



Family Nursing & Home Care

Sharps Safety Policy

03 November 2021

Document Profile

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Version control / changes made

Date	Version	Summary of changes made	Author
September 2021	3	Previous policy transferred on to new template Content reviewed and updated where necessary according to best evidence	Mo de Gruchy
23 rd November 2021	3.1	Section 3.1 wording revised to clarify use of separate sharps bins when vaccinations given to same patient concurrently by two vaccinators	Mo de Gruchy

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1. INTRODUCTION

1.1 Rationale

A medical sharp is "an object or instrument, necessary for the exercise of specific health care activities, which is able to cut, prick or cause injury" (RCN 2013 p4).

Sharps injuries have the potential to transmit blood borne viruses such as Hepatitis B and Human Immunodeficiency Virus (HIV).

Sharps injuries are largely preventable. Nurses are reported to have the highest level of sharps injury amongst healthcare workers (RCN 2013).

According to data from the Health Protection Agency (2012) sharps injuries happen:

- during use
- after use
- before disposal
- between steps in procedures
- during disposal
- while re-sheathing or re-capping a needle

Family Nursing & Home Care (FNHC) is legally obliged, through legislation such as the European Council Directive 2010/32/EU (2010) and the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 to reduce the risk of sharps injury and infection to staff.

This policy reflects this legislation and aims to ensure that the risk of sharps injury and infection is minimised through adequate control measures being in place.

1.2 Scope

This policy applies to any employees of FNHC who may come into contact with 'medical sharps' within their role.

1.3 Role and Responsibilities

Chief Executive Officer and Committee

The Chief Executive Officer (CEO) and Committee have overall legal responsibility for the health and safety of staff.

The CEO is responsible for ensuring that resources are made available to implement measures necessary for staff safety.

Director of Governance Regulation & Care

The Director of Governance Regulation & Care is responsible for ensuring that there is a mechanism in place:

- to maintain this policy and associated procedures up to date
- for staff to access this policy and associated procedures
- to monitor compliance with this policy and associated procedures
- to monitor sharps injuries and any associated trends

Clinical Effectiveness Facilitator (CEF)

The Clinical Effectiveness Facilitator is responsible for:

- being the named lead for infection prevention and control which incorporates sharps safety
- the updating of this policy and associated procedures
- facilitating the monitoring of this policy and associated procedures e.g. through clinical audit

Operational Leads

The Operational Leads are responsible for:

- ensuring that procedures requiring the use of medical sharps are risk assessed and measures taken to reduce risk as far as is reasonably practicable
- enabling access to sharps engineered for safety where their use will reduce the risk of injury to staff and others
- monitoring the implementation of measures to reduce risk from sharps

Line Managers

Line Managers are responsible for:

- ensuring their staff are made aware of the Sharps Safety Policy and associated procedures
- participating in the risk assessment process for procedures involving the use of sharp instruments
- implementing all reasonable measures within their Team to reduce the risk of sharps injury
- monitoring adherence to this policy, associated procedures and risk assessments within their team

Staff

It is the responsibility of everyone involved in the handling/use of sharp instruments to:

- take all reasonable steps to minimise the risk of injury both to themselves and to others e.g. service users, cleaning and waste contractors, car servicing and repair personnel
- comply with this policy, associated procedures and risk assessments
- advising service users about sharps safety
- alerting others to potentially unsafe practices carried out by people over whom they have no authority to insist on alternative, safer practice
- reporting incidents regarding the use of sharp instruments; including 'near-miss' events

2. POLICY

2.1 Key Principles

Wherever possible the use of sharps should be avoided.

The use of sharp instruments should be underpinned by risk reduction strategies.

When sharps are used, particular care should be taken when handling and disposing of them.

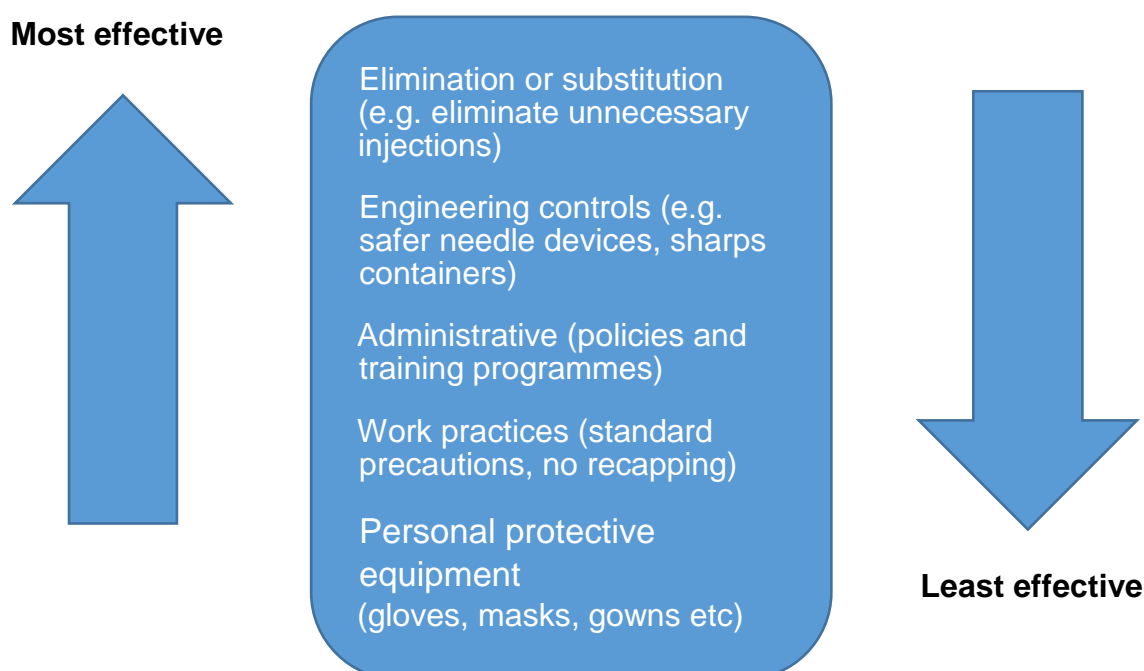
If possible, sharps engineered for safety should be used.

