

Safe Handling and Disposal of Sharps			
Statement of Intent	To provide clear guidelines for the safe handling and disposal of all sharps in order that the risk of inoculation injury and transmission of blood borne viruses are minimised. These guidelines should be used in conjunction with the guidelines for the Protection against infection with Blood Borne Viruses		
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Related policies	Infection prevention and Control		
Applies to	SBC		
Care Quality Commission Outcomes	Regulation 12 Outcome 8		
Equality & Diversity	SBC is committed to promoting equality in all its responsibilities - as a provider of services, as a partner in the local economy and as an employer. This policy will contribute to ensuring that all clients, potential clients and employees are treated fairly and respectfully with regard to the protected characteristics of age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.		

This document has been adopted by Swindon Borough Council Children Services under the Section 75 agreement.

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DEFINITION

COSHH	Control of Substances Hazardous to Health
DTCWC	Designated Transportable Clinical Waste Container

- Needles, venepuncture butterflies, broken glass ampoules, scalpel blades and other sharps devices are routinely used as part of healthcare practice and every year healthcare workers are at risk of sustaining sharps injuries from contaminated devices. These injuries pose a significant risk to the physical and mental wellbeing of the affected health or social care worker, cost to the SBC time and resources and potential litigation financial implications.
- A sharp injury is defined as an injury occurred when the skin is punctured by a sharp object causing injury, the sharp may be clean or contaminated with body fluids.

RESPONSIBILITIES

- SBC acknowledges their responsibility for providing, so far as reasonably practicable, a safe and healthy working environment for all employees that handle sharps including tutors, students, Bank, agency and locum staff.
- Employers have a legal obligation under Health and Safety Law to ensure that all their employees are appropriately trained and proficient in the procedures necessary for working safely.
- Employers are required to review every procedure carried out by their employees, which involves contact with a substance hazardous to health including pathogenic micro-organisms (this includes blood/body fluids which may transmit infection) COSHH (1999]

In doing so, SBC aim to ensure effective management in preventing and controlling exposure to those substances hazardous to health.

- It is the responsibility of the individual to be aware of and to adhere to SBC Guidelines.
- It is the responsibility of the individual to attend appropriate training courses available through SBC
- The individual using a sharp is responsible for its use and safe disposal. Sharps should not be left for disposal by other people. If a clinical procedure prevents the user from directly disposing of the sharp a written risk assessment should be in place to ensure its safe disposal.
- SBC will ensure that staff who may come into contact with blood/body fluids during the course of their work will be offered specialist Occupational Health advice regarding vaccination/immunisation against hepatitis B. Contact Occupational Health for further information.

The use of sharps must be reviewed regularly using risk assessment to determine if the use of sharps can be reduced or eliminated e.g. by using needle-less devices, or whether safer devices such as blunt suture needles can be used. The fewer sharps used, the less the risk of inoculation injury.

The introduction of a product with a safety feature needs to be discussed with Health and Safety, Infection Prevention & Control and/or the Clinical Purchasing Specialist. Proposed changes to practice will require a business case and clinical evidence.

Sharps injuries have most frequently been reported in association with:

- Administering injections
- Venepuncture
- disposing of needles
- suturing

There are a variety of needle safe devices available but the most important aspect must be the safe use and the safe disposal of all sharps.

HANDLING

Procedures involving the use of sharps must be carried out in a safe approved manner thereby reducing the risk of injury. Specific advice is as follows:

- Always carry out basic risk assessment (is the use of a sharp necessary?)
- The person assembling the sharps container must sign and date the label attached to assume responsibility for its correct assembly.
- Organise yourself before the procedure. If you anticipate using a disposable sharp, take a sharps container with you to ensure **immediate disposal at the point of use** - USED sharps must never be carried in a receiver or on a tray, by hand or in pockets. They must be disposed of directly into a sharps container. Service users who use needles at home should be provided with a sharps container.
- Ensure that PPE is worn when using sharps (for more guidance see Standard Infection Control Precautions guidelines)
- Needles must not be bent or broken prior to use.
- **Do not** pass sharps from hand to hand - handling should be kept to a minimum.
- **Used needles should not be re-sheathed.**
- **Needles should not be removed by hand.** If the clinical procedure mandates needle removal, the needle-removing device on the sharps container should be used, where available.
- Syringes and needles should be disposed of intact, as a single unit wherever possible.

- Always carry used sharps containers with the lids in closed position by the handle or set within the ANTT tray or within the sharps trolley.

SHARPS CONTAINERS MUST NOT BE LEFT UNATTENDED WHEN IN USE. ONCE ASSEMBLED FOR USE, THE SHARPS CONTAINER MUST REMAIN CLOSED USING THE TEMPORARY CLOSING MECHANISM EXCEPT WHEN IT IS BEING USED BY THE PRACTITIONER AND THEREFORE IS UNDER SUPERVISION.

