

Sharps – Safe use and disposal of

Ref IPC-0001-014 v3

Status: Approved

Document type: Procedure

Overarching policy: Infection Prevention and Control Policy

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1. Purpose

The purpose of this document is to:

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

2. 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.

This procedure also refers to:-

- Accidental Inoculation
- BBV Blood Borne Virus
- Disposal of Clinical Waste Policy
- Venepuncture Procedure

3. Safe handling of sharps

- ✓ You **must** handle and dispose of sharps as outlined in this procedure.
- ✓ Each ward/department **must** have an arrangement in place for the removal of sharps containers at an agreed frequency, depending on usage.

3.1. 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.

3.2. After use

- ✗ **Do not** leave sharps for someone else to dispose of.
- ✗ **Do not** carry used sharps in foil, metal or pulp trays.
- ✓ You **must** dispose of used sharps directly and immediately into a sharps container.
- ✓ Ensure re-usable trays are cleaned and dried after each use.

4. Sharps boxes

4.1. 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.

4.2. 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 sharps 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.

5. Disposal

- ✓ You have responsibility (as the user) to dispose of the sharp safely immediately after use.
- ✓ You must write the ward/department, your name, date, on the box of the container you are locking.



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.

6. 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.

7. Definitions

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

8. 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.

9. APPENDIX 1

SharpSafe

It just takes 4 clicks.

Ensure the container is assembled correctly before use.

1 2 3 4

MEDICAL SHARPS

SharpSafe
www.frontiermedical.eu

STILL ABOVE THE LINE
FOR DISPOSING
SHARPS ONLY

FRONTIER
MEDICAL
GROUP

www.frontiermedical.eu

frontiermedical group

The poster features a yellow SharpSafe container with four numbered green arrows (1-4) pointing to the top edge, indicating the correct assembly steps. Below the container, two illustrations show disposal methods: one with a syringe being inserted into the container (marked with a green checkmark) and another with a hand holding a bloody needle (marked with a red X).

10. Document control

Next review date:	16 April 2022	
This document replaces:	IPC-0001-014 v2 Sharps - Safe Use and Disposal of	
Lead:	Name	Title
	Angela Ridley	Head of IPC and Physical Health and Back Care (Nursing)
Members of working party:	Name	Title
	Angela Ridley	
	Infection Prevention and Control Nursing Team	
	Infection Prevention and Control Committee members	
	Andrea Brodie	Information Mapping and Policy Development Manager
This document has been agreed and accepted by: (Director)	Name	Title
	Elizabeth Moody	Director of Infection Prevention and Control/Nursing & Governance
This document was approved by:	Date	Name of committee/group
	16 October 2018	Infection Prevention Control Committee
An equality analysis was completed on this document on:	30 July 2018	
Amendment details:	July 2020 - Review date extended 6 months	

11. Equality Analysis Screening Form

Please note; The Equality Analysis Policy and Equality Analysis Guidance can be found on InTouch on the policies page

Name of Service area, Directorate/Department i.e. substance misuse, corporate, finance etc.	Nursing and Governance/IPC and Physical Healthcare			
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	Elizabeth Moody, Dr R Bellamy, Angela Ridley, Infection Prevention and Control Nursing Team and the Infection Prevention and Control Committee			
Policy (document/service) name	IPC-0001-0014 v3 Sharps Safe Use and Disposal			
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.)	30 th July 2018			

End date of Equality Analysis Screening (This is when you have completed the analysis and it is ready to go to EMT to be approved)	30 th July 2018
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You must contact the EDHR team as soon as possible where you identify a negative impact. Please ring Sarah Jay on 0191 3336267/3542

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

<p>Yes – Please describe anticipated negative impact/s</p> <p>No – Please describe positive impacts/s - No barriers to access or implementing this policy</p>			
<p>3. Have you considered other sources of information such as; legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.? If 'No', why not?</p>	Yes	No	√
<p>Sources of Information may include:</p> <ul style="list-style-type: none"> Feedback from equality bodies, Care Quality Commission, Equality and Human Rights Commission, etc. Investigation findings Trust Strategic Direction Data collection/analysis National Guidance/Reports 	<ul style="list-style-type: none"> Staff grievances Media Community Consultation/Consultation Groups Internal Consultation Research Other (Please state below) 		
<p>4. 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>Yes – Please describe the engagement and involvement that has taken place</p>			
<p>No – Please describe future plans that you may have to engage and involve people from different groups 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