

<b>Reference Number:</b> UHB 359 <b>Version Number:</b> 1	<b>Date of Next Review:</b> 18 July 2020 <b>Previous Trust/LHB Reference Number:</b> N/A
<b>Sharps Management Procedure</b>	
<b>Introduction and Aim</b>  The aim of this Procedure is to support the Sharps Management Policy to provide effective safe management of sharps. In particular the need to assess the risks, provide appropriate information and training in consultation with Health Board staff, patients and any other users of Health Board premises/services.	
<b>Objectives</b>  The Objectives of the procedure are to:- <ul style="list-style-type: none"> <li>• Comply with the legal duties in relation to protection against sharps injuries placed on the UHB by the following:- <p style="margin-left: 40px;">Health and Safety at Work etc Act 1974  Management of Health and Safety at Work Regulations 1999  Health and Safety (Sharps Instruments in Healthcare) Regulations 2013.  Control of Substances Hazardous to Health Regulations 2002  Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995.</p> </li> <li>• To ensure there are adequate first aid facilities and competent response for staff that maybe injured at work within the UHB.</li> <li>• Effectively manage Safer Sharps provision through the risk assessment process and appropriate control measures</li> </ul>	
<b>Scope</b>  This procedure applies to all of our staff in all locations including those with honorary contracts.	
<b>Equality Health Impact Assessment</b>	An Equality and Health Impact Assessment (EHIA) has been completed and this found there to be no impact.
<b>Documents to read alongside this Procedure</b>	Sharps Management Policy Health and Safety Policy Infection Control Standard Precautions Procedure Incident, Hazard and Near Miss Reporting Policy Risk Assessment and Risk Register Procedure Waste Management Policy
<b>Approved by</b>	Operational Health and Safety Group/Health and Safety

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	Committee
<b>Accountable Executive or Clinical Board Director</b>	Director of Nursing/Director of Corporate Governance
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<p><b><u>Disclaimer</u></b></p> <p><b>If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the <a href="#">Governance Directorate</a>.</b></p>	

Summary of reviews/amendments			
Version Number	Date of Review Approved	Date Published	Summary of Amendments
1	18/07/2017	01/09/17	New Procedure in line with new UHB Policy arrangements

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## 1 ROLES AND RESPONSIBILITIES

**1.1 Chief Executive** - the Health Board's Health and Safety Policy sets out the responsibilities for Chief Executive, Executive Directors, Managers, Employees and Working Groups for all health and safety policies, procedures and working guidelines, and has the same relevance to this procedure.

**1.2 Director of Nursing** has delegated responsibility for ensuring:

- This procedure is appropriately disseminated throughout the Health Board.
- The approach to the provision of safer sharps is both systematic and appropriate.

**1.3 Executive Directors, Clinical Board Directors, Clinical Board Managers, Clinical Board Nurses, and Directorate Managers** must ensure that this procedure is followed in all areas under their control, and ensure that adequate resources are made available to implement this procedure effectively.

### 1.4 Clinical Leads

The use of non-safer sharps is only permitted if a suitable safer sharp is not available, or a risk assessment demonstrates that there is a clear clinical reason why a safer sharp cannot be used.

The Clinical Leads for each Clinical Board are responsible for ensuring that where a safer sharp is not being used a risk assessment has been carried out and that these risk assessments are reviewed and updated as necessary.

### 1.5 Line/Departmental Managers

The Line Manager will be responsible for ensuring that a 'Safer Sharps' risk assessment is undertaken wherever clinical activity involves the use of sharps.

This should include the selection of equipment and the safe placement of sharps containers in addition to ensuring correct assembly and disposal.

Line managers shall investigate the circumstances and causes of any incidents and take action required to prevent reoccurrence, ensuring

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that a risk assessment is conducted and subsequently safe systems of work are devised and implemented within their area.

