

## PROFORMA

**Title of document:**

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**Author:**

(Name &amp; Position)

**Search Engine Keywords:**

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**Related links:**

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**Description:**

Sharps Safety: Policy

Consultant Nurse, Infection Control

infection; control; sharp; needle; stick; needlestick; injury

Infection Control SUHTranet Pages

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.

Infection Control Strategic Committee

**Final Validation Committee:****Date agreed:**

(can be manually added when document validated)

Sep-03

**Date sent to Policy**

Oct-05

**Administrator:**

(can be manually added when document validated)

Director of Nursing &amp; Patient Services

**Accountable Officer:**

(Name &amp; Position)

**Responsible Officer:**

(Name &amp; Position)

Consultant Nurse Infection Control

**Directorates who use the document:**

All Clinical Directorates

**Highlighted to:**

(Key staff, Departments, Directorates)

All relevant staff

**Date doc. implemented in****SUHT:**

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Sep-07

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September 2005

**Details of most recent review:**

(Outline main changes made to document)

The responsibility of managers for the provision of safety devices is now highlighted more clearly (6.3).

**Signature of Chairman of Validation Committee:****Print Name:****Post Held:** Director of Nursing & Patient Services

SHARPS SAFETY POLICY

**1.0 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.
- 1.4 Any queries relating to this policy should be addressed to:  
SUHT Infection Control Team  
Community Infection Control Service:

**2.0 Background**

- 2.1 Recent 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. Locally, approximately 1 sharps injury per day is reported to the SUHT and Community Occupational Health Departments.
- 2.2 UK data suggests that the cost of dealing with each injury in accordance with national guidance is between £1500-3000 [2]. In addition personal injury claims for sharps injuries have increased dramatically. Recent examples include a junior doctor who was awarded £465,000 after a sharps injury involving a clean needle, and an operating assistant awarded £58, 000 because he was traumatised by the blood testing and wait for results that follows a sharps injury.

*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 should follow this guidance in order to minimise the likelihood of sharps injuries occurring.

**3.0 Safe Sharps Practice**

- 3.1 The use of sharps should be avoided where possible. When their use is essential, particular care is required in handling and disposal. If possible, use safer sharps devices.

**4.0 Safe Handling**

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

- 4.1 Do not re-sheath used needles
- 4.2 In **exceptional** circumstances, if resheathing **CANNOT** be avoided, use a specific needle resheathing/removing device

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- 4.3 Always get help when using sharps with a confused or agitated patient
- 4.4 Never pass sharps from person to person by hand – use a receptacle or ‘clear field’ to place them in
- 4.5 Never walk around with sharps in your hand
- 4.6 Never leave sharps lying around – dispose of them yourself
- 4.7 Dispose of sharps at the point of use – take a sharps bin with you
- 4.8 Dispose of syringes and needles as a single unit – do not remove the needle first
- 4.9 When transporting a blood gas syringe, remove the needle using a removal device and attach a blind hub prior to transport
- 4.10 Use needleless intravenous devices and safer needle systems whenever possible, where available

### **5.0 Use of Sharps Bins**

- 5.1 Sharps must only be disposed of in designated sharps bins that meet the requirements of the British Standard: BS 7320 (1990)
- 5.2 Always assemble sharps bins correctly
  - 5.2.1 Lid on properly
  - 5.2.2 Label completed
  - 5.2.3 Placed in suitable, safe location
- 5.3 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
- 5.4 Sharps bins should be available at the point of use of the sharp – they should 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
- 5.5 Wall and trolley brackets should be used, as appropriate
- 5.6. 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
- 5.7 Between uses use the temporary closure device on the bin to prevent accidental spillage of sharps if the bin is knocked over
- 5.8 Always carry a sharps bin by the handle, or using the carry tray provided for smaller bins – never place it against your body
- 5.9 Never overfill a sharps bin – replace it when filled to the line marked
- 5.10 Ensure sharps bins are closed and locked before disposal, and complete the label on the bin

