

Livewell Southwest

Safe Management and Disposal of Sharps

Version No. 6.8

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Notice to staff using a paper copy of this guidance

The policies and procedures page of LSW intranet holds the most recent version of this document and staff must ensure that they are using the most recent guidance.

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	<p>http://www.hse.gov.uk/pubns/hsis7.htm NICE (2012) Infection Prevention and control of healthcare-associated infections in primary and community care, clinical guideline 139 1.1.1.2, www.nice.org.uk/guidance/cg139/chapter/guidance</p> <p>United Kingdom Surveillance of Significant Occupational Exposures to Bloodborne Viruses in Healthcare Workers (December 2014) Eye of the Needle. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/385300/EoN_2014_-_FINAL_CT_3_sig_occ.pdf</p> <p>Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 Guidance for employers and employees http://www.hse.gov.uk/pubns/hsis7.pdf</p> <p>RCN Sharps safety guidance to support implementation of the EU Directive 2010/32/EU on the prevention of sharps injuries in the health care sector https://www2.rcn.org.uk/_data/assets/pdf_file/0006/46640/4/5_-_Josie_Blacker_RCN_Sharps_Safety.pdf</p> <p>EU Directive 2010/32/EU Directive 2010/32/EU - prevention from sharp injuries in the hospital and healthcare sector https://osha.europa.eu/en/legislation/directives/council-directive-2010-32-eu-prevention-from-sharp-injuries-in-the-hospital-and-healthcare-sector</p> <p>Dougherty I, Lister S (Eds). The Royal Marsden Hospital Manual of Clinical Nursing Procedures, 8th Edition, 2011 Hand Hygiene Policy and Procedure Inoculation Injuries (Management of) Safe Handling and Disposal of Healthcare waste Incident Reporting & Investigation Policy and Procedure http://guidance.nice.org.uk/CG139</p>
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Document Review History

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For previous review history please contact the PRG secretary.				
V6:2	Reviewed	Dec 2011	PRG	Review date extended, no changes made.
V6.3	Reviewed	March 2012	Director of Infection Prevention Control.	Updated.
V6.4	Extended	June 2014	Acting Manager Infection Prevention & Control Team	Extended no changes
V6.5	Extended	December 2014	Acting Manager Infection Prevention & Control Team	Extended no changes
V6.6	Reviewed	October 2015	Acting Manager Infection Prevention & Control Team	Minor changes.
V6.7	Reviewed	December 2016	Infection Prevention & Control Manager	Minor changes to 6.5 Pen injectable devices.
V6.8	Reviewed	January 2017	Infection Prevention & Control Manager	New section added, 6.14 Podiatry and Dentistry.

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Safe Management and Disposal of Sharps.

1. Introduction

- 1.1 This document contributes to LSW management of Health and Safety at work and the Control of Substances Hazardous to Health, in accordance with relevant legislation LSW Inoculation Injury Policy and European directive 2013.

2. Purpose

This purpose of this policy is to:

1. Ensure that sharps are used and disposed of in a safe manner.
2. Minimise the risk of injury and transmission of infection via sharps.

3. Definitions

- 3.1 Infection – Invasion and multiplication of microorganisms in body tissues.
- 3.2 Needlestick injury – an injury with a needle that is contaminated with blood or body fluids.
- 3.3 Blood borne virus – virus that are transmitted by blood and other body fluids such as Hepatitis B (Hep B) and Hepatitis C (HepC) and Human Immunodeficiency Virus (HIV).
- 3.4 Safer needle devices – measures to avoid exposure to blood borne viruses should include the provision of medical devices incorporating sharp protection.
- 3.5 Sharps box - Tough plastic box which safely dispose of sharps and sharp objects to minimise risk of injury.

4. Duties and Responsibilities

- 4.1 The **Chief Executive** is ultimately responsible for infection prevention and control and the content of all Policies and their implementation. The Chief Executive delegates the day to day responsibility of implementation of the policies to the **Director of Infection Prevention and Control (DIPC)** and the Infection Prevention and Control team (IPCT).
- 4.2 **Infection Prevention and Control team** are responsible for ensuring that latest guidance is available and included in training programmes/audits.
- 4.3 **Locality Managers** are responsible for identifying, producing and implementing LSW Policies relevant to their area.

