# Policy for the Safe Handling of Sharps

**Health & Safety**

**Infection Prevention & Control**

**Occupational Health**

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<td>Lead Reviewer: Liz McClurg Infection Control Manager</td>
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<td>Authorised by: NHS Highland Control of Infection Committee</td>
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**Distribution**
- General Managers
- Clinical Directors
- Lead Nurses
- Lead Midwives
- Lead AHPs
- Domestic, Portering, Catering Managers
- Estates Managers
- Admin and clerical teams
- All Wards
- All departments, clinical and non-clinical

**Method**
- CD Rom ✓
- E-mail ✓
- Paper ✓
- Intranet ✓

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AIM

To reduce the number of Sharps injuries by adhering to the Safe Handling of Sharps Policy

Preparing to use a sharp
- Staff competency
- Is a sharp necessary for the procedure?
- Safer needle devices
- Assess the environment
- Assess the patient
- Equipment

Using a sharp
- Team work
- Neutral zone
- Procedures in open wounds or body cavities
- Re-sheathing of needles and separating sharps from their holder

Awaiting disposal of a sharp
- The sharp must not be bent, broken or re-sheathed prior to disposal

Disposal of sharps
- Responsibility
- Sharps container
- Patients and members of the public

Storage and transportation of used sharps
- Storage
- Transportation

· Staff competency
· Is a sharp necessary for the procedure?
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· Team work
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· Procedures in open wounds or body cavities
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· The sharp must not be bent, broken or re-sheathed prior to disposal

· Responsibility
· Sharps container
· Patients and members of the public

· Storage
· Transportation
1. **INTRODUCTION**

1.1 The purpose of this policy is to inform all staff and managers of the key issues to consider when developing safer working practices for the prevention of occupational exposures to blood-borne pathogens, blood and body fluids associated with the use of sharps in line with general employers’ requirements set within the Health and Social care Act 2008, the Management of Health & Safety at Work Regulations 1999 and in the more specific requirements under the Control of Substances Hazardous to Health 2002 (COSHH).

1.2 The following NHS Highland policies are also relevant and should be read in conjunction with this policy:

- Health & Safety Policy
- Control of Substances Hazardous to Health Policy (COSHH)
- Waste Management Policy
- Infection Control Policies (Needlestick Injury and Similar Accidents involving Blood and Body Fluids Policy)

1.3 The COSHH Regulations 2002 cover hazardous substances including biological agents (pathogenic micro-organisms) and contain a schedule of special provisions relating to biological agents. The regulations, together with the associated Approved Codes of Practice, require NHS Highland to assess the risks of exposure to biological agents (micro-organisms) and either prevent exposure (where reasonably practicable) or control it adequately.

1.4 The Health and Social Care Act 2008 - Code of Practice for Health and Adult Social care on the prevention and control of infections and related guidance requires NHS Highland to have a policy in place for the safe handling and disposal of sharps. Systems must be in place to ensure staff are aware of this policy and that it is implemented.

2. **TERMS AND DEFINITIONS**

2.1 **What is a sharp?**

- For the purpose of this policy, a sharp is defined as anything that can puncture the skin. Examples include needles, razors, blades, scissors, ampoules, glass shards, broken crockery, syringes attached to needles, intravenous administration set spikes, sharp bones and teeth.

- A used or contaminated sharp is any sharp that may be contaminated with blood or other body substances. Sharps can also be contaminated with medicines, chemicals and other substances

2.2 **What are the risks?**

- A penetrating injury with a used sharp can transmit a wide range of infections

- Blood-borne viruses can also be transmitted via this route, the most significant being
Human Immuno Deficiency Virus, hepatitis B and hepatitis C.

- Micro-organism may be present in any body substances staff must exercise extreme caution at all times when handling used sharps.

3. **ROLES AND RESPONSIBILITIES**

Under The Health and Social Care Act 2008 Health Act (2006), NHS Highland must ensure that this policy is up-to-date and implemented. This policy applies to all staff groups, including agency, locum, visitors and others.

