Safe Use of Sharps in Healthcare

Selection and Ordering Protocol

This document should be read in conjunction with

**NHSGGC Safe Use of Sharps in Healthcare Policy 2017 & Guidance for Managers and Staff**

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<tr>
<th>Lead Manager</th>
<th>Kenneth Fleming - Head of Health and Safety</th>
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<tr>
<td>Responsible Director</td>
<td>Anne MacPherson - Director of Human Resources and Organisational Development</td>
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<td>Approved By</td>
<td>Health and Safety Forum</td>
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1 Statement of Intent

The policy of NHS Greater Glasgow and Clyde (NHSGGC) is to ensure the provision of safe and reliable systems of work in respect of the use of clinical sharps. It is NHSGGC policy to recognise the dangers of working with clinical sharps and to ensure that procedures are rigidly adhered to, in order to prevent adverse incidents.

The purpose of this document is to detail the procedures adopted by NHSGGC to ensure that working with clinical sharps within NHSGGC premises is carried out to the highest standards of Health & Safety in particular the selection and Procurement of clinical sharps.

To protect employees and others from the hazards inherent in the use of clinical sharps and to ensure that all activities involving a clinical sharp are conducted in a manner that does not jeopardize employee or other persons health and safety. NHSGGC will comply with the relevant Statutory Regulation. Health and Safety (Sharps Instruments in Healthcare) Regulations 2013.

2. Procedure for selection of Sharps Devices

Clinical Procedure/ Practice requires the Use of a Clinical sharp

YES

Where it is reasonably practicable to do so medical sharps should only be of a ‘safe sharp’ type?

NO

Is a ‘safe sharp’ available to order?

YES

Order “safe sharp” device with the following criteria:
1. Suitable and Sufficient Risk Assessment is in place.
2. Written arrangements for safe working practices are in place
3. Both have been communicated to ALL staff.
4. All staff have been suitably trained.

Appropriate Non Safe Clinical Sharp can be ordered with the following criteria:
1. Suitable and Sufficient Risk Assessment is in place.
2. Written arrangements for safe working practices are in place
3. Both have been communicated to ALL staff.
4. All staff have been suitably trained.

Where a “Safe Sharp” device is available but for clinical practice reasons /concerns cannot be used and Non Safe Clinical Sharp can be ordered with the following criteria:
1. A suitable and sufficient Risk Assessment has been completed. This details why a ‘safe sharp’ cannot be used and also all parts of the box above for Non Safe Sharp have also been completed.
2. The completed Risk Assessment must be sent to:
   • Needlestick Injury Reduction Group (NIRG).
   • The NIRG will then send to The Dressings and Sundries Steering Committee.

Once the Needlestick Injury Reduction Group and the Dressings and Sundries Steering Committee approve the RA, Procurement will be informed and will only then process orders for non safe devices for nominated areas.
3. Responsibilities

3.1 Procurement

1) To ensure the supply of safe devices where these have been agreed on national contract.

2) To provide data on procurement and supply of safe and non-safe sharps by speciality on a quarterly basis.

3) To ensure that systems are in place to prevent areas receiving non-safe sharps if these have not been authorised by the Needlestick Injury Reduction Group and then the Dressings & Sundries Steering Committee.

4) To agree a date with the Needlestick Injury Reduction Group and the Dressings & Sundries Steering Committee, whereby the access to non-safe sharps through the ordering process will be restricted.

3.2 Role of managers

1) To ensure local compliance with this document through local ordering and risk assessment processes.

2) To ensure appropriate risk assessments are completed for the use of all sharps.

3) To ensure where possible that safe sharps are utilised in accordance with the Health and Safety (Sharps Instruments in Healthcare) Regulations 2013.

4) To ensure safe practice of use and disposal of sharps are utilised by all staff within their responsibility.

3.3 Role of employees

1) To utilise safe sharps where possible and indicated by local risk assessments.

2) If non-safe sharps use has been permitted, these must be used in accordance with safe systems of work as indicated in the local risk assessments.

3) Undertake e-learning in sharps management, as required, on a two yearly basis.

4) Staff must inform their line manager of any safety concerns regarding the use of safe or non-safe sharps.

5) Staff must report all near misses, incidents and injuries on Datix. This information will help to further develop or modify safe systems of work.

3.4 Role of Needlestick Injury Reduction Group and the Dressings and Sundries Steering Committee.

Both committees/groups will be responsible for confirming, based on a risk assessment submission, if non-safe sharps may be utilised, within a specific area, service or speciality, based on clinical requirements.

This information will be held by the NIRG and notified to Procurement on a monthly basis.
4. Monitoring

Monitoring of the progress of changing to the use of ‘safe sharps’ devices will be via the NHSGGC Needlestick Injury Reduction Group, and the Health and Safety Forum.

In addition to being able to review the data from Datix and the Occupational Health Service relating to Needlestick Injuries, the NIRG also receive a quarterly report from the Procurement Service detailing the order history of non safe and safety sharp devices by service areas.

End of document.