Infection Prevention and Control – Sharps Procedure

(incorporating Sharps Safety, Community Sharps Management and Inoculation Injury Procedures)

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<tr>
<td>Name of originator/author:</td>
<td>Lead Nurse – Infection Prevention and Control 07553 383 796</td>
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<td>Name of responsible committee:</td>
<td>Clinical Governance Committee</td>
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<td>Name of executive lead:</td>
<td>Director of Nursing and Therapies</td>
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<td>MMHSCT Policy Code</td>
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# Infection Prevention and Control – Sharps Policy (incorporating Sharps’ Safety, Community Sharp, Management and Inoculation Injury Procedures)

**Lead Executive Director**

Director of Nursing and Therapies

**Author and Contact Number**

Lead Nurse, Infection Prevention and Control – 07553 383 796

**Type of Document**

Policy

**Broad Category**

Clinical

**Document Purpose**

This policy provides a clear, evidence-based framework to ensure safe practice when sharps are used, thereby minimising injuries caused by contaminated sharps. It is applicable to all staff who handle sharp items during the course of their employment, and applies at all times, in all situations.

### Scope

Trust Wide

**Version number**

V2

### Consultation

Infection Prevention and Control Committee

### Approving Committee

Clinical Governance Committee

**Approval Date**

January 2013

### Ratification and Date

Trust Management Board

**Date of Ratification**

February 2013

V1 Valid from Date

2009

**Current version is valid from approval date**

Date of Last Review

January 2013

Date of Next Review

February 2016

### Procedural Documents to be read in conjunction with this document:

- Training Needs Analysis
  - There are no Training requirements for this procedural document
  - Click here to enter text.

- Financial Resource Impact
  - There are no Financial resource impacts
  - Click here to enter text.

### Document Change History

*Changes to this document in different versions must be detailed below. Rationale for the change should also be given.*

<table>
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<th>Version Number / Name of procedural document this supersedes</th>
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### External references used in the creation of this document:

If these include monitoring duties upon the Trust for this policy the specific details should be recorded on the [Monitoring and Compliance Requirements sheet](#).

### Privacy Impact

N/a

Any issues? Choose an item.
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Policy authors are asked to consider each of the nine protected characteristics under the Equality Act 2010. We expect you to demonstrate that throughout the policy process you have had regard to the aims of the Equality Duty:

1. Eliminate unlawful discrimination, harassment and victimisation and any other conduct prohibited by the Act;
2. Advance equality of opportunity between people who share a protected characteristic and people who do not share it; and
3. Foster good relations between people who share a protected characteristic and people who do not share it.

Please provide a brief account of how you have done this, further work to be completed and any support you have had in considering the aims and working in compliance with the Equality Duty.

If you are unclear on how to do this or would like further advice and support then you may contact quality.admin@mhsc.nhs.uk.

It is the responsibility of the approving group to ensure this statement reflects the Trust's objectives and position with compliance as set out within the NHS Equality Delivery System.

There are no particular issues with Equality and Diversity in relation to this procedure, all staff and patients are equally considered.

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<th>In line with the Trust values we may publish this document on our External Website. Is there any reason you would prefer this is not done?</th>
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It is the Authors responsibility to ensure all procedural documents comply with the Trust values

If you are unclear on any of the requirements in the document control sheet then please email quality.admin@mhsc.nhs.uk before proceeding
**Monitoring and Compliance Requirements Sheet**

For audit, Registration and NHSLA purposes all procedural documents must have monitoring requirements or key performance indicators set by the authors, Committees or Lead Directors. This allows the Trust to routinely monitor the effectiveness and impact of their procedural documents on a regular basis.

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NB: If you have selected audit you should complete the required audit registration form and standards document and submit these with your expected timescales for completing the audit to quality.admin@mhsc.nhs.uk as soon as possible and no later than 4 weeks prior to the audit commencing.

