



**Public – To be published on the Trust external website**

# **Sharps – Safe use and disposal of**

## **Ref IPC-0001-014-v3.1**

**Status: Approved**

**Document type: Procedure**

**Overarching policy: IPC**

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## 1 Introduction

This procedure is critical to the delivery of our journey to change (OJTC) and our ambition to co-create safe and personalised care that improves the lives of people with mental health needs, a learning disability or autism. It helps us deliver our three strategic goals. Supporting the trust to co-create a great experience for all patients, carers and families from its diverse population by reducing the risks through implementation of best practice in relation to sharps meaning patients, families and carers experience outstanding and compassionate care.

This procedure supports the trust to co-create a great experience for our colleagues by ensuring staff and others are protected through the implementation of best practice in relation to. Sharps are responsible for a significant number of injuries to staff each year. Safe use of sharps will help to reduce the risk of injury and the acquisition of blood-borne viruses by both staff and patients.

This procedure will ensure that risks from sharps injuries are adequately assessed and appropriate control measures are in place. The Sharps Regulations follow the principles of the hierarchy of preventative control measures, which are set out in the Control of Substances Hazardous to Health Regulations (COSHH). Specific sharps containers for the disposal of cytotoxic drugs are available and must be used when disposing of sharps contaminated with cytotoxic drugs. Refer to the waste management procedure for further details.

## 2 Purpose

The purpose of this document is to:

- Ensure the safe use, disposal and transport of sharps;
- Prevent injury through use of sharps;

## 3 Who this procedure applies to?

This procedure applies to all trust staff who may have an exposure risk to sharps

This procedure aligns with values as we listen to staff and respect their views. We ensure any member of staff who has difficulties with the measures in this procedure can discuss their needs so that standards are maintained while individual difference are recognised and supported.

## 4 Related documents

This procedure describes the management of Sharps – safe use and disposal of the Infection Prevention and Control Policy



The [Standard \(Universal\) Precautions for Infection Prevention and Control](#) defines the universal standards for IPC which you **must** read, understand and be trained in before carrying out the procedures described in this document.

- ✓ [BBV Blood Borne Virus Procedure](#)
- ✓ [Health and Safety \(Sharp Instruments in Healthcare\) Regulations 2013](#)
- ✓ [Accidental Inoculation Procedure](#)
- ✓ [Waste management Procedure](#)

## 5 Safe handling of sharps

- ✓ You **must** handle and dispose of sharps as outlined in this procedure.
- ✓ Safer sharp products should be used as per Trust standard, 'Safer sharps' do not necessarily remove all risks associated with the use of a sharp.
- ✓ Sharps should be single use only
- ✓ Sharps containers must conform to British Standard S7320 or UN 3291
- ✓ Each ward/department **must** have an arrangement in place for the removal of sharps containers at an agreed frequency, depending on usage.
- ✓ Use a sharps bin to dispose of used needles or sharps.

### 5.1 During use

- ✗ **Do not** bend or break needles.
- ✗ **Do not** remove used needles from disposable syringes before disposal.
- ✗ **Do not** leave sharps on a trolley, locker or any other unsupervised area.
- ✓ Only use approved integral safety needles.

### 5.2 After use

- ✗ **Do not** leave sharps for someone else to dispose of.
- ✗ **Do not** carry used sharps in foil, metal or pulp trays.
- ✓ **Do not** try and remove sharp after use.
- ✓ You **must** dispose of used sharps directly and immediately into a sharps container.
- ✓ Ensure re-usable trays are cleaned and dried after each use.
- ✓ Hands should be washed after handling any sharps and after removing gloves.

