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**Sharps Safety Policy**

**March 2025**

**Document Profile**

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**Version Control/Changes Made**

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| --- | --- | --- | --- |
| **Date** | **Version** | **Summary of changes** | **Author** |
| 09/2021 | 3.0 | Previous policy transferred on to new template  Content reviewed and updated where necessary according to best evidence | Mo de Gruchy |
| 11/2021 | 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 |
| 03/2025 | 4.0 | Previous policy transferred onto new template. Full review of policy to reflect best practice and evidence. | Rachel Foster |

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# INTRODUCTION

## Rationale

A medical sharp is defined as "an object or instrument, necessary for the exercise of specific health care activities, which is able to cut, prick or cause injury" (RCN, 2023).

Sharps injuries have the potential to transmit blood-borne viruses, such as hepatitis B and human immunodeficiency virus (HIV). These injuries are largely preventable, with nurses reportedly experiencing the highest levels of sharps injuries among healthcare workers (RCN, 2013).

According to data from the Health Protection Agency (2021), sharps injuries occur:

* 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, under 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 injuries and infections to staff.

This policy aligns with the above legislation and aims to ensure that the risk of sharps injuries and infections is minimised by implementing appropriate control measures.

## Scope

This policy applies to all staff who may come into contact with ‘medical sharps’ within their role.

## Role and Responsibilities

**Chief Executive Officer and Committee**

The Chief Executive Officer (CEO) and Committee hold 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 to ensure staff safety.

**Director of Governance & Care**

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

* Keep this policy and its associated procedures up to date.
* Enable staff to access this policy and associated procedures.
* Monitor compliance with this policy and associated procedures.
* Track sharps injuries and identify associated trends.

**Head of Quality and Safety**

The Head of Quality and Safety is responsible for:

* Acting as the named lead for infection prevention and control, which includes sharps safety.
* Updating this policy and its associated procedures.
* Facilitating monitoring of this policy and associated procedures, e.g., through clinical audits.

**Operational Leads**

The Operational Leads are responsible for:

* Ensuring that procedures involving the use of medical sharps are risk assessed, and that measures are taken to minimise risks as far as is reasonably practicable.
* Facilitating access to sharps engineered for safety where their use reduces the risk of injury to staff and others.
* Monitoring the implementation of measures to minimise risks associated with sharps.

**Line Managers**

Line Managers are responsible for:

* Ensuring their staff are aware of the Sharps Safety Policy and associated procedures.
* Participating in the risk assessment process for procedures involving the use of sharp instruments.
* Implementing reasonable measures within their teams to reduce the risk of sharps injuries.
* Monitoring adherence to this policy, associated procedures, and risk assessments within their teams.

**Staff**

All staff involved in handling or using sharp instruments are responsible for:

* Taking all reasonable steps to minimise the risk of injury to themselves and others, including service users, cleaning and waste contractors, and other personnel such as vehicle servicing and repair staff.
* Complying with this policy, its associated procedures, and risk assessments.
* Advising service users on sharps safety.
* Alerting others to potentially unsafe practices carried out by individuals over whom they have no authority, while promoting safer alternatives.
* Reporting all incidents involving the use of sharp instruments, including ‘near-miss’ events.

# POLICY

## Key Principles

Wherever possible, the use of sharps should be avoided.

The use of sharp instruments must be supported by effective risk reduction strategies.

When sharps are used, extra care must be taken during handling and disposal.

Where available, sharps engineered for safety should be used to reduce risk.

All reasonable steps must be taken to minimise the risk of sharps injuries to oneself and others.

Following a sharps injury, always assume there is a potential risk of exposure to infection.

## The Hierarchy of Controls

A screenshot of a computer

Description automatically generated

Source: RCN (2023)

## Risk Assessment

Risk assessment is a proactive process aimed at preventing sharps injuries. Sharps injuries must be included in the corporate risk register. Additionally, departments and clinical areas should conduct service-specific dynamic risk assessments for procedures involving the use of sharp instruments, especially when the corporate risk assessment does not provide sufficient or relevant controls to mitigate these risks.

Risk assessments must identify all staff who are at risk of sharps injury and focus on preventing exposure to injury by applying the Hierarchy of Controls and the Principles of Prevention Frameworks (RCN, 2023).

## Education and Training

The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 require employers to provide information to employees. This information must include:

* The risks associated with injuries involving medical sharps.
* Relevant legal duties of employers and employees.
* Best practices for preventing injury.
* The benefits and drawbacks of vaccination.
* The support available to an injured employee from their employer.

The Regulations also require FNHC to provide training to employees, covering:

* The correct use of safer sharps.
* Safe handling and disposal of medical sharps.
* Procedures to follow in the event of a sharps injury.
* The employer’s arrangements for health surveillance and related procedures.

FNHC clinical staff will receive information and training on 'sharps safety' as part of their annual mandatory infection prevention and control training sessions.

## Sharps Injuries: Reporting, Recording and Investigating

Injuries from sharp instruments, unfortunately, do sometimes occur. When they do, the FNHC [Sharps Injury and/or Blood/Body Fluid Exposure Procedure](https://www.fnhc.org.je/procedure-library/) 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 place a duty on injured employees to "notify their employer of a sharps accident."