All reasonable steps should be taken to minimise sharps injury to self and others.

Following a sharps injury, never assume there is no risk of exposure to infection.

2.2 The Hierarchy of Controls

Rather than relying on changing individuals' behaviours of sharps usage, the 'Hierarchy of Controls' (RCN 2013) provides a framework for sharps injury prevention.



2.3 Risk Assessment

Risk assessment offers a proactive process for the prevention of sharps injury. Sharps injuries must be identified on the corporate risk register and departments/clinical areas should undertake service-specific risk assessments for procedures involving the use of sharp instruments (where the corporate risk assessment does not already provide sufficient/relevant controls to mitigate these risks).

Risk assessments must detail all staff who are at risk of sharps injury and should focus on the prevention of exposure to injury "using the Hierarchy of Controls and principles of prevention frameworks" (RCN 2013).

2.4 Education and Training

The Health and Safety (Sharp instruments in Healthcare) Regulations 2013 requires employers to provide information to employees. This information must cover:

- ✓ the risks from injuries involving medical sharps
- ✓ relevant legal duties of employers and workers
- ✓ good practice in preventing injury
- ✓ the benefits and drawbacks of vaccination
- ✓ the support available to an injured person from their employer

The Regulations also require FNHC to provide training to employees that must cover:

- ✓ the correct use of safer sharps
- ✓ safe use and disposal of medical sharps
- ✓ what to do in the event of a sharps injury
- ✓ the employer's arrangements for health surveillance and other procedures

FNHC clinical staff will receive information and training in 'sharps safety' for example, during the annual mandatory infection prevention and control training sessions.

2.5 Sharps Injuries: reporting, recording and investigating

Unfortunately, injuries from sharp instruments do sometimes occur and when this happens the [FNHC Sharps Injury and/or Blood/Body Fluid Exposure Procedure](#) must be followed.

This procedure includes the requirement for all such injuries to be reported via the ASSURE Incident/Near Miss Reporting Procedure.

The Health and Safety (Sharp instruments in Healthcare) Regulations 2013 places a duty on injured employees "to notify their employer of a sharps accident".

The following details must be included in the summary report:

- type of sharp involved
- stage of the procedure or post-procedure / disposal when the injury occurred
- severity of the injury

All sharps injuries must be investigated as this enables lessons to be learned and any additional measures instigated to prevent such a re-occurrence.

FNHC will consider whether the injured employee would benefit from counselling.

2.6 Staff Immunisations

Hepatitis B immunisation will be offered to staff who are involved in exposure prone activities. This is undertaken by the organisation's Occupational Health provider.

Prior to any immunisation relating to sharps injury/exposure to blood/bodily fluids, staff must be advised about its 'benefits and drawbacks' (HSE, 2013, p.3).

Staff will be offered post exposure prophylaxis and any other medical treatment following an injury involving blood/body fluid exposure, as per [FNHC Sharps Injury and/or Blood/Body Fluid Exposure Procedure](#).

3. PROCEDURE

3.1 Safe Use and Disposal of Sharps

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

Keep the handling of sharps to a minimum. Do not re-sheath used needles

In exceptional circumstances, where re-sheathing is unavoidable, undertake a risk assessment and use appropriate safety devices

Do not bend or break needles (used or un-used)

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

Never walk around with sharps in hand

Never leave sharps lying around

Discard sharps waste immediately into a sharps container that conforms to current standards

Dispose of sharps at the point of use — a sharps bin should always be available

Where vaccines are being administered to a patient concurrently by two vaccinators, each vaccinator should have a sharps bin close at hand for immediate disposal of their used sharps (HSE 2013)

Dispose of syringes and needles as a single unit - do not remove the needle first

Use sharps safety devices if they will provide safer systems of working for staff, carers and patients

A decision not to use sharp-safe equipment must be supported by a risk assessment which details the decision making process - alternative measures for reducing risk must be implemented and documented.