## 6 Sharps boxes

### 6.1 Do's

- ✓ You **must** follow manufacturer's instructions when assembling sharps containers, ensuring the lid is secure before use. See Appendix 1
- ✓ You **must** write the ward/department, your name and date on the box that you assembled.
- ✓ You **must** have sharps containers readily available in any area where sharps are likely to be used.
- ✓ You **must** lock the sharps container when ready for disposal using the locking mechanism.
- ✓ You **must** place sharps containers out of reach of children and where unauthorised people cannot gain access to when not in use.
- ✓ Always ensure you dispose of your used sharps at the point of use eg clinic or patients room.
- ✓ You **must** ensure temporary closure is in place when not in use.
- ✓ You **must** complete a datix report if an inoculation injury is sustained and seek advice from Occupational Health department.

### 6.2 Don'ts

- ✗ **Do not** leave sharps unattended. The container must remain in the designated place except when being used by a health care worker and is therefore under supervision.
- ✗ **Do not** store sharps containers on the floor.
- ✗ **Do not** leave sharps protruding from, left on top or lying around the container.
- ✗ **Do not** attempt to retrieve items from a sharp's container.
- ✗ **Do not** fill sharps containers above the manufacturer's marked line.
- ✗ **Do not** attempt to press down the contents to make room.
- ✗ **Do not** place used sharps containers in clinical waste bags for disposal.

## 7 Disposal

- ✓ You have responsibility (as the user) to dispose of the sharp safely immediately after use.
- ✓ Complete the label attached to the front of the sharp's containers prior to disposal with date sharp box locked
- ✓ Locked sharps boxes should be stored safely and securely prior to their collection



The user could be patient, e.g. diabetic using insulin. The patient is then under the supervision of a nurse who would be responsible for ensuring the medication is administered and the equipment disposed of correctly.

## 8 Transportation of sharps containers

- ✓ You **must** carry sharps containers by the handle where available.
- ✓ You **must** transport sharps containers through the Trust premises in a safe and secure manner.
- ✓ You **must** keep sharps containers awaiting removal at an identified secure collection point that is not accessible to the public.
- ✓ Portering and ancillary staff retain responsibility for the safe condition and security of sharps containers between the points of collection and disposal.
- ✓ Sharps boxes being transported by community staff, **must** be designated for this task and must be kept out of sight and locked in the boot of the car.
- ✗ You **must not** throw or drop sharps containers during transportation or removal.

## 9 Definitions

Term	Definition
Sharp(s)	<ul style="list-style-type: none"> <li>Anything which may puncture the skin and which may be contaminated with blood or other body fluids.</li> <li>Commonly used sharps include hypodermic needles, scalpel and lancet blades.</li> </ul> <p>Other sharps include teeth, glass ampoules, razor blades and scissors.</p>

## 10 How this procedure will be implemented

- This procedure will be published on the Trust's intranet and external website.
- Training will be included in the IPC mandatory training package both face to face and via E-Learning

### 10.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
All staff	On line IPC training	On line training 1 hour	yearly

## 11 How the implementation of this procedure will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	IPC quarterly report	IPC	IPCC
2	Number of Sharps related Datix incident reports raised	Monthly/ datix report / IPC lead nurse	IPCC
3	% completion of trust sharps training (part of IPC mand and stat) by all clinical staff	Monthly/ IIC dashboard / IPC lead nurse	IPCC

## 12 References and further reading

UK Health Departments AIDS / HIV Infection Health Care Workers: Guidance on the Management of Infected Health Care Workers and Patient Notification. HSC 1998 / 226.

DoH (2017). Guidance for Clinical Health Care Workers: Protection against Infection with Blood Borne Viruses. HMSO

DoH (2006) Essential steps to safe, clean care. Reducing healthcare-associated infections in Primary Care Trusts; Mental Health Trusts; Learning disability organisations; Independent healthcare; Care Homes; Hospices; GP practices and Ambulance Services.

Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 Guidance for Employers and Employees. Health and Safety Executive.