The Group / Committee should also ensure the monitoring work is added to their yearly schedule of monitoring and action logs as appropriate.
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Have you considered using a flowchart in your document to provide easy reference for staff? If you need support in developing a flowchart contact quality.admin@mhsc.nhs.uk
Part A Sharps’ Safety

1 Introduction

1.1 Syringe needles, scalpel blades and many other sharp devices are routinely used as part of healthcare practice in acute and primary care settings. Every year numerous staff sustain injuries from contaminated sharps. These injuries pose a significant risk to the physical and mental health of the staff member, cost the healthcare organisation time and resources, and have the potential to result in costly litigation.

1.2 A sharps injury is defined as an injury where a needle or other sharp object, contaminated with blood or other body fluid, penetrates the skin. This also includes human bites and scratches that break the skin.

1.3 This policy provides a clear, evidence-based framework to ensure safe practice when sharps are used, thereby minimising injuries caused by contaminated sharps. It is applicable to all staff who handle sharp items during the course of their employment, and applies at all times, in all situations.

2 Background

2.1 Studies suggest that approximately 100,000 sharps injuries occur every year in the UK [1]. It has been recognised for some time that many injuries go unreported, so this is an underestimate of the total number.

2.2 Healthcare workers have contracted blood-borne viruses (Hepatitis B, Hepatitis C and HIV) as a result of a sharps injury. Several have died, and many more have suffered severe health consequences.

2.3 The vast majority of sharps injuries are avoidable, and occur when sharps are handled or disposed of in an unsafe manner. Staff must follow this policy in order to minimise the likelihood of sharps injuries occurring.

3 Duties and responsibilities of all staff

3.1 Chief Executive

The Chief Executive has ultimate responsibility to ensure that the prevention and control of healthcare associated infection and safe Sharps management is addressed according to Department of Health directives. This responsibility is delegated to the Director of Infection Prevention and Control (DIPC) who in turn delegates it to the Lead Nurse Infection Prevention & Control. The Trust Board is responsible for ensuring that a robust system is in place and there is a clear line of accountability.

3.2 Director of Nursing & Therapies

The Director of Nursing & Therapies is responsible for the organisational adoption of the policy for the safe management of sharps, inoculation incidents and post
exposure prophylaxis and will take the lead as the designated Director for Infection Prevention and Control (DIPC).

3.3 **Lead Nurse Infection Prevention & Control**

The IPC lead is responsible for the preparation and implementation of infection prevention & control policies and guidelines and is responsible for giving expert advice and training related to all infection prevention and control practice. The Lead Nurse is responsible for ensuring that the policy is raised and reviewed at the Infection Prevention & Control Committee to ensure evidence based guidelines are available for all staff. The Lead Nurse is also responsible for working with the DIPC to develop organisational strategy for Infection Prevention and Control. The Lead Nurse is responsible for liaising with Occupational Health Departments and the Trust Health and Safety Advisor as necessary.

3.4 **Ward Managers, Care Group Managers, Rehabilitation and Recovery Managers/ Matrons/Team Leaders/Service Managers**

Managers are responsible for ensuring that all staff are familiar with the policy and that the management of sharps and the importance of dealing with inoculation incidents according to policy is carried out in their areas in accordance with Trust policy.

3.5 **All Staff**

All clinical staff must ensure they have read and understood the policy and incorporate the guidance on Sharps safety into their clinical practice. They should be aware of their role in the prevention of inoculation injuries and what to do if an inoculation injury occurs.

4 **Safe Sharps Practice**

4.1 The use of sharps must be avoided where possible. When their use is essential, particular care is required in handling, transporting and disposal.