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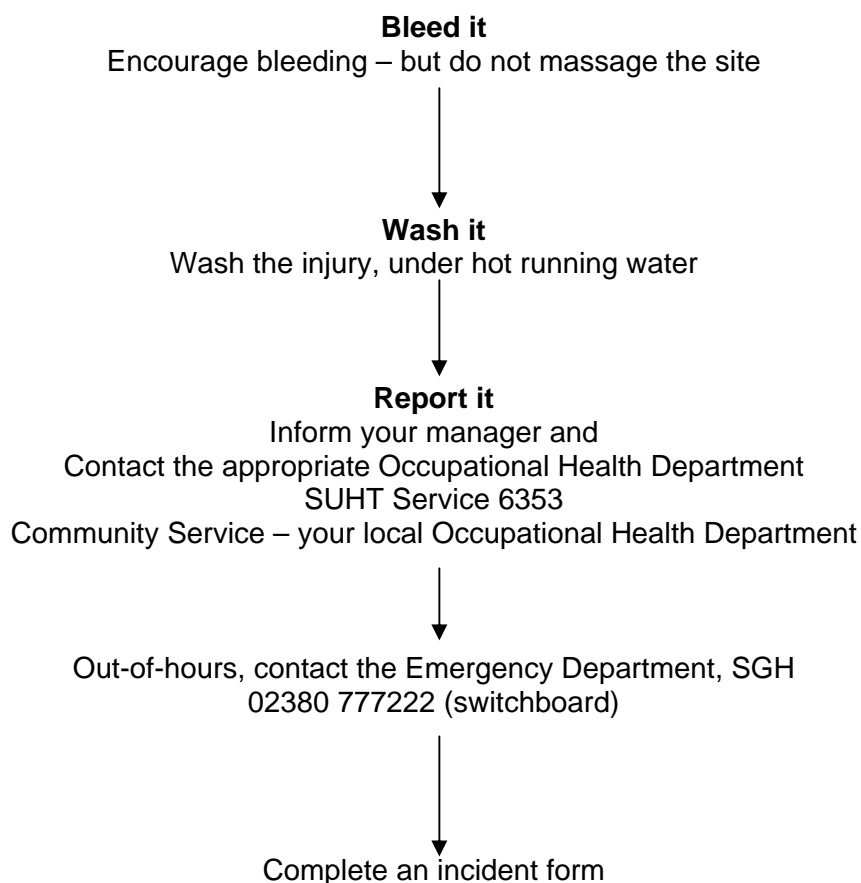
- 5.11 Do not place sharps containers in yellow bags for disposal – community staff may place them inside a clear plastic bag during transport in their vehicles in order to prevent leakage
- 5.12 Used sharps bins must be stored in a locked, segregated cupboard or clinical waste bin provided for the purpose

### 6.0 Safety Devices

- 6.1 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.
- 6.2 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.
- 6.3 It is the responsibility of managers to ensure that staff use safety devices whenever possible. Managers should 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 should be used for venepuncture and other procedures.

### 7.0 Actions in the event of a sharps injury

If a sharps injury does occur, the following action must be taken **IMMEDIATELY**:



More detailed guidance can be found in the following policies:

- The Management of Sharps Injuries (SUHT Occupational Health Service)
- Needlestick (Sharps) Inoculation Contamination Incidents (Community Occupational Health Service)

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### **8.0 References**

1. Infection Control Nurses Association (2003) Reducing sharps injury: prevention and risk management. Bathgate. Fitwise
2. Scottish Executive (2001) Needlestick injuries: Sharpen your awareness: Report on the short life working group on needlestick injuries in the NHS Scotland. Scottish Executive.

**Version: RATIFIED TRUST POLICY**

**Date: September 2003**

**Reviewed: September 2005**

**Review Date: September 2007**

APPROVED

POLICY

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