SHARPS SAFETY AND MANAGEMENT OF CONTAMINATION INJURIES POLICY

<table>
<thead>
<tr>
<th>First Issued by/date</th>
<th>Issue Version</th>
<th>Purpose of Issue/Description of Change</th>
<th>Planned Review Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>WCT March 01</td>
<td>3</td>
<td>Update and merger of sharps policies</td>
<td>May 2011</td>
</tr>
</tbody>
</table>

Named Responsible Officer:- Infection Prevention and Control Lead
Approved by Infection Control Committee Date 18th June 2008

Policy File:- Infection Control Policy No 4
Impact Assessment Screening Complete- July 2008
Full Impact Assessment Required - No

Key Performance Indicator

1. Infection Prevention and Control audit- management of used sharps
2. Reported contamination injuries
3. Attendance levels at infection control training
4. Compliance with Code of Practice

UNLESS THIS VERSION HAS BEEN TAKEN DIRECTLY FROM THE PCT WEB SITE THERE IS NO ASSURANCE THIS IS THE CORRECT VERSION
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>3</td>
</tr>
<tr>
<td>Policy Aim</td>
<td>3</td>
</tr>
<tr>
<td>Policy outcome</td>
<td>3</td>
</tr>
<tr>
<td>Target group</td>
<td>4</td>
</tr>
<tr>
<td>Specific responsibilities</td>
<td>4</td>
</tr>
<tr>
<td>Cross reference related PCT policies</td>
<td>5</td>
</tr>
<tr>
<td>Evidence to support policy</td>
<td>5</td>
</tr>
<tr>
<td>Background</td>
<td>5</td>
</tr>
<tr>
<td>Legal Obligations</td>
<td>6</td>
</tr>
<tr>
<td>Immunisation</td>
<td>6</td>
</tr>
<tr>
<td>Safe Management of Sharps</td>
<td>6</td>
</tr>
<tr>
<td>Sharps Practice</td>
<td>6</td>
</tr>
<tr>
<td>Sharps Containers</td>
<td>6</td>
</tr>
<tr>
<td>Sharps practice within a Patients home</td>
<td>7</td>
</tr>
<tr>
<td>Pen injectable devices</td>
<td>8</td>
</tr>
<tr>
<td>Lancing devices</td>
<td>8</td>
</tr>
<tr>
<td>Venepuncture</td>
<td>8</td>
</tr>
<tr>
<td>Management of Contamination Injuries</td>
<td>9</td>
</tr>
<tr>
<td>Immediate Management of a contamination/ Inoculation injury</td>
<td>9</td>
</tr>
<tr>
<td>Management of a penetrating human bite</td>
<td>9</td>
</tr>
<tr>
<td>Management of a penetrating animal bite/scratch</td>
<td>9</td>
</tr>
<tr>
<td>Reporting of injury</td>
<td>10</td>
</tr>
<tr>
<td>Management of an inoculation Injury</td>
<td>10</td>
</tr>
<tr>
<td>Training</td>
<td>11</td>
</tr>
<tr>
<td>Audit</td>
<td>11</td>
</tr>
<tr>
<td>Archiving</td>
<td>11</td>
</tr>
<tr>
<td>Section</td>
<td>Page</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Risk Assessment</td>
<td>11</td>
</tr>
<tr>
<td>References</td>
<td>11</td>
</tr>
<tr>
<td>Glossary of terms</td>
<td>11</td>
</tr>
<tr>
<td>List of those consulted in drafting process</td>
<td>11</td>
</tr>
<tr>
<td><strong>Appendix A</strong></td>
<td></td>
</tr>
<tr>
<td>Body Fluid Exposure Action Flowchart</td>
<td>13</td>
</tr>
<tr>
<td><strong>Appendix B</strong></td>
<td></td>
</tr>
<tr>
<td>Community sharps leaflet</td>
<td>14</td>
</tr>
</tbody>
</table>
Wirral PCT

Sharps Safety and Management of Contamination Injuries Policy

Introduction

This Policy combines ICP 12 Sharps Usage and Disposal Policy and ICP 19 Management of Exposure to Body Fluid/Sharps Injury Policy and has been updated to include management of bite injuries.

