injuries for full details of action to be taken
**Sharps Policy - Audit Rationale**

The audit is to be completed every 2 Years. An e-mail will be sent from Clinical Audit/Infection Prevention and Control to Modern Matrons/Service Managers informing them of the timeline for the audit to be completed. The audit will be completed by Ward Managers/Team Leaders/Infection Control Champions, with assistance from Clinical Audit if required. Completed audit tools should be kept in the Infection Prevention & Control Evidence Folder (Yellow Folder) for monitoring by the Infection Control Team.

**Guide to completing the audit tool**

There are 2 audit tools – 1 for Inpatient Wards, the other for Community Services. Please use the audit tool applicable for your area. The audit tool consists of questions that are to be answered **YES/NO** or Not Applicable (**N/A**). There is a column with guidance for completing the audit tool, and also a column for staff comments.

If any of the audit tool questions are answered ‘NO’ the person completing the audit tool **must** follow these procedures:

- Identify appropriate actions and evidence on action plan (on audit tool)
- Escalate the issue to the Modern Matron/Service Manager or appropriate Line Manager
<table>
<thead>
<tr>
<th>Standard</th>
<th>Guidance</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Staff are aware of the procedure for managing a contamination injury</td>
<td>Ask two members of staff to describe the procedure.</td>
<td></td>
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<td>There is a poster available for the management of a contamination injury</td>
<td>Visible evidence of staff guidance - is flow chart displayed?</td>
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<td>Sharps containers are assembled correctly</td>
<td>Check lids are secure on sharps bins in use.</td>
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<td>Sharps containers are labelled or tagged with date, locality and a signature on assembly</td>
<td>Check labels have been completed.</td>
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<td>All sharps bins are free from protruding sharps</td>
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<td>7</td>
<td>The contents of sharps containers are below the ‘fill line’</td>
<td>Check all sharps containers are not overfilled.</td>
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<td>Sharps container lids are temporarily closed in between use</td>
<td>Visually check.</td>
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<td>Sharps bins in use are within 3 months of assembly</td>
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<tr>
<td>10</td>
<td>In use sharps containers are safely positioned and out of reach of vulnerable people</td>
<td>Check bins are not stored in an open access area and are positioned at a safe height</td>
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<td>Locked sharps containers are stored in a secure facility away from public access until collected for disposal</td>
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<td>Used sharps are disposed of without re-sheathing</td>
<td>Observe practice or ask a member of staff to describe procedure</td>
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<td>Used needles and syringes are discarded as a complete single unit</td>
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<td>Needle safe devices are in use where available</td>
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<td>Training has been provided where needle safe devices are in use</td>
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<td>17</td>
<td>Sharps trays with integral sharps bins are available where applicable</td>
<td>Only 1 size of sharps bin has integral sharps tray. Not available on all wards</td>
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<td>Sharps trays are visibly clean, where applicable</td>
<td>Only answer if sharps trays are used</td>
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<td>Tourniquets, where used, are single use</td>
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<td>If PPE is required, it should be provided i.e. gloves, aprons, masks. Vinyl gloves should NOT be used for sharps procedures</td>
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<td>All staff have had appropriate level of training</td>
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**ACTIONS IDENTIFIED AND AGREED BY (name) ..........................................................**