



# Sharps Policy

## Safe Use and Disposal

This procedural document supersedes: PAT/IC 8 v.8 – Sharps Policy - Safe use and Disposal



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Executive Sponsor(s):	Abigail Trainer, Director of Nursing
Author/reviewer: (this version)	Jayne Wicks, Infection Prevention and Control Practitioner
Date written/revised:	December 2021
Approved by:	Infection Prevention and Control Committee
Date of approval:	16 December 2021
Date issued:	January 2022
Next review date:	December 2024
Target audience:	Trust-wide

## Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date Issued	Brief Summary of Changes	Author
9	December 2021	<ul style="list-style-type: none"> <li>References updated</li> </ul>	Jayne Wicks, Infection Prevention & Control Practitioner
8	4 January 2019	<ul style="list-style-type: none"> <li>New Trust Logo added</li> <li>Added Executive Sponsor on front page</li> <li>Individual Responsibilities updated</li> <li>Patient Lacking Capacity Statement added</li> <li>Definitions updated</li> <li>Reference documents updated</li> </ul>	Beverley Bacon, Infection Prevention & Control Practitioner
7	28 October 2016	<ul style="list-style-type: none"> <li>New Trust format added</li> <li>HSE Safer Sharps Regulation Information added from 2013 HSE guidance</li> <li>Care Group &amp; Mandatory training format updated</li> <li>Datix reporting added</li> <li>Associated documents and references updated</li> <li>Equality Impact Assessment added to Appendix 4</li> </ul>	Julie Hartley, Infection Prevention & Control Practitioner
6	13 November 2013	<ul style="list-style-type: none"> <li>Policy written in new Trust format</li> <li>Sentence added under heading 'Trust Board' in section 4, regarding the EU Directive 2010.</li> <li>Sentence added in section 9</li> <li>section 13 - CORP/RISK 18 added to list of policies to be read in conjunction with this policy</li> </ul>	Sally Spridgeon-Davison, Infection Prevention and Control Team

5	January 2012	<ul style="list-style-type: none"> <li>• Title Changed</li> <li>• Roles and Responsibilities updated in conjunction with the Trust set up, sentence added about Occupational Health – item 4</li> <li>• Equality Impact Assessment added –item 7</li> <li>• Sentence added - item 9 regarding 'Sharp Smart'</li> <li>• Sentence added – item 10 regarding "if a sharps injury occurs, ensuring an incident form is completed".</li> <li>• Paragraphs re-numbered</li> <li>• References updated</li> <li>• Appendix 1 added</li> </ul>	Sally Spridgeon-Davison, Infection Prevention and Control Team
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## 1 INTRODUCTION

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. For the purpose of this policy the term “sharps” includes items such as needles, scalpels, razor blades, broken glass and any other sharp items that may cause a penetrating injury, laceration or puncture to the skin.

### **The use and disposal of medical sharps**

The Sharps Regulations follow the principles of the hierarchy of preventative control measures, set out in the Control of Substances Hazardous to Health Regulations (COSHH). However, they require that employers consider the additional risk control measures below:

### **Avoid the unnecessary use of sharps**

Needles, scalpels etc. will remain essential tools for effective medical care. However, the employer should ensure that sharps are only used where they are required. For example, organisations that have reviewed the use of sharps have identified staff using needles to carry out tasks for which they are not required (for example collection of urine samples from catheter bags). Needle-free equipment is available for certain procedures and should be used, where it is reasonably practicable to do so.

Where it is not reasonably practicable to avoid the use of medical sharps, the Sharps Regulations require employers to:-

### **Use of safer sharps (incorporating protection mechanisms)**

The employer must substitute traditional, unprotected medical sharps with a ‘safer sharp’ where it is reasonably practicable to do so. The term ‘safer sharp’ means medical sharps that incorporate features or mechanisms to prevent or minimise the risk of accidental injury. For example, a range of syringes and needles are now available with a shield or cover that slides or pivots to cover the needle after use. The following factors should 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;
- 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).

## 2 PURPOSE

To provide clear instruction on the safe handling of sharps.