3.1 **Executive/Senior Management**

The Chief Executive is responsible for ensuring that there is an effective system for the implementation of this policy.

Other Executives and Senior Managers are required to be familiar with the contents of this policy and support its implementation throughout NHS Highland and includes agency and contracted personnel.

Executives and Senior Managers are responsible for ensuring that there is adequate resource (time, finance, and training) to support the implementation of this policy and ensure that mechanisms exist to audit its effectiveness.

3.2 **Infection Prevention & Control Team**

The Infection Control Manager together with Health & Safety Manager is responsible for over seeing the implementation of the policy. The Infection Prevention & Control Team provide advice and training. All staff newly appointed to NHS Highland must attend the Corporate Induction Programme and be introduced to the concept of Standard Infection Control Precautions (HPS, 2009) and their individual responsibilities in relation to Healthcare Associated Infection (HAI) prevention and control.

3.3 **Line Managers, Senior Charge Nurses and Team Leaders**

Line Managers, Senior Charge Nurses/ Midwives and Team Leaders/Supervisors are responsible for ensuring that Infection Control and HAI related topics are included within the staff member’s personal development plan. The line manager will be responsible for ensuring that the staff member is released to attend and the necessary support is provided to undertake the training session.

3.4 **Health Care Workers (Professional and Support Workers)**

The staff member is responsible for attending, participating and providing feedback on the session, along with applying their knowledge and skills within their clinical area. The staff member is responsible for demonstrating competency through the Knowledge and Skills Framework or other appropriate appraisal system.
All clinical staff are required to be knowledgeable of the contents of this policy and participate in implementing its recommendations into their working practices. Clinical staff also have a responsibility towards the safer working practices of students, trainees etc in their care.

3.5 Non-Clinical Staff

All non-clinical staff are required to have an awareness of this policy and how it affects them as employees within a clinical organisation

4. PROCEDURES REQUIRED FOR THE SAFER HANDLING OF SHARPS

To assist in managing the risk effectively, the process of using a sharp is broken down into six key stages

- STAGE ONE: Preparing to use a sharp
- STAGE TWO: Using a sharp
- STAGE THREE: Awaiting disposal of a sharp
- STAGE FOUR: Disposal of sharps
- STAGE FIVE: Storage and transportation of used sharps

The risks incurred in each stage must be assessed for all staff and control measures put in place by Line Managers. The following guidance aims to inform managers of the key elements of safer practices at each stage.

4.1 Stage One: Preparing to Use a Sharp

Staff competency

Only staff who have been trained in the use of a sharp device may carry out procedures involving them. Staff in training must be supervised. Staff must carry out a risk assessment before any procedure involving sharps on patients known to present an inoculation risk. NHS Highland recommends that staff who handle sharps are vaccinated against hepatitis B.

Is a sharp necessary for the procedure?

If an alternative, safe, effective method is available this should be used instead. Examples include blunt suture needles, blunt drape clips, staples, nonsurgical wound debridement, needleless intravenous access systems, steri-strips.

Safer needle devices

Safer needle devices are now available. These are being assessed for use within NHS Highland as appropriate.
Assess the Environment

Staff must be aware of the need to assess the environment where the procedure is to take place, this is particularly important in the community where the environment is less controlled. Check that there is adequate lighting, an even surface nearby on which to place a sharps container and distractions are minimised e.g. dogs, small children, and other patients.

Assess the Patient

Explain the procedure to the patient (or their carer, relative etc) to avoid unnecessary alarm. If the patient is likely to require support during the procedure ensure that this is available before commencing the procedure, do not attempt on your own. For example you may require a nurse, carer or relative to assist. Ensure that the assistant is aware of what the procedure involves and what they are required to do, explain the potential risks involved to them and clarify any concerns before you begin.

Equipment

Ensure all equipment required for the procedure is available at the site of the procedure before you begin. This includes sharps containers for disposal. Use only sharps containers recommended by the Infection Prevention & Control Team.