5 **Safe Handling**

Sharps must always be handled carefully, in accordance with the following principles;

5.1 Do not re-sheath used needles

5.2 In exceptional circumstances, if resheathing **CANNOT** be avoided, use a specific needle resheathing/removing device

5.3 Always get help when using sharps with a confused or agitated patient

5.4 Never pass sharps from person to person by hand – use a receptacle or 'clear field' to place them in

5.5 Never walk around with sharps in your hand

5.6 Never leave sharps lying around – dispose of them yourself

5.7 Dispose of sharps at the point of use – take a sharps bin with you
5.8 Dispose of syringes and needles as a single unit – do not remove the needle first

5.9 Use needleless intravenous devices and safer needle systems whenever possible, where available

6 Use of Sharps Bins

6.1 Sharps must only be disposed of in designated sharps bins that meet the requirements of the British Standard: BS 7320 (1990)

6.2 Always assemble sharps bins correctly
   6.2.1 Lid on properly
   6.2.2 Label completed
   6.2.3 Placed in suitable, safe location

6.3 Ensure sharps bins are of an appropriate size for the clinical activity – do not select excessively large sharps bins, or those that are too small for the size needle/syringes you use

6.4 Sharps bins must be available at the point of use of the sharp – they must be taken to the bedside, placed on drug and cardiac arrest trolleys, and be carried by all staff who use sharps as part of their work in the community

6.5 Wall and trolley brackets must be used, as appropriate

6.6 Sharps bins must be located at approximately waist height, and never placed on the floor, on top of high surfaces, or where children or confused adults can tamper with them

6.7 Between uses use the temporary closure device on the bin to prevent accidental spillage of sharps if the bin is knocked over

6.8 Always carry a sharps bin by the handle, or using the carry tray provided for smaller bins – never place it against your body

6.9 Never overfill a sharps bin – replace it when filled to the line marked

6.10 Ensure sharps bins are closed and locked before disposal, and complete the label on the bin

6.11 Do not place sharps containers in yellow bags for disposal – community staff may place them inside a clear plastic bag during transport in their vehicles in order to prevent leakage

6.12 Used sharps bins must be stored in a locked, segregated cupboard or clinical waste bin provided for the purpose

6.13 It is advisable to use a near patient sharps’ disposal (NPSD) and take the sharps’ bin to the patient’s bed area (Appendix 1)
7 Safety Devices

7.1 Many sharps injuries can be avoided by adherence to the principles of safe practice. However it is recognised that some injuries are complete accidents. It is possible to reduce the risk of these happening by the use of safety devices.

7.2 These are devices that incorporate a built-in safety feature in their design, which is intended to reduce the risk of sharps injury. An integrated safety feature is part of the basic design of the device that cannot be removed. A passive safety feature is one that does not require the user to activate it, and remains effective before, during and after use.

7.3 It is the responsibility of managers to ensure that staff use safety devices whenever possible. Managers must consider the supply of safety devices in preference to standard devices wherever possible. In areas where there are assessed to be higher infection risks, safety needles must be used for venepuncture and other procedures.

8 Actions in the event of a sharps injury/Incident Reporting Arrangements

(Flow Chart Appendix 2)

1 Perform simple first aid measures:
   - Encourage wound to bleed if appropriate (do not put into mouth)
   - Wash the wound in soap and warm running water (do not scrub)
   - Cover the wound with a waterproof dressing
   - Body fluid splashes must be washed from eyes/mouth with copious amounts of water

2 Ensure the ‘sharp’ is disposed of safely into a sharps container
3 Report the incident to the immediate supervisory/line manager.
4 An Datix report must be completed as soon as the recipient is able.
5 Report the incident to the Occupational Health Department
   - North Occupational Health = 0161 720 2727
   - Central Occupational Health = 0161 276 4289
   - South Occupational Health = 0161 291 4209
6 Out of Hours attend the Accident and Emergency Department
PART B Community Sharps Management

9 Introduction

The purpose of the Community Sharps Management is to provide an integrated and holistic approach to managing sharps in the Manchester Mental Health and Social Care Trust (MMHSCT), that meets community expectation, facilitate community partnership, supports the corporate objectives, and that complies with Government policy and legislation. The formulation of this community sharps’ management plan provides MMHSCT with an opportunity to facilitate innovative and responsive approaches to reducing the risks associated with inappropriate discarded sharps, and build community capacity by providing appropriate information to better inform the community and to alleviate any unnecessary level of anxiety from misconceptions. A community sharps management plan will assist in defining the appropriate roles in the collaborative effort of building a safer and better informed community.