Every healthcare worker has a responsibility to ensure correct handling and disposal of the sharps that they have used.

### 3 DUTIES AND RESPONSIBILITIES

This policy covers infection prevention and control management issues for Trust staff this includes:-

- Employees
- Volunteers
- Agency/Locum/Bank Staff
- Contractors whilst working on the Trust premises

Each individual member of staff, volunteer or contracted worker within the Trust is responsible for complying with the standards set out in the Policy. They need to be aware of their personal responsibilities in safe use and disposal of sharps. It is the responsibility of Directors and Managers to ensure compliance with this standard.

### 4 INDIVIDUAL RESPONSIBILITIES

All staff working on Trust premises, outreach clinics and community settings, including Trust employed staff, contractors, agency and locum staff are responsible for adhering to this policy, and for reporting breaches of this policy to the person in charge and to their line manager.

#### **Trust Board**

The Board, via the Chief Executive, is ultimately responsible for ensuring that systems are in place that effectively manage the risks associated with Infection Control.

The Trust is also responsible for adhering to laws regarding the protection of healthcare workers, including the European Union Council Directive 2010/32/EU on the Prevention of sharps injuries in the health care sector.

**The Director of Infection Prevention and Control** will provide assurance to the board that effective systems are in place and is responsible for implementing infection and prevention and control strategies throughout the Trust for embedding best practice.

**The Infection Prevention and Control Team:** is responsible for providing expert advice in accordance with this policy, for supporting staff in its implementation, and assisting with risk assessment where complex decisions are required.

**The Health and Wellbeing Team:** is responsible for collating the number of sharps injury incidents, and to feed this information back at the Trust Health & Safety meetings.

**Matron:** are responsible for ensuring implementation within their area by supporting regular audits in ward rounds activities. Any deficits identified will be addressed to comply with policy.

**Divisional Managers and leads:** are responsible for ensuring implementation within their area and for ensuring all staff who work within the area adhere to the principles at all times.

**Consultant Medical Staff:** are responsible for ensuring their junior staff read and understand this policy, and adhere to the principles contained in it at all times.

**On-call Managers:** are responsible for providing senior and executive leadership to ensure implementation of this policy, and for ensuring infection risks are fully considered and documented when complex decisions need to be made regarding capacity and patient flow.

**Estates and Facilities:** There is a Standard Operating Procedure to ensure the 'Safe collection and disposal of any Sharps waste found within the grounds of all DBTHFT sites'.

**Ref ESOP16**

### **PATIENTS LACKING CAPACITY**

Sometimes it will be necessary to provide care and treatment to patients who lack the capacity to make decisions related to the content of this policy. In these instances staff must treat the patient in accordance with the Mental Capacity Act 2005 (MCA 2005).

- A person lacking capacity should not be treated in a manner which can be seen as discriminatory.
- Any act done for, or any decision made on behalf of a patient who lacks capacity must be done, or made, in the person's Best Interest.
- Further information can be found in the MCA policy, and the Code of Practice, both available on the Extranet.

**There is no single definition of Best Interest.** Best Interest is *determined on an individual basis. All factors relevant to the decision must be taken into account, family and friends should be consulted, and the decision should be in the Best interest of the individual. Please see S5 of the MCA code of practice for further information.*

## **5 ASSEMBLY OF SHARPS BINS**

Ensure the sharps bin is correctly assembled according to manufacturer's instructions. See Appendix 1.

To ensure traceability in case of adverse incident, label the sharps bin at the time of assembly with:

- Ward of origin
- Date
- Signature

## 6 SAFE USE OF SHARPS BINS

- Always use sharps containers with British Standard BS 7320.
- Never fill the sharps bin more than  $\frac{3}{4}$  full. If using Sharp Smart bins, automatic closure will occur when the bin is full. (See Appendix 2).
- Damaged sharps containers should be placed in a larger container which should then be sealed. Under no circumstances must the contents of one sharps container be decanted into another container.
- Never leave a sharp protruding from the bin.
- Always use safe sharp systems where available. EU Directive European Union Council Directive 2010/32/EU.
- Always wear appropriate PPE when handling sharps.
- Sharps bins must be kept out of reach of members of the public. Sharps containers must be located in a safe and secure position in the clinical area. Ideally, they must be secured off the ground and bracketed to a wall or attached by bracket to a trolley or bench.
- Containers should be out of the reach of children. Containers must be at a safe working height and secured so they cannot be tipped over. When not in use place the lid of the container in the temporary closure position. See Appendix 3.
- The person using the sharps must dispose of them into a sharps box immediately after use and at the point of use. Never leave them for someone else to clear away.
- In specialised areas (e.g. Pain Management Unit) it is recommended that used acupuncture needles be kept for safety on the appropriate adhesive pad during the procedure, prior to disposal into the recommended sharps container.

## 7 STAFF RESPONSIBILITY

An injection tray with an integral sharps box should be used when a healthcare worker has to walk some distance to the point of use. Always dispose of sharps immediately after use, and at the point of use. Used sharps must never be carried around by hand or in receivers, trays or other receptacles other than sharps containers as outlined above.

- Never bend or break needles after use.
- Never re-sheath needles.



- Do not disassemble needles from syringes or other devices wherever possible. If disassembly is required, the needle should be removed using an approved device NOT fingers. Wherever possible dispose of as a single unit.
- If inoculation of the skin occurs follow the procedure stated in policy

## 8 DISPOSAL OF SHARPS BINS

Make sure the sharps bin lid is securely closed before disposal

Label the sharps bin at the time of disposal with:

- Date
- Signature

## 9 TRAINING/SUPPORT

The training requirements of all staff will be identified through a training needs analysis. Role specific education will be delivered by the service lead or nominated person.

Infection Prevention and Control should be included in individual Annual Development Appraisal and any training needs for IPC addressed.

## 10 MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

The Infection Prevention and Control Team will review this policy in the following circumstances:-

- When new national or international guidance are received.
- When newly published evidence demonstrates need for change to current practice.
- Every three years routinely.

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
Compliance with policy to negate cross- infection	Matrons are responsible for ensuring implementation within their area of best practice by undertaking regular audits and unannounced ward rounds.	According to risk category for each ward/department.	Any deficits identified will be addressed immediately to facilitate compliance with policy.  Incidents where non-compliance with this policy is noted and are considered an actual or potential risk should be reported on the Trust's

	Infection Control Team when carrying out audits.  Sharps Company Representative carry out audit.	At least once a year.  Annually.	Datix incident reporting system.  Annual audit report circulated to Care Group Matrons for distribution.
Compliance with safe sharps usage	Senior nurse or department manager.	Continuous observations.	Deficits identified will be addressed via agreed action plan to comply with policy and Trust approved products.
Amount of Sharp related injuries	Trust Health and Wellbeing Department.	Every time an injury is reported.	Information is fed back to the Trust Health & Safety meetings; any actions needed are discussed and agreed.

## 11 DEFINITIONS

**SHARPS** - A **sharp** is any item having corners, edges, or projections capable of cutting or piercing the skin. Includes syringes, needles, scalpels, administration sets, razor blades, broken bone and teeth or any other sharp implement with the potential to cause a penetrating injury if not handled in a safe manner.

**RE-SHEATH** - Replacing the original cover back on the used sharp.

**BEST INTEREST** - There is no single definition of Best Interest. Best Interest is *determined on an individual basis. All factors relevant to the decision must be taken into account, family and friends should be consulted, and the decision should be in the Best interest of the individual.* See S5 of the MCA code of practice for further information.

## 12 EQUALITY IMPACT ASSESSMENT

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment For All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (See Appendix 4).