Small sharps containers (below 4 litres in size) are available to facilitate prompt disposal at the site of the procedure, e.g. bedside.

Containers must be placed with regard to safety and clinical need. It is not appropriate to install sharps containers in patient rooms, small containers and trays should be taken to the bedside instead. There may be exceptions to this in the community in a patient’s home, but sharps containers must only be left in patient rooms following an assessment of the risks involved.

In clinical areas, containers must not be placed on the floor, kept out of the reach of children and have the aperture visible to facilitate disposal. In public areas lockable outer containers may also be required. A risk assessment must be carried out.

All sharps containers should be correctly assembled according to the manufacturer’s instructions and must conform to BS7320. The person assembling the container should put the date of assembly, their name and signature on the container in permanent ink as well as the precise location of the container eg. District Nursing Team X, Health Centre Y, NHS Highland. Use the smallest size of container required for the setting.

Further Guidance for Domiciliary Visits

Multi – Patient use sharps containers

Staff working in the community who routinely carry and use a sharps container as part of their medical / nursing kit should ensure that the sharps container is stored within their
Individual patient use sharps containers

Staff working in the Community who are using sharps frequently as part of an individual patient’s care or are supporting patients to self care / inject, may deem it necessary and / or appropriate to supply the patient with a sharps container which remains in the home for the duration of its use. The Healthcare Professional must undertake a full risk assessment prior to the issue/ supply of an appropriate sharps container in the home environment ensuring that the patient and other relevant people are instructed in the safe handling and disposal of sharps and sharps containers.

If the patient does not wish to have a sharps container in the home or after risk assessment, the Healthcare Professional thinks it inadvisable to leave a sharps container in the home; the Healthcare Professional should continue to use their own sharps container on each visit.

Replacement sharps containers are to be provided by the relevant Healthcare Professional. Short term supply may be provided by the relevant Discharging Team or Community Nursing Team, longer term supply may be prescribed on GP 10 or other arrangement by patients own GP. It is the responsibility of the Healthcare Professional supplying the sharps container to ensure that the container is correctly assembled, maintained in the home and disposed of or in the case of self caring patients to ensure that the patient receives the relevant instruction to undertake this safely.

Collection of containers from the patient’s home can be arranged via the waste contractor or taken to healthcare premises for onward disposal.

Patients who Self-Inject

Patients/ Clients who self inject will be prescribed a sharps container on a GP10 form or other arrangement by patients own GP. It is the responsibility of the advising Health Care Professional to ensure the patient/ client knows how to safely use, store and lock their containers.

There are instances where sharps containers are given to clients at the same time as the clean injecting equipment is given.

4.2 Stage Two: Using a Sharp

Teamwork

Allow only essential personnel in close vicinity when the procedure is taking place. The senior Healthcare Professional present must ensure each team member understands what they are to do during the procedure.
Neutral Zone

If it is necessary to transfer a sharp during a procedure it must never be passed hand to hand. A clearly defined neutral zone must be established. This may be a tray or kidney dish for example. The sharp may then be left there until needed again or taken for prompt disposal by another operative. This sharp must never be handled by two personnel at the same time.

There may be situations where it is not possible to have a neutral zone; extra care must be adopted to avoid needlestick injury.

Procedures in Open Wounds or Body Cavities

Unless essential for patient safety do not have more than one person working in an open wound or body cavity.

Use instruments not fingers for retraction, packing, or holding tissue while suturing. Remove suture needle before tying sutures. Always direct sharp instruments away from the non-dominant hand and assisting personnel.

Re-sheathing of needles and separating sharps from their holder

**Needles must not be re-sheathed, bent or broken during use.** Whenever possible select a product that does not require disassembly before disposal e.g. blades with integral disposable handles.

If a sharp must be disconnected from its holder, syringe etc, then a one-handed method must be utilised such as using the purpose designed grooves on sharps containers, specialist blade removal devices etc. Never use a two-handed method.

