



**Safe Use and Disposal of Sharps
Procedure**
(IPC Manual)

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Target Audience	All Clinical Staff

1. AIM

The aim of this policy is to provide guidance for the safe use and disposal of sharps and reduce the risk of contamination injury.

2. SCOPE

This procedure applies to all clinical staff, whether in a direct or indirect patient care role. It also applies to patients, visitors, contractors and other persons who enter Trust owned or rented buildings or grounds.

Adherence to the procedure is the responsibility of all Trust staff, including agency, locum and bank staff.

3. LINK TO OVERARCHING POLICY

3.1 Infection Prevention and Control Manual

<https://www.rdash.nhs.uk/46192/infection-prevention-and-control-manual/>

3.2 LINKS TO RELEVANT POLICIES/PROCEDURES

Trust Waste Policy

<https://www.rdash.nhs.uk/24081/waste-policy/>

Health & Safety Risk Assessment Documents

<http://nww.intranet.rdash.nhs.uk/health-and-safety-fire-and-security/>

4. PROCEDURE

4.1 Introduction

Sharps are responsible for a significant number of injuries to staff each year. The safe use and disposal of sharps will reduce the risk of injury and the acquisition of blood-borne viruses (BBVs) to both staff and patients.

The term “sharps” includes items such as needles, scalpels, razor blades, broken glass and any other sharp items that may cause a penetrating injury, laceration or puncture to the skin.

Sharps contaminated with an infected patient's blood can transmit more than 20 diseases, including hepatitis B, C and human immunodeficiency virus (HIV). Because of this transmission risk, sharps injuries can cause worry and stress to the many thousands who receive them.

The safe handling and disposal of needles and other sharp instruments forms part of an overall strategy to protect staff, patients and visitors from exposure to blood-borne pathogens.

As with many infection prevention and control procedures, the assessment

and management of the risks associated with the use of sharps is paramount, and safe systems of work and engineering controls must be in place to minimise any identified risks.

Wherever possible 'safe sharp' systems must be used unless a risk assessment has been undertaken and a different course of action approved to continue using unprotected sharps.

It is recommended that healthcare staff who handle sharps or are exposed to blood/body fluids are offered Hepatitis B vaccination.

4.2 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

All sharps injuries are a hazard that could lead to the risk of transmission of BBVs

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 be sourced and used
- If a safety device is not available then all available risk management processes should be employed such as sticky mats, sharps bins, safety procedures and training.

If a risk assessment indicates that there could be potential injuries leading to BBVs because a hazard cannot be eliminated, the Trust will provide non-sharp alternatives and/or medical devices that incorporate safety-engineered protection mechanisms, unless there is no alternative.

See appendix 56 and 57 for guidance on completing a risk assessment for sharps management.

4.3 Sharps Regulations

The Sharps Regulations follow the principles of the hierarchy of preventative control measures, set out in the Control of Substances Hazardous to Health Regulations (COSHH). However, they require that employers consider the additional risk control measures below:

4.3.1 Avoid the unnecessary use of sharps

Needles, scalpels etc. will remain essential tools for effective medical care. However staff should ensure that sharps are only used where they are required.

Needle-free equipment is available for certain procedures and must be used where it is reasonably practicable to do so.

Where it is not reasonably practicable to avoid the use of medical sharps the Sharps Regulations require employers to:

4.3.2 Use non-sharp alternatives

A medical straw (a sterile long, thin plastic tube) or blunt needle (a needle like construct with a blunt end and wide bore) must be used to draw up medication and fluids where a sharp needle would normally be used.

A medical straw is best for large volumes of liquid and the blunt needle for smaller amounts in ampoules.

As a standard safety measure, blunt needles used for aspirating from 'break neck' glass ampoules should have a filter built in or a filter straw should be used. Some injections (i.e. Depot) cannot be drawn up using a blunt filter needle. On these occasions a blunt needle without a filter must be used as indicated in the Manufacturer's instructions.

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.

Where it is not reasonably practicable to avoid the use of medical sharps, the Sharps Regulations require employers to:

4.3.3 Use safer sharps (incorporating protection mechanisms)

The employer must substitute traditional, unprotected medical sharps with a 'safer sharp' where it is reasonably practicable to do so. The term 'safer sharp' means medical sharps that incorporate features or mechanisms to prevent or minimise the risk of accidental injury.

For example, a range of syringes and needles are available with a shield or cover that slides or pivots to cover the needle after use. The following

factors 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 given 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 and is not reversible when activated

4.3.4 To reduce the risk of contamination injury staff should also:

- 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

4.4 Factors associated with an increased risk of occupationally acquired BBVs

- 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
- Advanced progression of HIV-related illness in the source patient

4.5 Assembly of Sharps Bins

- Always use sharps bins that conform to British Standards (BS 7320) or UN 3291
- Ensure the colour of the lid and the label match, e.g. purple label purple lid
- Ensure the sharps bin is correctly assembled according to manufacturer's instructions
- Once assembled prior to putting into use, attempt to pull the lid and bin apart to ensure it has been assembled correctly
- Staff must ensure traceability of sharps containers in case of adverse incident by labelling the sharps bin at the time of assembly with:
 - Point of origin
 - Date
 - Name of person assembling the bin (print name not signature)