A sharp is any item that is capable of penetrating the skin besides the more familiar category of hypodermic needles, e.g. ampoules, blades, wires, scissors, stitch removers, single use surgical instruments, endodontic files and reamers. Sharps can potentially be contaminated with blood borne viruses and other micro-organisms or medicines which may potentially cause ill harm, injury can and should be prevented.

All PCT salaried staff, Independent General Practice Staff and General Dental Staff have access to Occupational Health Services in the event of an inoculation or contamination injury, and should follow the advice given within this policy.

Policy Aim

This Policy advises on a safe system for the handling and disposal of sharp items to protect staff, patients and visitors from exposure to blood borne pathogens and to direct staff in the immediate action to be taken in the event of an inoculation or contamination incident.

It is the responsibility of each Independent Contractor to reduce Healthcare Associated Infection (HCAI) and ensure the Health and Safety of staff. The PCT recommends that contractors apply the principles of this policy as minimum standards within their practices to ensure their professional and contractual duties are discharged.

Policy Outcome

Staff will use manage sharps safely and will be aware of their responsibilities in the safe appropriate management and disposal of sharp items. All staff will be able to take appropriate action in the event of a contamination injury.
Target Group

- PCT salaried staff.
- Shared as best practice with Independent General Practice staff, General Dental Practice staff and where relevant for Independent Pharmacists and Optometrists.

Specific responsibilities

Chief Executive

The Chief Executive has overall responsibility for ensuring infection prevention and control is a core part of the Trusts governance and patient safety programmes.

Board

The Board has collective responsible for ensuring assurance that appropriate and effective policies are in place to minimise the risks of health care associated infections.

Director of Infection Prevention and Control

It is the responsibility of the Director of Infection Prevention and Control to oversee the development and implementation of infection prevention and control policies.

Infection Prevention and Control Team

It is the responsibility of the Infection Prevention and Control Team to ensure this policy is reviewed and amended at the review date, or prior to this following new developments in sharps management research.

Service Managers

It is the responsibility of managers:
- To ensure all staff have read this policy and that systems are in place to ensure compliance following assessment and management of the risks associated with the use of sharps within their particular area to minimise any identified risks.
- To ensure the accident/incident form is promptly completed
- To ensure that the individual receives appropriate care
Staff

It is the responsibility of staff:

- To read this policy and to comply with safe systems of work and to inform their manager where their current system is unsuitable or hazardous.
- To follow the guidelines in the case of an incident.
- To inform their manager and complete an incident form as soon as possible following the incident.
- To use and dispose of sharps in a safe manner and observe safe working practices.

Cross reference related PCT policies

- Risk Assessment for the Prevention and Control of Healthcare Associated Infections (HCAI) Guidance
- Management of Healthcare Waste Policy
- Single use Medical Devices Policy
- Prevention and Management of Health Care Associated Infections (Including Hepatitis B&C) Policy
- Waste Policy
- Incident Reporting Policy

NB: Always use most current versions of PCT policies as may be superseded at any time

Evidence to support policy

www.nric.org.uk - clinical practice - sharps
www.hpa.org.uk – infections - topics

Background

In 2003 the National Audit Office found that occurrences of needlestick injuries in the NHS were equal to moving and handling injuries in the number reported. A new report by the Health Protection Agency in 2006 confirmed that healthcare workers are still being exposed to blood borne virus infections even though such exposures are largely preventable. The average risk of transmission of a blood borne virus following an inoculation injury from an infected person without appropriate post exposure prophylaxis treatment is estimated to be:

Hepatitis B virus (HBV) 33.3% (1:3)
Hepatitis C virus (HCV) 1.8-1.9% (1:50)
Human immunodeficiency virus (HIV) 0.3% (1:300)

Between 1996 and 2004 2140 reported needlestick injuries with significant exposure to body fluids reported to the Health Protection Unit identified half of the injuries occurred following the procedure and could have been prevented by the safe management of sharps.

Legal Obligations

Health and Safety at Work etc Act 1974
Control of Substances Hazardous to Health Regulations 2002

Immunisation

All healthcare workers including students and trainees who use sharps or who handle sharps containers should be immunised against hepatitis B on commencement of employment if not already immunised.