Where there may be a need to resheath needles for example in dentistry, needles should not normally be resheathed unless a suitable protective system is utilised.

Documentation

Senior Managers must document their local procedures and ensure that they are implemented by all staff.

4.3 Stage Three: Awaiting Disposal of a Sharp

The sharp should be disposed of immediately after use into a sharps container conforming to BS7320. Do not allow other distractions to prevent this from happening. The sharp must not be bent, broken or resheathed prior to disposal.

Sharps must not, under any circumstance, be sent to Pathology or other departments following investigations e.g. aspirations etc, or following needle stick injuries.

The availability of sharps containers at the site of the procedure facilitates prompt disposal.

If the sharp is to be retained for subsequent use on the same patient, e.g. local analgesia, then it must be held in the neutral zone.
4.4 Stage Four: Disposal of Sharps

Responsibility

The person using the sharp is responsible for carrying out its safe and prompt disposal. In certain circumstances e.g. surgical procedures, this task may be delegated. However, it remains the responsibility of the person using the sharp to ensure that the task is only delegated to competent personnel and that there are safe systems of working in place to support this.

Sharps Container

Ensure the aperture of the container is opened before attempting disposal. Keep non-dominant hand away from the aperture during disposal.

Between uses, close the aperture on the container to avoid accidental spillages.

Containers must be changed when the contents reach the fill line (never more than 3/4’s full) or become malodorous. Lock the container following the manufacturer’s instructions. Once the container is locked, label it in permanent ink with the date and name and signature of the person locking it.

Small containers taken to the bedside for procedures must not be left at the bedside but returned to a safe area once the procedure is completed.

Staff using small sharps containers for domiciliary visits should minimise the time when containers are left unguarded in their vehicle for reasons of public safety and should return the container to their normal work base where possible. The total time containers are held in vehicles should be kept to a minimum as the heat inside the vehicle can soften the container’s plastic.

Patients and Members of the Public

When a patient returns a used sharps bin to a GP practice, it will be disposed of via the clinical waste management provider contracted by NHS Highland and a replacement empty sharps bin provided if required

- The patient should be advised that the sharps container must only be filled to the three quarter level and ensure that the lid is secure and locked.

4.5 Stage Five: Storage and Transportation

Storage

Store locked containers in a designated clinical waste storage area which must be lockable and secure (refer to NHS Highland’s Waste Management Policy). Containers must be stored upright. Storage facilities should be available at each base/place of work to avoid the unnecessary handling and transportation of containers.
Transportation

Staff transporting sharps containers to secondary storage must wear heavy duty gloves and closed robust footwear.

Staff must check that containers are locked and safely assembled (e.g. lids are not loose) before attempting to remove them. All containers must be labelled and tagged to identify the original source in the event of an incident occurring after leaving the premises.

Carry containers by the handle only, holding them way from the body. Do not carry more than one container in each hand.

NHS Highland has a duty of care to conduct an annual audit on contracted services that transport clinical waste to ensure that they comply with current guidance and legislation. This is the responsibility of the Waste Management Officer.

Staff have a responsibility to report all patient safety or non patient incidents involving sharps immediately to their Line Manager and complete an incident form (Datix) giving as much detail as possible on the incident form including at what stage in the process the injury occurred (if any).

All staff handling clinical waste are strongly advised to be vaccinated against hepatitis B.

5. TRAINING

Training is a key element in medical devices safety.

It is the responsibility of Senior Managers to ensure that all staff are trained and competent to safely carry out their job with regards to medical devices safety. All staff have a responsibility to undertake the required training to ensure that they can safely carry out their role.

Please refer to NHS Highland Policy for Staff Core Competencies in Infection Prevention and Control.
6. LEGISLATION AND GUIDANCE

The Health and Safety at Work Act, the Management of Health and Safety at Work Regulations 1999.

The Control of Substances Hazardous to Health 2002 (COSHH).

The Health Act (2006) - Code of Practice