All sectors of our community are faced with potential risks from sharps, from residents and visitors enjoying the community open spaces, to employees carrying out their duties. Sharps are used by a diverse range of people in the community including people with diabetes, home-based medical patients, professional businesses and illicit drug users. On this basis it is recognised that sharps are generated by the wider community and as such, require appropriate management practices.

10 What are Community Sharps?

‘Community Sharps’ are considered to be those needles, syringes and lancets used by members of the community for the administration of drugs and supplements, or for the testing of specific physiological parameters such as blood sugar levels and giving Depot injections. Due to an increasing population and new patients being diagnosed with illness that requires medication by injection, there will be an ongoing need to provide and encourage the use of community sharps services.

11 The Risks Associated with a Lack of Sharps Management Programs

Inappropriate disposal of sharps can have community impacts such as:

- Re-use of potentially contaminated injecting equipment;
- Potential cause of injury and infection, from needle stick injury (NSI) to the community;
- Public perceptions of public domain safety and cleanliness;
- Emotional trauma associated with the possibility of disease transmission;
- Adverse local, regional, state and national publicity;
- Higher risk of exposed sharps being discarded in unwanted locations such as in community settings, waste bins and flushed down toilets, with a risk of needle stick injury to the community and workers;
- A potentially infectious waste stream generated outside a medical setting;
- Deterioration in employee relations;
- Potential for litigation; and
- Environmental nuisance.
It is important to note that, discarded sharps can generate a level of fear in the community that is disproportionate to the actual risk posed by the presence of discarded sharps. The risk of infection following a needle stick injury (NSI) outside a medical setting is low. This is not to say that it cannot happen, simply that the probability is low.

12 Sharps Disposal and Collection

The Community Sharps Management Plan embodies MMHSCT commitment to the principles of risk management and due diligence. The trust has a clear moral, common law and legislative duty of care to employees and the community to respond quickly to inappropriate sharps disposal. It is important that the community dispose of the sharps in an appropriate manner by placing in a secured, rigid-walled, puncture resistant container that is preferably placed in a community sharps containers disposal bin.

To effectively manage the collection and disposal of sharps, a broad range of services and facilities need to be provided. There are a number of existing sharps disposal facilities throughout MMHSCT. Used sharps’ containers are placed in a container in a lockable cupboard in all these sites and are then collected by an outside company.

13 Management of Sharps for Community Staff

Community staff that need to transport sharps boxes in their cars must carry them in the boot where they are out of sight. Sharps’ bins must be placed in a secure bag. The aperture of the bin must be temporarily closed. The bins must be as small a capacity as possible, for example Frontiers 1L capacity bin. The recommended bag is detailed on the IPC website under order details.

The Health and Safety Executive is concerned about needlestick injuries reported by a car leasing company which employs servicing and valeting personnel. The injuries were caused by used, loose and unprotected hypodermic needles (sharps) left in lease or ex-lease vehicles used by clinical staff.

The reported incidents highlight that passengers and drivers are also at risk. Clinical staff may use their own private vehicle at work, so the problem is not limited to lease vehicles.

Sharps have been found underneath and down the backs and sides of seats as well as in carpets, boot spaces and spare wheel wells. It is suspected that these situations arose as a result of failure to clear up properly after spills from un-secured sharps containers.

In addition, an incident has been notified in which a vehicle repairer found a mass of debris including sharps when repairing a car that had been involved in a collision. Consequently, tidying a car only before a planned service, etc. cannot be considered as adequate risk control.
The risks to health following a needle stick injury are widely known, fully documented and include the emotional effects of the treatment regime and waiting for the results of tests for infectious diseases.