- 4.4 The **Deputy Managers** will support and enable operational Clinical Leads and Managers to fulfil their responsibilities and ensure the effective implementation of this Policy within their speciality.
- 4.5 The **Modern Matron/Clinical Lead** is responsible for ensuring that the development of local procedures / documentation doesn't duplicate work and that implementation is achievable.
- 4.6 **Ward Managers/Team Leaders** are responsible for ensuring that good practice is embedded into their clinical areas.
- 4.7 **All staff both clinical and non clinical** have a responsibility for ensuring they have read, understood and adhere to local Protocols and Policies.

5. Background

- 5.1 The National Audit Office report of April 2003, *A safer place to work – improving the management of health and safety risks in NHS trusts*, found that needlestick and sharps injuries account for 17 per cent of accidents to NHS staff and are the second most common cause of injury, behind moving and handling at 18 per cent. with the main hazards of sharps injury including hepatitis B, hepatitis C and HIV (blood borne viruses). Safe disposal of sharps at the point of use is vital to reduce the risk of injury, exposure to blood-borne viruses and cross infection. Some procedures carry a higher risk of injury including intra-vascular cannulation, venepuncture and injection. Where possible, alternative devices, such as safer needle devices should be used following training, this became mandatory in May 2013.
- 5.2 The correct sharp box must be used. A sharps box with a yellow lid designates use for sharps that have medicines in them. A purple sharps box should be used for disposing of cytotoxic/ cytostatic medications.

6. Key Principles of safe management and disposal of sharps

Factors to be considered:

- 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 (taking into account the existing clinical practices commonly in use by the relevant health professionals – but not assuming custom and practice is safest);
- is the safety mechanism design suitable for the application? The following are relevant:
 - if activation of the safety mechanism is - straightforward, it is more likely to be used;
 - if the safety mechanism is integral to the device - (i.e. not a separate accessory) it cannot be lost or misplaced;
 - for many uses a single-handed or automatic - activation will be preferable;
 - an audible, tactile or visual signal that the safety - mechanism has correctly activated is helpful to the user; and
 - the safety mechanism is not effective if it is easily reversible;
- Where a procedure in which sharps are used PPE, must also be considered.

For immunisations supplied by the manufacturer as pre-loaded syringes with a needle (e.g. 'flu) you must use the needle supplied in the pack and dispose of without breaking the needle and syringe.

For immunisations in preloaded syringes without a needle then use the safer needles supplied by LSW, you may use the “blunt” needle to draw up if supplied.

- 6.1 Access to 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 there is adequate lighting, an even surface nearby on which to place the sharps and any distractions are minimised e.g. dogs, small children and other patients.
- 6.2 Ensure that the needle sheath or package seal is intact prior to use to prevent inadvertent re-use.
- 6.3 Sharps must not be passed directly from hand to hand and handling should be kept to a minimum. Where there are two healthcare workers working together, sharps must not be passed from one person to another. Responsibility must be clearly defined.
- 6.4 Extra care must be taken when undertaking procedures with confused patients.
- 6.5 **Pen injectable devices.** These devices are intended for self administration of injectable medication. Healthcare workers are at risk of needle stick injury when

using these devices. Use of 'autosheild' is compulsory for all staff administering insulin to patients. Supplies of autosheild manufactured by Becton Dickinson are available through EPROC, and must be held by teams administering insulin.

- 6.6 Needles must not be recapped, bent, broken or disassembled prior to use or disposal.
- 6.7 Needles should not be re-sheathed prior to disposal.
- 6.8 Needles and syringes must not be disassembled by hand prior to disposal. Single use vacutainer holders and syringes should be disposed of with needle attached.

All single-use sharp items, for example, needles, scalpel blades, stitch cutters and trocars, must be discarded immediately into a sharps box (conforming to UN3291 and BS 7320 standards). At the point of use (a sharps box on a specified sharps tray, should be taken to the point of use rather than transporting any used sharps to a static box). Disposable razors are also considered sharps and should also be disposed of into the sharps box.