DROPPED SHARPS

In the case of a dropped sharp, the procedure below for placing a spilled/dropped sharp into a sharps containing should be followed immediately:

- Secure the area so no one is accidentally placed at risk.
- Wearing gloves utilise a purpose made Hazard scoop to carefully scoop up the spilled sharp onto the pan. If hazard scoop unavailable carefully pick up sharps with forceps
- Discard the used sharp into a sharps container and close the lid.
- Any associated spills of blood/body fluid should be removed **after** the sharp in accordance with the guidance in the Standard Infection Control Precautions guidelines.
- Place the Hazard scoop into a clinical waste bag.
- Remove gloves and place in clinical waste bag and wash hands.

DISPOSAL

- It is the responsibility of the department manager to ensure an adequate number of sharps containers which comply with British Standard Specification (BS7320:1990) and UN Standard (UN 3291) are stored at ward/service level to avoid supplies running out.
- At no time must any sharp be disposed of in such a way that is likely to cause injury to any other person, e.g. in a clinical waste sack, in the laundry with service users' linen, or in anything other than a designated **sharps container**.
- Sharps containers should be kept in a location where they are **inaccessible to children and the general public**.
- Any wall mounted sharps bins must remain in the closed position until required.
- Do not overfill sharps containers. When contents reach the manufacturer's marked fill line, ensure that the sharps container is locked and the label completed with the name of the ward/department and stored in the appropriate area for collection.
- Ensure sharps containers are used for the sole purpose of safe sharps disposal.

- A giving set spike should remain embedded in the empty giving set and disposed of in orange coloured clinical waste bags. A giving set that has IV fluid remaining in the bag should be cut and emptied of fluid prior to disposal as above if the fluid does not contain any chemical component such as Potassium Chloride, if so dispose of entire set in a sharps bin.
- Ensure that the correct colour coded sharps bin is being used, e.g. Purple Lid and Label for cytotoxic and cytostatic waste and Yellow lidded for sharps that contain a quantity of medicinal product. Within the community nursing teams purple lidded sharps boxes only are used to minimise the number of sharps bins being carried.

TRANSPORTATION

It is the responsibility of the ward/service to ensure that used sharps containers are disposed of correctly.

The following must be checked:

- The sharps container has been correctly assembled.
- The lid is locked.
- The container's label has been completed with the ward/service (identification tape is applied).
- Damaged sharps containers are placed into a larger sharps container prior to disposal.
- Sharps containers are not placed inside clinical waste bags for disposal.
- When transporting the sharps container the aperture must be kept temporarily closed to avoid spills
- Sharps containers in vehicles must be kept out of sight and not left unattended

Full sharps bins should be stored in a locked waste room while awaiting disposal or in locally agreed locations

When transporting an arterial blood sample to a blood gas analyser, a blind hub must secure the syringe tip

During transportation of the DTCWC the following must be observed:

- On removal from the clinical area the DTCWC must be taken to and stored in the designated locked area.
- Contents of the DTCWC must not be handled by anyone not authorised to do so.

INJURIES

Following a needle stick injury to a non-immune person the risk has been estimated as being:

30% for Hepatitis B 'e' antigen positive exposure
 3% for Hepatitis C
 0.3% for HIV

Should you incur a sharps injury encourage the wound to bleed, do not suck or rub the wound, Wash the area thoroughly with soap and warm running water. Cover the injury

with a waterproof dressing. Note the service users name involved in the incident to enable Occupational Health to risk assess. Report the incident and attend Occupational Health or out of hours contact A&E department as soon as possible. If you feel you may have been exposed to blood borne viruses you will need to have a blood test immediately (within 1 hr). If appropriate for you, the doctor will advise on PEP (Post Exposure Prophylaxis). Always make sure you know the results of your blood tests.

All injuries associated with sharp equipment or near misses must be reported to Occupational Health and a sentinel report completed and sent to Risk Management. The guidelines for immediate action following sharps injuries and exposure to blood and body fluids must be followed.

***All sharps injuries that involve exposure to Blood and Body Fluids should to be reported to the Occupational Health Department. If an incident occurs out of hours the individual should leave a message on the hotline and attend ED for assessment.**

Training

All healthcare workers must receive training within programmes and induction to cover.

- The correct use of sharps
- The correct disposal of sharps
- Action to take in the event of a sharps injury.

Sharps safety training incorporating the above issues must be provided during the following sessions:

- SBC Introduction to Infection Prevention and Control workbook
- Mandatory infection control updates
- All training that involves the use of sharps (e.g. venepuncture and cannulation)
- Introduction of new equipment/systems that involve the use of sharps.

Audit

Sharps disposal will be part of an audit of the SBC Waste policy and through the Essential Steps Review tools. This will include the safe use and disposal of sharps containers.

References

- CG2 National Institute for Clinical Excellence 2002
- Control of Substances Hazardous to Health Regulations 2002
- Health and Social Care Act 2008: *Prevention and Control of Infection and related guidance* Criterion 9 and 10.
- Management of Health and Safety at Work Regulations 1999
- Safe use and disposal of sharps MDA SN2001(19) July 2001
- The Health and Safety at Work etc Act 1974
- The Reporting of Incidents, Diseases and Dangerous Occurrences (RIDDOR) 1995
- UK Health Departments Guidance for Clinical HCW Protection against Infection with BBV 1998.