### 13 ASSOCIATED TRUST PROCEDURAL DOCUMENTS

This policy should be read in conjunction with other infection control policies, particularly:

- Hand Hygiene - PAT/IC 5
- Mental Capacity Act 2005 – Policy and Guidance, including Deprivation of Liberty Safeguards (DoLS) - PAT/PA 19
- Risk Identification, Assessment and Management Policy - CORP/Risk 30
- Standard Infection Prevention and Control Precautions Policy - PAT/IC 19
- Management of Sharps Injuries and Blood or Body Fluid Exposure Incidents - PAT/IC 14
- Waste Management Manual CORP/HSFS 17 (B)
- Waste Management Policy CORP/HSFS 17 (A)
- Fair Treatment for All - CORP/EMP 4
- Equality Analysis Policy – CORP/EMP 27

### 14 DATA PROTECTION

Any personal data processing associated with this policy will be carried out under 'Current data protection legislation' as in the Data Protection Act 2018 and the UK General Data Protection Regulation (GDPR) 2021.

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website:

<https://www.dbth.nhs.uk/about-us/our-publications/information-governance/>

### 15 REFERENCES

Department of Health (1998). Guidance for Clinical Healthcare Workers; Protection against Infection with Blood Borne Viruses, HSC 1998/063

Department of Health HTM 07-01- Safe Management of Healthcare Waste.

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

HIV post-exposure prophylaxis: guidance from the UK Chief Medical Officers' Expert Advisory Group on AIDS, DH, 2008.

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

Medical Devices Agency (1993). Use and Management of Sharps Containers Safety Bulletin 103. MDA.

Pratt et al (2014) Epic 3: National Evidence-Based Guidelines for preventing Healthcare-Associated infections in NHS Hospitals in England.

Sharps safety: RCN Guidance to support the implementation of The Health and Safety (Sharp Instruments in Healthcare Regulations) 2013 (replace above)

Department of Constitutional Affairs Mental Capacity Act (2005): Code of Practice, 2007  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/497253/Mental-capacity-act-code-of-practice.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/497253/Mental-capacity-act-code-of-practice.pdf)

## APPENDIX 1 – SHARPSGUARD® - SHARPS CONTAINER ASSEMBLY

### SHARPSGUARD® Sharps Container Assembly

1. Select the correct type and size of SHARPSGUARD® sharps container for your use.
2. Ensure you use the lid that matches the SHARPSGUARD® container you have selected. The lid colour should match the colour of the label. Note that SHARPSGUARD® 0.5, 0.6, com-plus and 1 are supplied ready assembled.
3. Place the lid on the top of the SHARPSGUARD® container so that the aperture is best suited for your use. The aperture does not have to be immediately above the label.
4. With the container resting on a firm surface, press down on one side of the lid with the ball of your hand.
5. Work your way around the SHARPSGUARD® container pushing the remainder of the lid into position. An audible 'click' is normally heard when the final part of the lid is pushed into place.
6. Test the seal on the lid by trying to take the lid off.



7. Complete the appropriate sections of the label.



8. Place the SHARPSGUARD® container on a bracket, tray or in a mobile holder as appropriate.



**ST35**

#### POUDS®

A system for the disposal of sharps at the point of use to help reduce the risk of sharps injuries by incorporating simple to use trays kickabouts, holders and brackets to bring the SHARPSGUARD® container range closer to the point of use.



SHARPSGUARD®

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**d.**  
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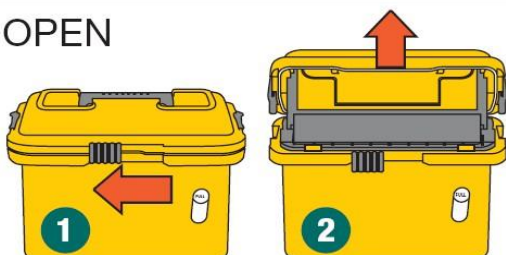
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## APPENDIX 2 – SHARPSMART – INSTRUCTIONS FOR USE

# Sharpsmart

## INSTRUCTIONS FOR USE

### OPEN



1. Slide front lock to left.

2. Lift lid until locked open.

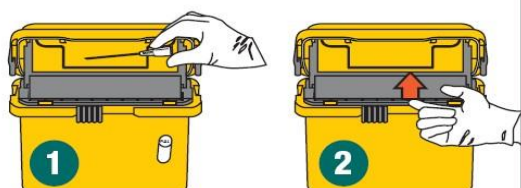
### SYRINGES



1. Drop syringe horizontally onto tray.

2. Tray will empty itself.

### LIGHT SHARPS



1. Drop sharp horizontally onto tray.

2. Manually lift tray to empty.

### FULL



When tray remains vertical, lock and replace collector.