Healthcare organisations are responsible for setting safe systems of working and healthcare staff are responsible for following them. Failing to take adequate precautions to protect oneself and others from the risk of needlestick injury is potentially both a disciplinary issue and a criminal offence under health and safety legislation.

Healthcare staff who travel in the community and carry sharps (used or unused) in the course of their work should follow a safe system of working at all times, in line with their local clinical and waste disposal policies. Sharps should always be stored safely and securely.

Staff should ensure that they

• dispose of sharps immediately after use in a sharps receptacle, use the temporary closure mechanism and secure the container in the vehicle to avoid tipping;
• follow instructions for the assembly and use of sharps containers, including the use of lid closing and locking mechanisms;
• report any lid closing and locking mechanisms problems so that the suitability of the container can be reviewed;
• check the container at the end of each shift to ensure no sharps have been dropped or spilled in the vehicle. If sharps have been spilled, do not use the affected area and, if necessary, the whole vehicle until made safe;
• report any difficulty following a safe system of working.

13.1 **Personal Protective Equipment (PPE)**

Personal protective equipment must be used appropriately following a risk assessment

Gloves must always be worn whenever contact with blood is anticipated. Although wearing gloves will not prevent injury, the wiping effect of a glove on a needle may reduce the volume of blood to which the hand is exposed, thereby reducing the volume inoculated and the risk of acquiring a blood borne infection.

Closed footwear must be worn wherever sharps are in use as there is a risk of dropping sharp instruments or other items and causing injury.

Always cover broken skin with a waterproof dressing

13.2 **Training and Education**

This is managed and monitored through the Training needs analysis by the Education and Training department.
13.3 **Giving Injections**
Always wash hands thoroughly prior to giving an injection. If the patient's skin is visibly dirty, it must be cleaned. If skin is clean, this step is not necessary. Venepuncture and injections must be carried out only by staff who are adequately trained and experienced. **For occupationally acquired sharps injuries refer to Appendix 2.**

14 **Auditing of Sharps Management in the Community**
The sharps' audit must be performed to demonstrate that good infection and prevention and control practices are being followed and to identify any areas which require improvement. Audit provides the opportunity to improve our clinical practice. Performing regular audits will raise staff awareness of infection prevention and control issues. This should result in improvements in sharps' management. Audit results should demonstrate continuous improvements in practice. Feedback should motivate staff to achieve even better results. The community sharps' audit (Appendix 3) should be undertaken once a month by the community team leaders and results should be feedback to the audit officer at Trust Head Quarters.
Part C Process for the Management of Inoculations Incidents and Post Exposure Prophylaxis

15 Control Measures

Any staff working in a healthcare facility who handle ‘sharps’ or clinical waste must receive a full course of Hepatitis B vaccine and have their antibody level checked.

New staff or any existing staff who know they are not already protected must contact their occupational health department to arrange vaccination without delay.

16 Definition of an Inoculation Injury

- Inoculation of blood by a needle or other ‘sharp’ i.e. skin prick
- A human bite where blood is drawn
- Contamination of broken skin with blood i.e. cuts or abrasions
- Blood splashes to mucous membrane e.g. eyes or mouth
- Swallowing a person’s blood e.g. after mouth to mouth resuscitation

17 Risk of Transmission of Blood Borne Pathogens

The risk of transmission of blood borne pathogens following a single needle stick injury from a positive source is estimated to be:

- Hepatitis B Virus (HBV) 33.3% (1:3)
- Hepatitis C Virus (HBC) 3.3% (1:30)
- Human Immunodeficiency Virus (HIV) 0.31% (1:310)

In order to reduce the risk the following recommendations must be strictly adhered to:

- Sharps must not be passed directly from hand to hand, and handling to be kept to a minimum.
- Needles must not be re-sheathed, bent or broken before use or disposal
- All disposable sharps must be placed in a sharps container that complies with national standards.
- It is good practice to take the disposable sharps box to the point of use.
- Injection trays with integral sharps boxes are to be used to prevent inoculation injuries.