3.2 Sharps Bins

Ensure sharps bins are of an appropriate size for the clinical activity

Locate sharps bins:

- in a safe position that avoids spills
- at a suitable height for safe disposal
- away from public access areas and out of the reach of children or other vulnerable people

Only use sharps bins for the disposal of sharps

Always carry a sharps bin by the handle - staff should not place it against their body

Do not fill above the fill line

Dispose of the sharps bin when the fill line is reached

Use the temporary closure mechanism when not in use

Close and lock sharps bins before disposal and complete the label on the bin

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

Store used sharps bins for disposal in a locked, segregated cupboard or clinical waste bin provided for the purpose

Sharps disposal is included in the organisation's [Waste Management Policy](#). Where medical sharps are used in FNHC premises, instructions for the safe disposal of sharps must be available

4. CONSULTATION PROCESS

Name	Title	Date
Judy Foglia	Director of Governance Regulation and Care	07/10/2021
Elsbeth Snowie	Clinical Effectiveness Facilitator	15/09/2021
Teri O'Connor	Home Care Manager	07/10/2021
Tia Hall	Operational Lead Adult Nursing	07/10/2021
Michelle Cumming	Operational Lead Child and Family Services	07/10/2021
Clare Stewart	Operational / Clinical Lead Out of Hospital Services	07/10/2021

5. IMPLEMENTATION PLAN

Action	Responsible Person	Planned timeline
Email to all staff	Secretary/Administration Assistant (Quality and Governance Team)	Within two weeks following ratification
Policy to be placed on organisation's Procedural Document Library	Secretary/Administration Assistant (Quality and Governance Team)	Within two weeks following ratification

6. MONITORING COMPLIANCE

Data for sharps injuries will be reported at the monthly Quality Assurance, Governance and Performance Board meeting so the incidence of these adverse events can be monitored and where necessary, remedial action taken. The number of sharps injuries will also be presented at the quarterly Health and Safety Group Meetings.

Analysis of any related incidents reported via the Assure risk management system can be used to identify any common themes/areas of concern.

7. EQUALITY IMPACT STATEMENT

Family Nursing & Home Care is committed to ensuring that, as far as is reasonably practicable, the way services are provided to the public and the way staff are treated reflects their individual needs and does not discriminate against individuals or groups on any grounds.

This policy document forms part of a commitment to create a positive culture of respect for all individuals including staff, patients, their families and carers as well as community partners. The intention is to identify, remove or minimise discriminatory practice in the areas of race, disability, gender, sexual orientation, age and 'religion,

belief, faith and spirituality' as well as to promote positive practice and value the diversity of all individuals and communities.

The Family Nursing & Home Care values underpin everything done in the name of the organisation. They are manifest in the behaviours employees display. The organisation is committed to promoting a culture founded on these values.

Always:

- ✓ Putting patients first
- ✓ Keeping people safe
- ✓ Have courage and commitment to do the right thing
- ✓ Be accountable, take responsibility and own your actions
- ✓ Listen actively
- ✓ Check for understanding when you communicate
- ✓ Be respectful and treat people with dignity
- ✓ Work as a team

This policy should be read and implemented with the Organisational Values in mind at all times.

8. GLOSSARY OF TERMS

None

9. REFERENCES

Health Protection Agency (2012) *Eye of needle: United Kingdom surveillance of significant occupational exposures to blood borne viruses in health care workers*. London, HPA

Health and Safety Executive (2013) *Health and Safety (Sharp Instruments in Healthcare) Regulations 2013*. Available at [Health and Safety \(Sharp Instruments in Healthcare\) Regulations 2013 \(hse.gov.uk\)](https://www.hse.gov.uk/laws/regulations/hse2013.htm). Last accessed 14th September 2021

Royal College of Nursing (2013) *Sharps safety: RCN guidance to support implementation of The Health and Safety (Sharp Instruments in Healthcare Regulations) 2013*. Available at [Sharps safety | Royal College of Nursing \(rcn.org.uk\)](https://www.rcn.org.uk/patientsafety/sharpsafety). Last accessed 14th September 2021

10. APPENDIX**Appendix 1 Equality Impact Screening Tool****Stage 1 - Screening**

Title of Procedural Document: Sharps Safety Policy

Date of Assessment	September 2021	Responsible Department	Governance
Name of person completing assessment	Mo de Gruchy	Job Title	Quality Performance and Development Nurse

Does the policy/function affect one group less or more favourably than another on the basis of :

	Yes/No	Comments
• Age	No	
• Disability Learning disability; physical disability; sensory impairment and/or mental health problems e.g. dementia	No	
• Ethnic Origin (including hard to reach groups)	No	
• Gender reassignment	No	
• Pregnancy or Maternity	No	
• Race	No	
• Sex	No	
• Religion and Belief	No	
• Sexual Orientation	No	
If the answer to all of the above questions is NO, the EIA is complete. If YES, a full impact assessment is required: go on to stage 2, page 2		

Stage 2 – Full Impact Assessment

What is the impact	Level of Impact	Mitigating Actions (what needs to be done to minimise / remove the impact)	Responsible Officer

Monitoring of Actions

The monitoring of actions to mitigate any impact will be undertaken at the appropriate level