### CLOSE



1. Press both side supports inward, close lid.

2. Slide front lock fully to right.

### LOCK



1. Depress red tabs.  
2. Slide locks completely forward.

**NOTE: Side locks are permanent!**

### REMEMBER:

- ALWAYS ENSURE SHARP HAS EMPTIED FROM TRAY
- NEVER PUT HANDS BEYOND TRAY LIP
- ALWAYS DISPOSE SHARPS & SHARPS SAFETY DEVICES INTO SHARPS COLLECTORS
- ALWAYS CLOSE COLLECTOR BEFORE MOVING/REMOVING COLLECTOR
- DO NOT DEFACE OR WRITE ON COLLECTOR



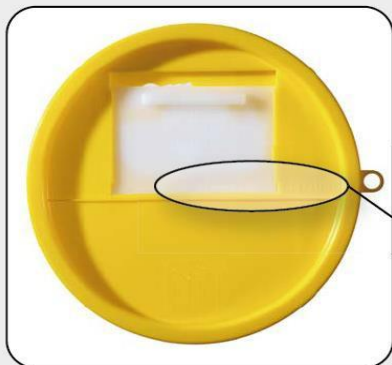
## APPENDIX 3 – SHARPSGUARD® - SHARPS CONTAINER DOOR POSITIONS

## SHARPSGUARD® Sharps Container Door Positions



### Door open position

The door in the lid is fully open allowing for disposal of sharps into the container



### Temporary closure position

The door in the lid has been pulled across to the temporary closure position. Accidental access to the contents is reduced. The lid can still be opened allowing for further use.

**"Temporary Closure"**  
*Moulded within lid*



### Permanent closure position

The door in the lid is closed and locked firmly by pulling right across. The lid cannot be opened again and the sharps container no longer used.

**"Permanent Closure"**  
*Moulded within lid*

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## APPENDIX 4 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Service/Function/Policy/Project/ Strategy	Division	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Sharps Policy - Safe Use and Disposal	Corporate Nursing, Infection Prevention & Control	Jayne Wicks IPCP	Existing Policy	November 2018
<b>1) Who is responsible for this policy?</b> Infection Prevention & Control Team				
<b>2) Describe the purpose of the service / function / policy / project/ strategy?</b> Who is it intended to benefit? What are the intended outcomes?				
<b>3) Are there any associated objectives?</b> Legislation, targets national expectation, standards: Health & Safety Executive				
<b>4) What factors contribute or detract from achieving intended outcomes?</b> – Nil				
<b>5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief?</b> Details: [see Equality Impact Assessment Guidance] - No				
<ul style="list-style-type: none"> <li>If yes, please describe current or planned activities to address the impact [e.g. Monitoring, consultation] –</li> </ul>				
<b>6) Is there any scope for new measures which would promote equality?</b> N/A				
<b>7) Are any of the following groups adversely affected by the policy?</b>				
<b>Protected Characteristics</b>	<b>Affected?</b>	<b>Impact</b>		
a) Age	No	Neutral		
b) Disability	No	Neutral		
c) Gender	No	Neutral		
d) Gender Reassignment	No	Neutral		
e) Marriage/Civil Partnership	No	Neutral		
f) Maternity/Pregnancy	No	Neutral		
g) Race	No	Neutral		
h) Religion/Belief	No	Neutral		
i) Sexual Orientation	No	Neutral		
<b>8) Provide the Equality Rating of the service / function / policy / project / strategy – tick (✓) outcome box</b>				
<b>Outcome 1</b> ✓	<b>Outcome 2</b>	<b>Outcome 3</b>	<b>Outcome 4</b>	
<i>*If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a Detailed Equality Analysis form – see CORP/EMP 27.</i>				
<b>Date for next review:</b>		<b>December 2024</b>		
<b>Checked by:</b>		<b>Miriam Boyack, Lead IPC Nurse</b>		<b>Date: 03 December 2021</b>