## **1.6 Procurement Department**

The Procurement Department is responsible for ensuring:

- That appropriate safer sharps are procured.
- The withdrawal from service of non-safety sharps where appropriate alternatives have been identified.
- Those mechanisms are in place to ensure non-safety sharps are not procured, where there are agreed safer alternatives.
- The procurement department would be responsible to maintain records of usage, by department of safety and non safety sharps and provide reports to the health and safety department on this data.

## **1.7 The Learning Education and Development Department** shall be responsible for:

- Maintaining a record of Mandatory Training in Infection, Prevention and Control.

## **1.8 Health and Safety Department**

The Head of Health and Safety shall be responsible for:

- Providing advice and information with regard to potential hazards in the workplace.
- Advising on methods of risk assessment.
- Monitoring and reviewing this procedure and advising on the UHB's position with regard to compliance with the Regulations and Guidance.

## **1.9 Occupational Health Department**

The Occupational Health Department shall be responsible for:

- The provision of an appropriate vaccination programme for those staff at risk of sharps injury.
- Ensuring the provision of post exposure and any follow up treatment service.

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## 1.10 Infection Prevention and Control

The Infection Prevention and Control Department shall be responsible for:

- The preparation and delivery of the protocol for needlestick and similar sharps injuries.
- For the preparation and delivery of Standard Infection Prevention Precautions Procedure.

## 1.11 Employees

All employees have a responsibility to:

- Be aware of the necessary action to take in the event of a sharps injury as per the information in the Infection Control Protocol for Needlestick and Similar Sharps Injuries.
- Familiarise themselves with this procedure regarding the management of sharps and relevant procedures/protocols.
- Adhere to safe working practices in order not to harm either themselves or others.
- Inform their Line/Department Manager and First Aider/Appointed Person of any conditions that would personally affect their ability to be treated.
- Ensure all incidents of sharps injury are reported in accordance with the UHB Incident, Hazard and Near Miss Reporting Policy and reported via e-datix.
- Undertake mandatory infection prevention and control training.

## 2 GENERAL ARRANGEMENTS - Sharps Management

### 2.1 Avoidance

Line Managers should review practices to eliminate or reduce unnecessary use of sharps, this includes the use of needle free equipment such as catheter bags and not re-sheathing needles.

### 2.2 Use of Safer Sharps

Where it is not reasonably practical to avoid the use of medical sharps, the use of safer sharps incorporating a protection mechanism must be used where it is reasonably practical to do so, e.g. safety lancets, safety cannula, safety needles etc. The following factors should be considered:

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- The device must not compromise patient care;
- The reliability of the device;
- The care giver should be able to maintain appropriate control over the procedure;
- Other safety hazards or sources of blood exposure that use of the device may introduce;
- Ease of use;
- Is the safety mechanism design suitable for the application - i.e. if activation of the safety mechanism is straightforward, it is more likely to be used.

### **2.3 Prevention of recapping of needles**

Needles must not be recapped after use unless a risk assessment has identified that recapping is required to prevent a risk.

### **2.4 Staff must ensure a secure container for the safe disposal of sharps must be available at the point of use**

#### **Provide information and training to staff**

This should include:

- Risks of injuries
- Good practice in preventing injury
- Benefits and drawbacks of vaccination
- Support available if injured
- The correct use of safer sharps
- Safe use and disposal of medical sharps
- What to do in the event of a sharps injury
- Arrangements for health surveillance

### **2.5 Safety Precautions when Using and Disposing of Sharps**

Safer sharp devices should be stored separately from any non-safety sharp devices in the area.

Staff involved in providing care should adhere to hand decontamination and use standard infection prevention and control precautions to include the use of gloves and aprons in conjunction with the safe use and disposal of sharps.

Select the relevant size **and colour** of sharps container most appropriate to your needs. Refer to waste guidance if necessary.

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Discard sharps directly into a sharps container **immediately after** and **at the point of use**.

**Do not** re-sheath a needle.

Dispose of needle and syringe as a complete unit – never detach unit by hand unless a risk assessment has been completed.