Discard cannulae and intravenous lines immediately after use and do not cut into pieces. Sharps box must not be filled above the indicated mark (when the box is two-thirds full).

- 6.9 Objects should not be removed from the sharps box. If a discarded sharp item is found, the healthcare worker must use forceps to pick it up and dispose of it into a sharps box.
- 6.10 Once a sharps box is two-thirds full; a line on the label indicates this, it must be sealed by the user, marked with the name of the ward, the date and time, a signature and disposed of as infectious sharps waste. It is everyone's responsibility to dispose safely of full sharps box. They should be placed in the lockable yellow clinical waste bin.
- 6.11 The ward/clinical manager is responsible for ensuring there is an adequate provision of sharps box. The person assembling the box prior to use must sign the label to confirm that this has been completed.
- 6.12 Sharps boxes must not be placed on the floor and should be located in a safe position away from public areas. They should be positioned out of the reach of children at a height that enables safe disposal by all members of staff. They should not be stored on window sills as not only can they be seen but also it degrades the plastic of the sharps box. They should be secured to avoid spillage with the temporary closure employed when not in use or being carried. Wall brackets are available if these are appropriate within the clinical areas.
- 6.13 Devices engineered to reduce exposure to sharps (so called 'needlestick-prevention

devices) should always be considered. A risk assessment is required to determine whether or not their use is appropriate in any given circumstance. Factors such as effectiveness, acceptability, impact on patient care and overall practicability need to be considered.

6.14 Podiatry and Dentistry

Where available single use disposable local anaesthetic delivery syringes that incorporate a mechanism to protect against accidental injury must be used in conjunction with best practice.

- The locality manager must ensure there is a written practice protocol in place, including a risk assessment explaining why staff continue to use traditional local anaesthetic reusable syringes.
- The employer must ensure that reusable sharps are only used where they are required and, there is no other method to be used.
- The employer must substitute traditional, unprotected medical sharps with a 'safer sharp' where it reasonably practicable to do so.
- Needles must not be recapped after use unless the employer's risk assessment has identified that recapping is itself required to prevent a risk (e.g. to reduce the risk of contamination of sterile preparations). In these limited cases, appropriate devices to control the risk of injury must be provided, for example:
 - Needle-blocks to remove and hold the needle cap and allow safe one-handed recapping.
 - Traditional metal local anaesthetic delivery syringes in conjunction with other measures.

6.15 All staff must be educated about the safe use and disposal of sharps and if an inoculation injury is sustained then staff must follow the Management of Inoculation Injury Policy and complete an incident form.

- Sharps boxes must be stored in a separate specially designated sharps clinical waste bin and must NOT be mixed with clinical waste bags.
- If for any reason the yellow wheeled bin is found to be full, inform the Hotel Services Department who will arrange for it to be emptied.
- Sharps boxes must be kept out of the reach of children and members of the public.
- Sharps boxes must not be stored outside of the designated storage areas.
 - No sharps box is to remain in use for a period longer than 3 months - at the end of this period it must be fully closed even if it is not full and future use of a smaller box must be considered.

- Sharps boxes must not be placed into an orange or yellow waste sack.
 - Disposal of sharps will be by incineration only.
 - Where supplied, yellow wheeled bins should be used for storing sharps boxes prior to incineration. These bins must remain locked at all times.
- 6.16 Broken glass and glass bottles should be disposed of in an orange bin specifically for this purpose.
- 6.17. Individual staff may carry individual sharps boxes when they are using sharps in the community. These have to be identified (named) (staff and service).

Likelihood of accidents

Sharps injuries are likeliest:

- During use
- After use, before disposal
- Between steps in procedures
- During disposal
- While re-sheathing or capping a needle (this should never be done)

Higher than average procedures involve: using IV cannulae, butterfly needles, hypodermic needles and syringes, phlebotomy needles.

Lancets, scalpels, suture needles, razors, scissors, test tubes, fragments of bones or patients' teeth can all cause sharps injuries.

