

Reference Number: <i>IMS-18-12-CAV-proc</i> <i>(UHB 269)</i> Version Number: 2	Date of Next Review: 17/01/2026 Previous Trust/LHB Reference Number: UHB 269
Sharps Management Procedure	
Introduction and Aim 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.	
Objectives The Objectives of the procedure are to:- <ul style="list-style-type: none"> • Comply with the legal duties in relation to protection against sharps injuries placed on the UHB by the following:- <ul style="list-style-type: none"> 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. • To ensure there are adequate first aid facilities and competent response for staff that maybe injured at work within the UHB. • Effectively manage Safer Sharps provision through the risk assessment process and appropriate control measures 	
Scope This procedure applies to all of our staff in all locations including those with honorary contracts.	
Equality Health Impact Assessment	<i>An Equality and Health Impact Assessment (EHIA) has been completed and this found there to be no impact.</i>
Documents to read alongside this Procedure	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
Approved by	Operational Health and Safety Group/Health and Safety Committee

Document Title: Management of Sharps Procedure	2 of 10	Approval Date: 17/01/2023
Reference Number: IMS-18-12-CAV-proc		Next Review Date:17/01/2026
Version Number: 2		Date of Publication: 01/02/2023
Approved By: Health and Safety Committee		

Accountable Executive or Clinical Board Director	Director of Nursing/Director of People and Culture
Author(s)	Assistant Head of Health and Safety
<p><u>Disclaimer</u> 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 Governance Directorate.</p>	

Summary of reviews/amendments			
Version Number	Date of Review Approved	Date Published	Summary of Amendments
1	<i>Health and Safety Committee July 2017</i>	<i>01 September 2017</i>	<i>New UHB format of Policy and Procedure</i>
2	<i>Health and Safety Committee</i>		<i>Minor changes only</i>

Document Title: Management of Sharps Procedure	3 of 10	Approval Date: 17/01/2023
Reference Number: IMS-18-12-CAV-proc		Next Review Date:17/01/2026
Version Number: 2		Date of Publication: 01/02/2023
Approved By: Health and Safety Committee		

Contents	Page No
Roles and Responsibilities	4
General Arrangements	6
Training	9
Reporting	9
Communication	9
Monitoring and Measuring Performance	10
Review	10

Document Title: Management of Sharps Procedure	4 of 10	Approval Date: 17/01/2023
Reference Number: IMS-18-12-CAV-proc		Next Review Date:17/01/2026
Version Number: 2		Date of Publication: 01/02/2023
Approved By: Health and Safety Committee		

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

Document Title: Management of Sharps Procedure	5 of 10	Approval Date: 17/01/2023
Reference Number: IMS-18-12-CAV-proc		Next Review Date:17/01/2026
Version Number: 2		Date of Publication: 01/02/2023
Approved By: Health and Safety Committee		

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.

Document Title: Management of Sharps Procedure	6 of 10	Approval Date: 17/01/2023
Reference Number: IMS-18-12-CAV-proc		Next Review Date:17/01/2026
Version Number: 2		Date of Publication: 01/02/2023
Approved By: Health and Safety Committee		

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 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 Datix Cymru Reporting system.
- 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:

- The device must not compromise patient care;

Document Title: Management of Sharps Procedure	7 of 10	Approval Date: 17/01/2023
Reference Number: IMS-18-12-CAV-proc		Next Review Date:17/01/2026
Version Number: 2		Date of Publication: 01/02/2023
Approved By: Health and Safety Committee		

- 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.

In some exceptional circumstances the use of safer sharps, such as in Paediatrics, may not be possible. In these circumstances only a needle and syringe or butterfly can be used and a documented risk assessment must be in place to justify this procedure.

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 Place secure container and instructions for safe disposal close to work area

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 precautions to include the use of gloves and aprons in conjunction with the safe use and disposal of sharps. For some procedures i.e mass vaccinations the appropriateness of wearing of gloves can be determined via risk assessment.

Document Title: Management of Sharps Procedure	8 of 10	Approval Date: 17/01/2023
Reference Number: IMS-18-12-CAV-proc		Next Review Date:17/01/2026
Version Number: 2		Date of Publication: 01/02/2023
Approved By: Health and Safety Committee		

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

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.

Document Title: Management of Sharps Procedure	9 of 10	Approval Date: 17/01/2023
Reference Number: IMS-18-12-CAV-proc		Next Review Date:17/01/2026
Version Number: 2		Date of Publication: 01/02/2023
Approved By: Health and Safety Committee		

- 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.
- 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.
- All staff must undertake Mandatory Infection Prevention and Control training on appointment and every two years.
- Training for those responsible for undertaking assessments will be undertaken as part the UHB programme of “Risk Assessment Competent Persons” courses.

4 REPORTING

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

5 COMMUNICATION

Line Managers will be responsible for ensuring that staff are informed of the arrangements made in connection with the provision of Safe

Document Title: Management of Sharps Procedure	10 of 10	Approval Date: 17/01/2023
Reference Number: IMS-18-12-CAV-proc		Next Review Date:17/01/2026
Version Number: 2		Date of Publication: 01/02/2023
Approved By: Health and Safety Committee		

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