Do not pass sharps directly from hand to hand, or pass to another person, handling should be kept to a minimum. **The passing of sharps directly hand to hand to another person should be kept to a minimum, using a container such as a kidney dish whenever practicable.**

## 2.6 Sharps Container

All staff must ensure that:

- Containers are **correctly** and **securely** assembled (follow manufacturers' instructions).
- The label is completed fully to identify date of assembly - this also identifies source and enables an audit trail.
- When not in use (between treatment sessions) containers should be stored with the lid in the 'temporary closed' position to prevent spillage of sharps if the container is knocked over.
- Dispose of container when it is three-quarters full (shown by a "fill line" on each container), ensure secure closure and locking and ensure the label is fully completed. Sharps bins **should never** be placed in any waste bags or waste bins other than those designated for the collection of full rigid sharps containers prior to their consignment for disposal.
- Fluids of any sort are not discharged into bags or containers.
- Containers are not stored on the floor.
- Avoid prolonged use of sharps containers - maximum period of use is three months.
- Always store in a safe designated secure area i.e. in a locked area. Containers should never be placed in corridors or areas with access to the general public unless a specific risk assessment identifies the need.
- Sharps containers that are used at multiple sites and used by community teams should never be left at a patient's home.
- A sharps container that is left at patients own home for their own use needs to be risk assessed and consideration taken for positioning and storage.



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- Whenever possible when a sharps container is not in use it should be stored securely/wall mounted to prevent risk of spillages.
- Ideally the sharps container should be taken to the point of care (unless this is identified as a risk) to ensure that the sharp is disposed of immediately following use.
- Disposal of sharps containers to be completed safely in accordance with Health Board procedures.

## 2.7 Information

The Sharps Regulations require the Health Board to provide health and safety information to staff. The information provided must cover:

- The risks from injuries involving medical sharps
- Relevant legal duties on staff
- Good practice in preventing injury
- The benefits and drawbacks of vaccination

## 3 TRAINING

- Training will be given to all staff in the use of safer sharps devices in use within their work area.
- Staff will receive training on the safe disposal of medical sharps and what to do if they receive a sharps injury.
- Training will be determined upon the level of risk that has been identified by the risk assessment. Training plans will be developed in line with annual training plans/training needs analysis in collaboration with Learning Education and Development and monitored via the normal performance management arrangements within the Clinical Boards.
- All staff must undertake Mandatory Infection Prevention and Control training on appointment and every three years.
- Training for those responsible for undertaking assessments will be undertaken as part the UHB programme of “Working Safely” courses.

## 4 REPORTING

All incidents of sharps injuries or near misses must be reported on the UHB Incident Reporting E Datix system. In the event of a needlestick or similar sharps injuries they must also be reported to the Occupational Health Department.

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## **5 COMMUNICATION**

Line Managers will be responsible for ensuring that staff are informed of the arrangements made in connection with the provision of Safe Sharps Management on recruitment and periodically throughout their employment.

Notices of the location of first aid boxes and who the designated first aider is for the area shall be posted at prominent locations throughout the area.

The Sharps Management Procedure shall be available on the UHB intranet site. Paper copies of the procedure are also available from the Health and Safety Unit.

The requirements of the procedure shall be cascaded down to staff through the Clinical Board's Health and Safety and Quality and Safety Groups.

## **6 MONITORING AND MEASURING PERFORMANCE**

Senior Managers, supported by Staff Health and Safety Representatives, will carry out monitoring of this procedure at annual intervals.

Safer Sharps arrangements for each area will be monitored as part of the UHB's Workplace Joint Health and Safety Audit Inspection Schedule.

The performance outcomes will be monitored by the Operational Health and Safety Group/Infection Prevention and Control Group and measured in line with the UHB Health and Safety Policy and reviewed on a regular basis.

## **7 REVIEWING THE PROCEDURE**

The Procedure will be reviewed within three years of implementation or as the Health Board changes and/or when legislation, codes of practice and official guidance dictate.