In the event of an inoculation injury or a contamination incident a risk assessment must be performed. This will be carried out by Occupational Health or Accident and Emergency and determine the need for post exposure prophylaxis.

18 Confidentiality

18.1 Occupational Health Physicians and Clinicians involved in the care of Healthcare Workers are encouraged to report occupational exposure to HIV (in complete
confidence) to the Communicable Disease Surveillance Centre (CDSC). This will aid in assessing:

- The size of the problem and degree of risk can be quantified
- Working practices and procedures which are particularly risky may be identified
- The side effects and benefits of Post Exposure Prophylaxis may be assessed.

18.2 In the event of exposure to HIV, employers are required to report the event to the Health and Safety Executive (HSE) under the Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) Regulations 1995. See Appendix 2

18.3 Any or all of the above reporting mechanisms retain total confidentiality.

For further advice please contact

North Occupational Health = 0161 720 2727  
Central Occupational Health = 0161 276 4289  
South Occupational Health = 0161 291 4209

19 Monitoring, evaluation, review, assurance and audit of this Policy

19.1 This policy will be subject to review every two years or more frequently if legislation or authoritative guidance changes.

19.2 The Infection Control team will review and evaluate its activities and performance in line with the Health Act 2008

19.3 This policy will be audited annually using the Infection Prevention and Control Audit Tool. The Infection Prevention & Control Team will carry out the above audit.

19.4 Incidents of needlestick injuries will be monitored and reported to the Clinical Governance Committee on a monthly basis.
20 Process for MONITORING Compliance Pro forma

Document Title: Standard 3 - Criterion 5: Inoculation Incidents

NHSLA Criterion **All organisations**: The organisation has an approved documented process for managing the risks associated with **inoculation incidents** that is implemented and monitored.

<table>
<thead>
<tr>
<th>NHSLA minimum criteria</th>
<th>Page/Section/Stage reference in Policy</th>
<th>Who will monitor?</th>
<th>What format will monitoring take?</th>
<th>How often / frequency?</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. process for the management of an inoculation incident</td>
<td>8.0 (and Appendix 2 Procedure to follow after sustaining an inoculation injury)</td>
<td>Clinical Governance Committee</td>
<td>Annual Report</td>
<td>Annual</td>
</tr>
<tr>
<td>b. process for the management of prophylaxis</td>
<td>8.0 (and Appendix 2 Procedure to follow after sustaining an inoculation injury)</td>
<td>(to be decided upon by Health &amp; Safety)</td>
<td>?</td>
<td>?</td>
</tr>
</tbody>
</table>

21 Training Needs Analysis

21.1 This policy is included in the Training needs analysis which details who is required to attend training around Sharps management.

22 Reporting procedures

All Sharps injuries are required to be reported via Datix. This information is then reported bi-monthly to Infection prevention and Control Committee and Health and Safety Committee and monthly to Clinical Governance Committee.

All Sharps injuries are reported in the Infection prevention and Control annual report.
Appendix 1

Procedure to Follow When Using a Near Patient Sharps’ Disposal

Near Patient Sharps Disposal™ & HTM 07-01

How does it work?

Point 1: Selection & Preparation
Select the correctly coloured container and tray for the procedure.

Point 2: ‘Point of Use’
Take the container and tray to the point of use. Using an NPSD™ system helps to prevent needlestick injuries by eliminating unnecessary transportation of unsecured sharps.

Point 3: Clinical Waste Disposal
Dispose of sharps waste into the sharps container and non-sharps waste into clinical waste sack in accordance with waste policy. Correct segregation helps to reduce the cost of disposal.

Point 4 & 5: Temporary/Final Closure & Preparation
Ensure container is placed in temporary closure position in preparation for further procedures. (Engage final closure and dispose of if full) Clean tray according to local infection control policy.