Safe Management of Sharps

Sharps Practice:

- Avoid the use of sharps wherever possible.
- Used sharps must never be left for anyone else to dispose of. This is the users’ responsibility.
- Keep handling to a minimum. Never pass sharps from hand to hand.
- Discard immediately after use into a sharps container.
- Never re-sheath a used needle by hand. If this is absolutely necessary use a re-sheathing device i.e. dental recapping bung. Re-sheathing devices are available on most sharps disposal containers for needles (See Annex B for details).  
- Never remove scalpel blades by hand, use forceps, scalpel blade removing unit or blade remover on a sharps box (See Appendix B for details).
- Never bend or break needles prior to disposal.
- Syringe/cartridges and needles should be disposed of intact.
- Discard cannulae and intravenous lines immediately after use never cut into pieces.
- Always get help when using sharps with a confused or agitated patient.
- Needle safety devices must be used where there are clear indications that they will provide safer systems of working for healthcare personnel. Examples currently in use are: vaccutainers, retractable lancets.
Sharps Containers:

- Sharps containers must comply with UN3291 and BS7320 standards.
- Ensure sharps boxes are fully assembled and labelled according to the manufacturer’s instructions.
- Ensure containers and lids which require assembly prior to use are fully attached at all points before use.
- Do not fill the sharps container above the manufacturers marked line (approximately 2/3rds).
- Containers must be free from protruding sharps.
- The container must be free from external contamination of blood.
- Staff must not attempt to retrieve items discarded in the containers or empty the contents of a sharps container.
- Use an appropriately sized sharps box dependant on the amount of waste produced that will last for approximately 1 month.
- Attention must be paid to the provision of appropriate numbers of sharps boxes in use and spare boxes must be easily available to reduce potential overfilling.
- Ensure a spare container is available in when on home visits.
- Ensure the lid of the sharps box is closed when not in use and are kept in a locked room.
- Ensure in use sharps boxes are never stored on the floor and are always out of the reach of children. Consider the use of trolley or wall brackets in a clinic/treatment room.
- Sharps boxes that are transported in the health care workers car must always have the lid closed and be secured within the boot area of the car in a way which will prevent spillage.
- Lock sharps containers before disposal in accordance with the manufacturer’s instructions.
- Label the sharps box before disposal according to the manufacturer’s instructions.
- After sealing and labelling, sharps containers ready for disposal must be stored safely in a designated waste storage area away from public access.
- Always carry used sharps boxes by the handle.
- Never place a used sharps container in a yellow clinical waste bag for disposal.
- Place damaged sharps boxes into a larger sized sharps box and label.

Sharps practice within a Patient’s home:

- Always take a sharps container into the home when sharps are to be used.
- If sharps container is to be left at a patient’s home for ongoing treatment ensure that the safe management of sharps containers is followed and that the container is safely stored out of access of children if present.
- Sharps containers collected by the home collection service must never be placed in a hazardous waste bag or bin. Containers must never be left for collection where they could be accessed by the general public.
• Patients generating their own used sharps in the home setting with no involvement of a healthcare practitioner, where the medicine has been prescribed by their General Practitioner e.g. injecting insulin dependant diabetic patients, must be provided with a sharps container (available on FP10). Advice must be given on disposal points available with a licensed waste carrier. Leaflets are available from the PCT Medicines Management Team. (Appendix B)

• When using pen devices never re-sheathe the needle with the small inner plastic cover supplied, use the pen needle removing device on sharps containers.

• Patient’s prescribed injectable medicine by a hospital consultant must be provided with a sharps container and safe system of disposal arranged by the prescribing hospital.

• Sharps must never be placed in non approved sharps containers.

• Sharps must never be placed in the domestic refuse system.

• Full sharps containers cannot be returned to a clinic or general practice for disposal.

**Pen injectable devices:**

• These devices are intended for self administration of injectable medications. Healthcare workers are at risk of needlestick injury when using these devices and wherever possible use of these devices for administering an injection to patients should be avoided.

**Lancing devices:**

Lancing devices are available as

• Disposable single use.

• Lancing devices intended for use by healthcare workers.

• Lancing devices intended only for self use provided by patients.

Healthcare workers must not use lancing devices intended for self use on multiple patients as these cannot be adequately decontaminated. If using lancing devices intended for healthcare workers the needle must be expelled immediately, and directly into the aperture of the sharps container, as needles are not fully retracted on these devices. Disposable single use devices with fully retractable needles are the preferred device.