The following details must be included in the summary report:

* The type of sharp involved.
* The stage of the procedure, post-procedure, or disposal when the injury occurred.
* The severity of the injury.

All sharps injuries must be investigated. Investigations allow lessons to be learned and enable the implementation of additional measures to prevent recurrence.

## 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](https://www.fnhc.org.je/procedure-library/).

# PROCEDURE

## Safe use and Disposal of Sharps

Never pass sharps directly from person to person by hand; use a receptacle or a designated 'clear field' for their placement.

Minimise the handling of sharps. Do not re-sheath used needles.

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

Do not bend or break needles, whether used or unused.

Always seek assistance when using sharps with a confused or agitated patient.

Never walk around with sharps in hand.

Never leave sharps unattended or 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 must always be readily available.

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

Dispose of syringes and needles as a single unit; do not remove the needle before disposal.

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

Any decision not to use sharp-safe equipment must be supported by a risk assessment that documents the decision-making process. Alternative measures to reduce risks must be implemented and recorded.

When working in patients’ homes or community settings, staff must remain vigilant for sharps discarded by others, including patients and their household members. If unsafe sharps disposal is identified, staff should take appropriate action to reduce risk, following FNHC procedures.

## Sharps Bins

Sharps disposal is included in the organisation's [Waste Management Policy](https://www.fnhc.org.je/procedure-library/). Where medical sharps are used in FNHC premises, instructions for the safe disposal of sharps must be available.

# MONITORING COMPLIANCE

Data for sharps injuries will be included on the performance data reviewed at the monthly Operational Management Meetings. This will enable these adverse events can be monitored and where necessary, remedial action taken.

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

# CONSULTATION PROCESS

|  |  |  |
| --- | --- | --- |
| **Name** | **Title** | **Date** |
| Claire White | Director of Governance and Care | 28th January 2025 |
| Elspeth Snowie | Head of Quality and Safety |
| Tia Hall | Registered Manager and Operational Lead – Adult Services |
| Michelle Cumming | Registered Manager and Operational Lead – Child and Family Services |
| Teri O’Connor | Registered Manager – Home Care Service |
| Justine Le Bon Bell | Head of Education & Development |

# 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 always read and implemented with the Organisational Values in mind. See overleaf/below for the Equality Impact Assessment for this policy.

## EQUALITY IMPACT SCREENING TOOL

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Stage 1 - Screening** | | | | | | | | | | |
| Title of Procedural Document: Sharps Safety Policy | | | | | | | | | | |
| Date of Assessment | | February 2025 | | Responsible Department | | | | | Quality & Safety | |
| Completed by | Rachel Foster | | | Job Title | | | Quality & Performance Development Nurse | | | |
| **Does the policy/function affect one group less or more favourably than another on the basis of**: | | | | | | | | | | |
|  | | | | | | **Yes/No** | | **Comments** | | |
| Age | | | | | | N | |  | | |
| Disability  *(Learning disability; physical disability; sensory impairment and/or mental health problems e.g. dementia)* | | | | | | N | |  | | |
| Ethnic Origin *(including hard to reach groups)* | | | | | | N | |  | | |
| Gender reassignment | | | | | | N | |  | | |
| Pregnancy or Maternity | | | | | | N | |  | | |
| Race | | | | | | N | |  | | |
| Sex | | | | | | N | |  | | |
| Religion and Belief | | | | | | N | |  | | |
| Sexual Orientation | | | | | | N | |  | | |
| **If the answer to all of the above questions is NO, the Equality Impact Assessment is complete. If YES, a full impact assessment is required: go on to stage 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 | | | | | | | | | | |

# IMPLEMENTATION PLAN

|  |  |  |
| --- | --- | --- |
| **Action** | **Responsible Person** | **Planned timeline** |
| Policy to be uploaded to the Procedural Document Library | Education and Development Administrator | Within 2 weeks following ratification |
| Email to all staff | Education and Development Administrator | Within 2 weeks following ratification |
| Upload policy (+/- assessment tool) to Virtual College and allocate to relevant staff | Education and Development Department | Within 2 weeks following ratification |
| Relevant staff to sign (via Virtual College) that they have read and understood policy. | All staff notified via Virtual College. | Within 2 months of notification |

# REFERENCES

Health Protection Agency (2021) Bloodborne Viruses: Eye of the Needle. First published 2012, last updated 2021. London, HPA. Accessible via link: <https://www.gov.uk/government/publications/bloodborne-viruses-eye-of-the-needle#full-publication-update-history> Last accessed 28th January 2025.

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Health and Safety Executive (2024) Managing the Risk of Needlestick or Sharps Injuries. Accessible via link: <https://www.hse.gov.uk/healthservices/needlesticks/actions.htm> Last accessed 28th January 2025.

Royal College of Nursing (2023) Sharps Safety – RCN Guidance for the Prevention and Management of Sharps Injuries in Health and Social Care Settings. A Clinical Professional Resource. London, RCN. Accessible via link: <https://www.rcn.org.uk/Professional-Development/publications/rcn-sharps-safety-uk-pub-010-596> Last accessed 28th January 2025