

# The Safe Use of Sharps in Healthcare – Guidance for managers and staff

This guide has been written to highlight the main requirements of the [Health and Safety \(Sharps Instruments in Healthcare\) Regulations 2013](#) (the Sharps Regulations) and how it applies in NHS Greater Glasgow and Clyde. This 'key points' document summaries guidance and policy documents from a number of sources across NHS GGC.

## Who does it affect?

The Sharps Regulations place an implicit duty on healthcare employers such as NHS GGC and any contractor working for that employer to co-operate and share information to manage the risks from the use of sharps. This includes where a person is at risk of a sharps injury while on the premises of or working under the management and supervision of the healthcare employer, for example:

- Facilities staff such as porters, domestics, maintenance personnel, catering etc;
- Bank nurses and other agency workers contracted to work in NHS GGC;
- NHS GGC clinical staff working in prisons, schools or other non-healthcare workplaces;
- Healthcare workers (HCWs) providing care to people in their homes; and
- Clinical placements or other workplace training under the management of NHS GGC.

## Legal Requirements

Under existing health and safety law there is the requirement to assess the risks from the use of sharps, before use and put in place appropriate control measures to manage the risk of sharps injuries from puncture wounds to cuts from scalpel blades and the associated risks of infection from blood-borne viruses or other biological agents. The NHS GGC [Generic Risk Assessment](#) form should be used for this purpose.

The Sharps Regulations follow the principles of the hierarchy of control set out in the Control of Substances Hazardous to Health Regulations (COSHH) to eliminate, substitute or otherwise control the risks from the use of sharps. Information on CoSHH and its application within NHS GGC is available by clicking this link [CoSHH Policy and Guidance](#)

The recapping of needles or re-sheathing of other types of sharps are a known cause of injury in the healthcare setting during the process where the sharp is held in one hand and the cap / sheath is held in the other. [This practice must not be carried out](#) unless in itself it is required to prevent another risk and would be subject to risk assessment. Devices such as needle blocks can be used to hold and remove the needle cap and allow safe one-handed recapping.

Any process where re-capping must take place for clinical reasons should be risk assessed. The risk assessment must detail the 'safe system of work' in place to minimise the risk of needlestick injury.

## **Hierarchy of Control**

### **Eliminate / avoid the use of sharps**

Sharps must only be used where they are required and where a safer sharps device is not available.

Examples include: suture needles and scalpel blades.

Where patients self administering medication may bring in their own sharps to hospital, then this issue will have to be considered in the risk assessment. HCWs must not administer the medication using the patient's own sharps devices where the patient has been assessed as competent to carry out this function for themselves. Patients in ward areas should be informed that where possible they self administer in the presence of the HCW so that they can be observed disposing of the sharps appropriately into the sharps container. This will minimise risk to other staff and patients. An internal Safety Action Notice on 'Risk of needlestick injury from patient self administration pens' was circulated in March 2016.

Patients may also be undertaking supplementary blood glucose monitoring with their own equipment and should be issued with hospital single use lancets for this and have access to a sharps container.

### **Substitute the sharp with a safer alternative**

Traditional, unprotected sharps must be substituted with a 'safer sharp' where reasonably practicable to do so, e.g. where the technology exists. Safer sharps are those which incorporate features or mechanisms to prevent or minimise the risk of injury and may include devices that are self activating or operator activated and slide or pivot to cover the needle after use. Self activating devices are preferential to operator activated as it does not rely on the worker to control the safety mechanism of the device.

The Needlestick Injury Reduction Group and Practice Development co-ordinate the trialling of safer sharps devices for use in NHS GGC and must consider the following factors for any safety devices:

- The device does not compromise patient care;
- The reliability of the device;
- The HCW must be able to maintain control over the procedure;
- Other safety hazards or sources of blood exposure that use of the device may introduce;
- Ease of use;
- Is the safety mechanism design suitable for the application? The following are relevant:
  - if activation of the safety mechanism is straightforward, it is more likely to be used;
  - if the safety mechanism is integral to the device (i.e. not a separate accessory) it cannot be lost or misplaced;
  - for many uses a single-handed or automatic activation will be preferable;
  - an audible, tactile or visual signal that the safety mechanism has been correctly activated is helpful to the user; and
  - the safety mechanism is not effective if it is easily reversible.

NHSGGC will continue to source and make available safer sharps equipment for use within our diverse clinical settings, as part of our current provision the undernoted equipment are the most commonly used devices.



SOL-CARE Safety Needle



Vacuette Safety Blood Collection Set + Luer Adapter



Vacuette Safety blood collection Tube Holder

- [Safety Hypodermic Syringe \(Sol-Care – Braun\)](#)
- [Vacuette Safety Blood Collection \(Bio-One - Greiner / Abbott\)](#)
- [Vacuette Safety Blood Collection Tube Holder \(Quickshield - Greiner / Abbott \)](#)

### Otherwise control the risk

If safety devices cannot be used, the risk must be controlled through the process of risk assessment, safe systems of work, personal protective equipment (PPE) and the information, instruction, training and supervision provided to the HCW.

If a safety device is available but cannot be used for clinical reasons, this must be risk assessed and documented within the Health and Safety Management Manual for the area, in addition a copy of the risk assessment should be sent to the Service Health and Safety Practitioner who will forward to the Needlestick Injury Reduction Group for their information and possible dissemination to other clinical areas in order to share means of learning or good practice.

It should be noted that in terms of preventing a sharps injury PPE such as nitrile gloves will not provide adequate protection from a sharp.

Vaccination is limited against Blood Borne Viruses and only Hepatitis B vaccination is available. All HCWs who have the potential to be exposed to blood and body fluids in NHS GGC are offered and strongly advised to have a Hepatitis B vaccination / check on their immune status.