Medical Devices Agency (2001) Reducing Needlestick and sharps injuries DoH, London

## 12 Document control (external)

Date of approval	13 April 2022
Next review date	13 April 2025
This document replaces	IPC-0001-014 v3 Sharps – Safe use and disposal of
This document was approved by	IPCC
This document was approved	13 April 2022
This document was ratified by	n/a
This document was ratified	n/a
An equality analysis was completed on this policy on	15 March 2022
Document type	Public
FOI Clause (Private documents only)	n/a

### Change record

Version	Date	Amendment details	Status
3.1	13 April 2022	Full review with minor changes. Transferred to new template. Hyperlinks updated. References updated	Approved



## Appendix 1- Approval Checklist

	Title of document being reviewed:	Yes/No/ Not applicable	Comments
<b>1.</b>	<b>Title</b>		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
<b>2.</b>	<b>Rationale</b>		
	Are reasons for development of the document stated?	Yes	
<b>3.</b>	<b>Development Process</b>		
	Are people involved in the development identified?	Yes	
	Has relevant expertise has been sought/used?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	
	Have any related documents or documents that are impacted by this change been identified and updated?	Yes	
<b>4.</b>	<b>Content</b>		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
<b>5.</b>	<b>Evidence Base</b>		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are supporting documents referenced?	Yes	
<b>6.</b>	<b>Training</b>		
	Have training needs been considered?	Yes	
	Are training needs included in the document?	Yes	
<b>7.</b>	<b>Implementation and monitoring</b>		

	Title of document being reviewed:	Yes/No/ Not applicable	Comments
	Does the document identify how it will be implemented and monitored?	Yes	
<b>8.</b>	<b>Equality analysis</b>		
	Has an equality analysis been completed for the document?	Yes	
	Have Equality and Diversity reviewed and approved the equality analysis?	Yes	
<b>9.</b>	<b>Approval</b>		
	Does the document identify which committee/group will approve it?	Yes	
<b>10.</b>	<b>Publication</b>		
	Has the document been reviewed for harm?	Yes	
	Does the document identify whether it is private or public?	Yes	Public
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	N/A	

## Appendix 2 - Further Support, Information & Advice

Person(s)	Address	Phone No.
Occupational Health	University of North Tees and Hartlepool NHS Foundation Trust Hardwick Stockton on Tees	01642 383211 07880 781112
Carole Rutter	Head of Infection Prevention and Control and Physical Health and Back Care Tarncroft Lanchester Road Hospital Lanchester Road Durham <b>Generic Email:</b> <a href="mailto:TEWV.IPC@nhs.net">TEWV.IPC@nhs.net</a>	0191 333 6343  Mobile: 07721 236718
Dr R Bellamy	Infectious Disease Physician, James Cook University Hospital, Marton Road, Middlesbrough	01642 850 850
Dr D Wilson & Dr P Acheson	Consultants in Health Protection <b>Public Health England</b> Floor 2, Citygate, Gallowgate Newcastle Upon Tyne NE1 4WH	03300 303 8596  Option 1
A&E Dept	University Hospital of North Durham , A&E	0191 333 2134
A&E Dept	Bishop Auckland General Hospital	01388 455 025
A&E Dept	Darlington Memorial Hospital, A&E	01325 743 481
A&E Dept	Minor Injuries – Shotley Bridge Hospital	01207 594 657
A&E Dept	James Cook University Hospital, A&E	01642 850 850
A&E Dept	North Tees and Hartlepool, Out of Hours (OoH)	01642 617 617
A&E Dept	Scarborough Hospital, Out of Hours (OoH)	01723 368 111
GUM Clinic	University Hospital of North Durham	0191 333 2660
GUM Clinic	Darlington Memorial Hospital	01325 743 203
GUM Clinic	Bishop Auckland General Hospital	01388 455 700
GUM Clinic	James Cook University Hospital	01642 854 548
GUM Clinic	North Tees	01642 624 400
GUM Clinic	Hartlepool	01429 522 577
GUM Clinic	Scarborough (Northway)	0723 342 785