Community staff

1. Assemble as per manufacturer's guidelines and BS 7320 guidance. Only approved Livewell Southwest sharps boxes to be used.
2. Label when assembled and attach lid correctly and secure at base.
3. Always take a sharps into the patient's home when sharps are to be used.
4. The user should take the sharps to the bed or chairside, so that used sharps are disposed of immediately at the point of use.
5. Never place sharps box on the floor but store out of reach of children and unauthorised people so they cannot gain access when not in use. This is particularly pertinent in schools when immunisations are being carried out.
6. Community staff to carry small sharps box in their nursing bags/ or alternative holdall out of sight.

7. When community staff are transporting sharps boxes these should be secured safely when being transported in the boot of the car with the aperture in the close position.
8. Fill sharps box only to 3/4 full, a line on the box label indicates this.
9. Aperture closed and locked when full. Sign and date sharps box when full and the box delivered to the nearest LSW clinical base and disposed of.
10. Community staff must ensure safe storage of equipment either in a locked boot of their car or if it is necessary to store at home then sharps boxes must be stored in a secure place, out of sight so no member of the public or child can gain access.
11. Advice should be given to any patient in the community using a sharps box regarding correct assembly, safe storage and disposal of sharps box.
12. Sharps must never be placed in the domestic refuse system.
13. The Plymouth City Council (PCC) have the responsibility for providing sharps box to diabetic patients in their own home. Telephone number 01752 668000
14. Complete an incident form if an inoculation injury occurs whilst you are on duty and follow the Management of Inoculation Injury Policy.

7. Training

Safe disposal of sharps must be included in Infection Prevention and Control Induction and Mandatory training for all clinical staff.

Staff must ensure that they have the appropriate skills and knowledge to use sharp devices and this includes those that are new/being introduced into the work environment.

8. Monitoring Compliance and Effectiveness

Compliance with this policy will be monitored by the IPCT in their audit cycle which has been agreed by the Infection Control Committee for LSW.

- The infection prevention and control team produce an annual audit plan for the provider services at Livewell Southwest.
- It is the responsibility of the DIPC/IPCT to ensure audits are carried out professionally and any deficits highlighted to the ward manager or the designated manager at the time of the audit. All ward managers, matrons will be sent a report within 48 hours and have a two week period to respond.
- The IPCT will use the Infection prevention Society Quality Improvement Tool

(QIT) safe disposal and handling of sharps.

- The frequency of audit for safe disposal of sharps will be annually unless an area fails to meet the standard and requires additional support.
- If the standard fails to be met then the manager will be required to produce an action plan, a subsequent audit will be carried out both by the Infection Prevention and Control team and the manager of the unit within 3 months.

All policies are required to be electronically signed by the Lead Director. Proof of the electronic signature is stored in the policies database.

The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.

The Executive signature is subject to the understanding that the policy owner has followed the organisation process for policy Ratification.

Signed: Director of Infection Prevention & Control

Date: 11th December 2015

Appendix A

Medical Devices Self-Assessment - How Safe is Your Practice?

Before using a medical device, ask yourself the following questions:

	Yes	No
Do I know how to handle the medical devices in my unit?		
What preparation have I been given in how to use a particular medical device, i.e. an infusion pump? Was the preparation formalised and recorded or did I just pick it up as I went along?		
Was my competency to use this equipment safely assessed?		
Am I familiar with the instructions on how to use this piece of equipment and any warning labels?		
When was this equipment last serviced?		
Do my junior staff colleagues know how to use equipment?		
What is the cleaning and/or decontamination procedure for this device and what are my responsibilities in this process?		
Do I know who is responsible for risk management in my organisation?		
Do I know how to report an adverse incident or near miss?		
Do I know who my MHRA Liaison Officer is?		
Do I have access to MHRA Device Bulletins of relevance to my area of practice and do I read and take note of Hazard and Safety Notices?		

Wherever “no” has been ticked, information/training/support is required.

It is your personal responsibility to report the shortfalls to your Line Manager.

From MHRA Equipped to Care, 2000, a guide for health care professionals, support workers and managers.