NON-SHARPS WASTE Dispose of into a WASTE SACK
In accordance with your waste policy.
Appendix 2

Procedure to Follow After Sustaining an Inoculation Injury

INOCULATION INJURY

First Aid Measures

BLEED IT – Encourage wound to bleed IMMEDIATELY

WASH IT – Wash area with soak and running warm

Apply a waterproof dressing

Splash injuries must be washed from eyes/mouth

REPORT IT – Notify Supervisor/Line Manager

Complete DATIX form

Attend Occupational Health Department/A&E
Out of Hours Assessment will be made regarding post exposure prophylaxis

NORTH OCCUPATIONAL HEALTH – 0161 720 2727
CENTRAL OCCUPATIONAL HEALTH - 0161 276 4289
SOUTH OCCUPATIONAL HEALTH – 0161 291 4209

RIDDOR form is completed by Ward/Department

RIDDOR form then sent to HSE (Email/fax number and postal address are listed on the form) A copy to be sent to Bernadette Bailey – Health and Safety Advisor
### Sharp Handling and Disposal

**Standard:** Sharps will be handled safely to prevent the risk of needle stick injury.

<table>
<thead>
<tr>
<th></th>
<th>Comments</th>
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<tbody>
<tr>
<td>1</td>
<td>The bins are in use comply with national standards (UN3291, BS7320) /1</td>
</tr>
<tr>
<td>2</td>
<td>Bins have not been filled above the fill line /1</td>
</tr>
<tr>
<td>3</td>
<td>Bins are free from protruding sharps /1</td>
</tr>
<tr>
<td>4</td>
<td>All bins have been assembled correctly /1</td>
</tr>
<tr>
<td>5</td>
<td>Needles and syringes are discarded into a sharps bin as one unit /1</td>
</tr>
<tr>
<td>6</td>
<td>Sharps are disposed of directly into a sharps bin at the point of use /1</td>
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<tr>
<td>7</td>
<td>Clean sharps trays with integral sharps bins are available to ensure that sharps are disposed of at the point of use /1</td>
</tr>
<tr>
<td>8</td>
<td>The temporary closure mechanism is used when bins are not in use /1</td>
</tr>
<tr>
<td>9</td>
<td>All sharps bins are labelled and signed according to hospital policy /1</td>
</tr>
<tr>
<td>10</td>
<td>There is no inappropriate objects in the sharps’ bins (i.e. paper, string, pens)</td>
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<tr>
<td>11</td>
<td>Once full the bin aperture is locked /1</td>
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<tr>
<td>12</td>
<td>Staff are aware of the correct action to take following a needle stick injury (Ask 3 members of staff) /3</td>
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<tr>
<td>13</td>
<td>Sharps bins are stored safely after use, away from the public, out of reach of children. In a locked cupboard. /1</td>
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<tr>
<td>14</td>
<td>There is a procedure in place for removals of sharps’ bins from the premises (i.e. once a week/once a month) /1</td>
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<tr>
<td>15</td>
<td>There is a poster available on what to do in the event of a needle-stick injury /1</td>
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**Section 6 score is /15**

\[
\text{i.e. if you have scored } 12 \text{ out of } 15 = \frac{12 \times 100}{15} = 80\%
\]

**SCORE =**
<table>
<thead>
<tr>
<th>Action Required</th>
<th>Responsible Person</th>
<th>Time frame</th>
<th>Completed On</th>
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Once completed e-mail your audit scores and Action Plan (Keep a copy) to: karen.keighley@mhsc.nhs.uk

References

If you need to have this information translated into another language please contact the Mental Health Linkwork Scheme on 0161 276 5269 or e-mail linkworkers.mentalhealth@nhs.net. If you require it in larger print, Braille, audio or other formats please contact the Communications Team on 0161 882 1093 or e-mail communications.admin@mhsc.nhs.uk