Note:-

A&E Dept = Accident and Emergency Departments

GUM Clinics = sexual health or genitourinary medicine clinic

## Appendix 3 - Equality Analysis Screening Form

Please note; The Equality Analysis Policy and Equality Analysis Guidance can be found on the policy pages of the intranet

Name of Service area, Directorate/Department i.e. substance misuse, corporate, finance etc.	Infection Prevention Control - Corporate				
Name of responsible person and job title	Elizabeth Moody, Director of Infection Prevention and Control/Nursing & Governance				
Name of working party, to include any other individuals, agencies or groups involved in this analysis	Carole Rutter, Head of IPC Claire Foster, Lead IPC Nurse				
Policy (document/service) name	Sharps – Safe use and disposal of				
Is the area being assessed a;	Policy/Strategy		Service/Business plan		Project
	Procedure/Guidance			√	Code of practice
	Other – Please state				√
Geographical area	Trustwide				
Aims and objectives	To set standards in practice to ensure the delivery of patient care is carried out safely and effectively by the trust staff. To comply with the HCAI Code of Practice of the Health and Social Care Act 2008.				
Start date of Equality Analysis Screening (This is the date you are asked to write or review the document/service etc.)	01/03/2022				
End date of Equality Analysis Screening	15/03/2022				

(This is when you have completed the analysis and it is ready to go to EMT to be approved)

**You must contact the EDHR team as soon as possible where you identify a negative impact.**

1. Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?

Trust staff and patients

2. Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups below?

<b>Race</b> (including Gypsy and Traveller)	Yes/No No	<b>Disability</b> (includes physical, learning, mental health, sensory and medical disabilities)	Yes/No No	<b>Gender</b> (Men, women and gender neutral etc.)	Yes/No No
<b>Gender reassignment</b> (Transgender and gender identity)	Yes/No No	<b>Sexual Orientation</b> (Lesbian, Gay, Bisexual and Heterosexual etc.)	Yes/No No	<b>Age</b> (includes, young people, older people – people of all ages)	Yes/No No
<b>Religion or Belief</b> (includes faith groups, atheism and philosophical belief's)	Yes/No No	<b>Pregnancy and Maternity</b> (includes pregnancy, women who are breastfeeding and women on maternity leave)	Yes/No No	<b>Marriage and Civil Partnership</b> (includes opposite and same sex couples who are married or civil partners)	Yes/No No

<p><b>Yes</b> – Please describe anticipated negative impact/s</p> <p><b>No</b> – Please describe positive impacts/s -</p> <p style="text-align: right;">No barriers to access or implementing this policy</p>				
<p><b>3.</b> Have you considered other sources of information such as; legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.?</p>				
<p><b>If 'No', why not?</b></p>				
<p><b>Sources of Information may include:</b></p> <ul style="list-style-type: none"> <li>Feedback from equality bodies, Care Quality Commission, Equality and Human Rights Commission, etc.</li> <li>Investigation findings</li> <li>Trust Strategic Direction</li> <li>Data collection/analysis</li> <li>National Guidance/Reports</li> </ul>		<ul style="list-style-type: none"> <li>Staff grievances</li> <li>Media</li> <li>Community Consultation/Consultation Groups</li> <li>Internal Consultation</li> <li>Research</li> <li>Other (Please state below)</li> </ul>		
<p><b>4.</b> Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the following protected groups?: Race, Disability, Gender, Gender reassignment (Trans), Sexual Orientation (LGB), Religion or Belief, Age, Pregnancy and Maternity or Marriage and Civil Partnership</p>				
<p><b>Yes</b> – Please describe the engagement and involvement that has taken place</p>				
<p><b>No</b> – Please describe future plans that you may have to engage and involve people from different groups</p> <p>Not relevant to this procedure</p>				

5. As part of this equality analysis have any training needs/service needs been identified? Not relevant to this procedure

## Appendix 4 - Correct Assemble of Sharps Box

**Sharpsafe®**

# It just takes 4 clicks.

Ensure the container is assembled correctly before use.