### Sharps Containers

In NHS GGC a number of sharps incidents are due to inappropriate disposal after use therefore sharps containers must be:

- readily available and placed within the area of use such as wall mounted brackets or near patient disposal system (NPDS) trays for the HCW;
- available at the bedside for self-administering patients;
- readily available and appropriate for the HCW in the community to safely dispose of the sharp.

Sharps containers must be used appropriately as directed in the [Waste Management Policy and Guidance](#) and in relation to any [Infection Prevention and Control](#) requirements.

Points of note are:

- All sharps should be handled as little as possible and must be disposed of safely in the appropriate container **by the person using it at the time & at the point of use**;
- The temporary closure mechanism **must be** opened prior to the disposal of the sharp;

- Sharps containers must not be filled above the manufacturers marked line;
- Sharps containers should be dated on assembly and sealed and disposed of when the manufacturer's marked line is reached **or** within a set period identified through local risk assessment, whichever is soonest;
- Hands / fingers must not be placed in the sharps container to deposit or remove items;
- Be aware of the **colour coding** of sharps containers depending on the category of waste.



Options above showing 0.6L, 2L, 9L and 24L sharps containers. Below is the 3L with NPDS tray.



### Information, Instruction and Training

Information during induction and refresher training must be provided which covers:

- the correct use of safer sharps;
- safe use and disposal of sharps;
- what to do in the event of a sharps injury / near miss; and

- arrangements for [Health Surveillance](#) and other procedures.

Training in the use of new sharps products is initially provided by the manufacturer, then via Practice Development during Clinical Skills Update Sessions. For most devices a cascade system of demonstration is in place.

2 e-learning modules are available via [learnPro](#) entitled 'NES: Prevention-Management of Occupational Exposure', and GGC 'Occupational and non-occupational exposure'.

An example risk assessment is available via the Health and Safety Service website which includes information on sharps. This can be amended to suit the needs of your Service area.

### [Example Sharps Risk Assessment](#)

## **Arrangements in the event of a sharps injury**

These arrangements are set out in detail in the [Occupational Health Guidance](#) In brief staff should:

- Apply first aid to the wound by encouraging it to bleed, washing with warm soapy water and applying a dry clean dressing.
- Advise the manager of the incident / adverse event so that assessment forms A & B can be completed to establish the risk status of the source blood and an adverse event file can be completed.
- Attend the [Occupational Health Service](#) (Monday – Friday 0800-1800 hrs.) or the nearest Emergency Dept. out-with those times.

The Occupational Health Service will then determine what follow up plan will be undertaken with the person in terms of any post exposure prophylaxis or bloods taken.

## **Investigation of a sharps injury / near miss**

Any incident / adverse event investigation is about preventing recurrence but in order to do this, sufficient information must be provided on, e.g.:

- The type of sharp involved;
- The procedure being undertaken at the time;
- What body fluid was involved;
- Whether the injured person had been appropriately informed, instructed and trained and this was up to date.

The investigation should establish whether the existing control measures are adequate and in terms of root cause analysis what the immediate, underlying and root cause(s) were – proportional to the potential severity of the incident / adverse event, including near misses.

Adverse events reported include used / contaminated sharps found inappropriately discarded e.g. on bedside tables, windowsills, in waste bags, or sent to CDU. Although not all result in a sharps injury a good number do therefore it is also important to report, investigate and implement actions for both injuries and near misses.

Following investigation any deficiencies must be actioned in terms of information, instruction, training and potentially supervision to eliminate / reduce the risk of recurrence.

Further details on this are contained in the NHS GGC [Incident Management Policy](#)

## **Roles and Responsibilities**

### **Managers Responsibilities in their Area of Responsibility**

- To complete a risk assessment for the use and disposal of sharps taking into account self administering medication patients where required;
- Safe systems of work have been written and staff have been instructed on them;
- Ensure that all staff (including bank staff and others), through instruction are aware of the hazards, risks and control measures relative to the use of sharps;
- Ensure that staff use the safety devices advocated and made available in NHS GGC through monitoring of procedures;
- Ensure all staff have received training relative to sharps and it is up to date with appropriate records kept;
- All incidents / adverse events involving sharps whether causing injury or otherwise including near misses are reported via Datix;
- Incidents / adverse events are investigated following the process laid down in the NHS GGC [Incident Management Policy](#) and proportionally to the potential severity of the event taking into account the immediate, underlying and root cause to put in place appropriate control measures;
- Be assured that sharps waste is appropriately disposed of at point of use direct to a sharps containers via the correct waste stream;
- Ensure that patients who self administer medication with the use of sharps are identified and appropriate instruction and information is provided to them including a sharps container for use.

NB Managers must ensure they consider all potential people who could be exposed to a sharp from staff to bank staff, medical or nursing students, Porters, Domestic or other Facilities management personnel or those who may be more at risk such as those with health conditions who are immuno-compromised.

### **Employee Responsibilities**

- To follow and use the control measures identified in the risk assessment and instruction provided regards the safe system of work;
- To attend training and any updates or refreshers provided to maintain your skill level;
- Use the safety devices advocated and available in NHS GGC;
- Report any incidents / adverse events – injuries and near misses involving sharps via Datix and participate in any incident / adverse event investigations;
- Dispose of sharps waste at point of use direct to a sharps containers via the correct waste stream;
- Attend the Occupational Health Service following exposure to a contaminated sharp for support and or treatment post exposure.

Further information or advice is available from your local Health and Safety, Occupational Health or Infection Prevention and Control Teams respectively contact details can be found within your service Health and Safety Management Manual Contacts page.

End of guidance.