4.6 Location of Sharps Bins

- All sharps bins must be stored out of reach of patients, the public and others who may be at risk
- Sharps containers must be located in a safe and secure position in the clinical area so they cannot be tipped over. Using either a tray or a wall/trolley bracket
- 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

4.7 Safe Use of Sharps

- Always ensure that the correct sharps bin is used for the segregation and disposal of waste in accordance with the organisation's Waste Policy
- If oversized or awkward shaped sharps are used an appropriately sized bin must be sourced
- Never leave a sharp protruding from the bin. Do not fill the sharps bin more than $\frac{3}{4}$ full
- Damaged sharps containers should be placed in a larger container which should then be sealed
- Under no circumstances must the contents of one sharps container be decanted into another container
- Always use safe sharp systems where available
- When not in use the temporary closure mechanism must be used
- The person using the sharp must dispose of it into a sharps bin immediately after use and at the point of use. Never leave them for someone else to clear away

Some drugs are only supplied as 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 prescriber's instructions. Where it is necessary to remove the needle to allow for multi dose administration, a suitable needle removal device must be used carefully following manufacturer's instructions

4.8 Sharps Bin Disposal

- 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 $\frac{3}{4}$ full
- Sharps bins must be disposed of within 3 months of the assembly date even if not $\frac{3}{4}$ full
- Ensure sharps bin lid is securely locked prior to disposal
- Ensure the sharps bin is labelled at the time of disposal with:

- Date of locking
 - Name of person locking the bin
- Sharps bins awaiting disposal must be stored securely in a locked area
- The sharps bin lid must be locked before disposal – follow manufacturer’s guidelines.
- Ensure the sharps bin is placed in a secure place whilst awaiting collection for final disposal

4.9 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. This includes information throughout this procedure and;

- Transporting sharps bins between patients’ homes must be undertaken in a responsible and safe manner
- Sharps bins must be transported in a rigid, robust Trust approved transport container to avoid accidents occurring
- When transporting sharps bins staff must carry the Trust’s UN3291 Clinical Waste Transport Document (appendix 58)
- Community staff must ensure that sharps boxes are kept out of sight in a locked car
- Check the container at the end of each journey to ensure no sharps have been dropped or spilled in the car
- Do not use the affected area if sharps have been spilled and, if necessary, do not use the car until made safe
- Remove spilled sharps from the car as soon as possible without compromising safety using a torch, a special tool/device to avoid hand contact, and personal protective equipment. Be wary of sharps hidden in crevices and fabrics
- Lease/pool cars must be checked before handing the car back

4.10 Patient’s Sharps Disposal From Their Own Home

Staff must provide education to patients on the safe use and disposal of sharps i.e. staff involved with the needle exchange scheme within the Drugs and Alcohol service.

Sharps bins must not be disposed of in the household domestic waste stream.

It is the responsibility of the Clinical Commissioning Groups to organise collection and dispose of sharps waste from patients’ homes if the waste is not generated by healthcare providers

4.11 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:

A needle is brought to you

If you have a sharps bin available the person with the needle should put it

in the sharps bin. If no bin is available, the healthcare professional should keep the needle safe and arrange for non-urgent disposal by the Local Authority (appendix 59)

The needle remains in an accessible public place

Note the exact site of the needle and arrange urgent collection by the Local Authority (appendix 59)

The 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 59)

The incident must be recorded on the Trust Safeguard Incident Reporting System.

If an injury has occurred to a member of the public

The injured person should be given first aid advice (appendix 60) and advised to visit the local Emergency Department as soon as possible.

4.12 Contamination Injury

Staff Exposure Incident

Within the Trust there will be occasions when despite all precautions being followed staff may receive a contamination injury. If this happens staff must follow the contamination injuries management procedure.

Patient Exposure Incidents

When an incident occurs in which a healthcare 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 60 for immediate first aid management.

Exposure Incident To A Community Patient

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

Source Patient

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 BBV or belong to a high risk group (e.g. intravenous drug user, homosexual, originates from high risk country). The 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 local Emergency Department and the incident will be assessed as an unknown source.

Exposure Incident To An In-patient

If the incident occurs in hospital inform the patient's medical team so that blood tests 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.

Post Exposure Incident To Patients

Pre and post blood test counselling is an important part in the management of patients who have suffered a contamination 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.

5. REFERENCES

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the implementation of The Health and Safety (Sharp Instruments in
Healthcare Regulations)

Royal College of Nursing (2017) Essential Practice for Infection Prevention
and Control Guidance for nursing staff.

6. APPENDICES

To access the following appendices please see IPC Manual homepage.
<https://www.rdash.nhs.uk/46192/infection-prevention-and-control-manual/>

Appendix 56 Sharps Risk Assessment Guidance

Appendix 57 Risk Assessment Documents

Appendix 58 UN3291 Clinical Waste Transport Document

Appendix 59 Contact Details for Local Authority Needle Collection

Appendix 60 Contamination Injury Procedure