**Venepuncture**

Gloves should be worn when performing venepuncture as they protect the skin from blood splashes. Gloves cannot prevent a sharps injury but may reduce the risk of acquiring a blood borne infection due to the wiping effect which can reduce the volume of blood to which the workers hand is exposed and in turn the volume inoculated in the event of a sharps injury.
All health care workers are who are training in venepuncture should become accustomed to wearing gloves from the very beginning of their training.

Some health care workers have been taking undertaking venepuncture for many years before gloves were recommended and may feel gloves would reduce their dexterity and increase their risk of injury. In these instances it may be considered safer for the individual practitioner to perform venepuncture without wearing gloves. This must be documented in the service and/or procedure risk assessment documentation for the prevention and control healthcare associated infection (HCAI).

Management of Contamination Injuries

Exposure to body fluid has occurred if:

- Your skin has been penetrated by a used needle, razor, scalpel blade or other sharp object contaminated or potentially contaminated with body fluids.
- Your skin has been penetrated by teeth, nails/claws, human or animal.
- Any blunt object contaminated or potentially contaminated with blood, causing damage to your skin.
- Blood or blood stained body fluids splashed onto your broken skin (i.e. if you have new abrasions, cuts or an episode of eczema or psoriasis and your skin was not covered.
- Blood or body stained body fluids splashed onto your eyes or lips or mouth.

Immediate Management of a contamination/inoculation injury

- Encourage the wound to bleed gently.
- Wash area well under running water for 5 minutes with soap and warm water without scrubbing: dry well.
- If splashes are to the eyes and/or mouth irrigate or rinse with eye wash solution, sterile water or tap water before and after removing any contact lenses for at least 5 minutes.
- Cover any cuts or abrasions with a waterproof plaster.

Management of a penetrating human bite

- Follow immediate, management of an contamination injury.
- If the bite is on the hand or arm the arm should be elevated.
- If the person biting has blood in the mouth they should swill it out with tap water.
- Attend A&E at Arrowe Park Hospital as antibiotic treatment may also be required within 72 hours.
Management of a penetrating animal bite/scratch

- Follow immediate management of an inoculation injury.
- Attend Minor Injuries, Victoria Central Hospital, Wallasey or Walk in Centre, Arrowe Park Hospital for assessment and treatment as antibiotic treatment may be required.

Reporting of injury

PCT salaried staff:
Contact your line manager immediately if possible and inform them of the incident. If this is a weekend or bank holiday and they are not on duty inform them on their return. A risk assessment must be initiated and incident form completed as soon as is possible. If the injury involved contamination with a blood borne virus consider whether the incident requires reporting as a serious and untoward incident.

Independent General Practices and General Dental Practices:
Follow the practice procedure for reporting injuries. Each surgery should have an accident/incident book for entering all needlestick injuries involving body fluids.

Management of an inoculation Injury – PCT Salaried Staff, General Practice and General Dental Practice Staff.

Body fluid exposure action flow chart – Appendix A

No known exposure to HIV:
- Contact Occupational Health Department at St Catherine’s Hospital as soon as possible to arrange an appointment to check Hepatitis status and for general incident follow up.
- If the Unit is closed or it is an evening, weekend or bank holiday attend Accident and Emergency at Arrowe Park Hospital.

Suspected exposure to HIV:
- If the incident involved body fluid from a patient (donor) who meets the donor high risk assessment criteria (below) you (recipient) must attend the Accident and Emergency department at Arrowe Park within 1 hour where you will be offered post exposure prophylaxis if this is felt to be appropriate.
- If the donor patient is still available and following a risk assessment with the donors General Practitioner, a request for testing for blood borne viruses should be considered following informed consent. This may involve carrying out a risk assessment with the donors General Practitioner.
Donor High Risk Assessment Criteria

- Known or being investigated for HIV.
- A man who's had sex with another man.
- Sex Worker.
- Intravenous drug user.
- Sexually active in Africa (except Morocco, Algeria, Libya, Tunisia or Egypt).
- Has had sexual contact with any of the above.

Training

Training in sharps management will be provided by the Infection Prevention and Control Team through Essential Training.

Audit

As part of the Infection Prevention and Control Audit programme.

Archiving

Hard and/or electronic copies of previous versions of this document will be held by the Infection Prevention & Control Team for the retention period required under current NHS guidance.

Risk Assessment

Included in service risk assessment, clinic and procedure risk assessment.

References


MDA/2005/009 Pen injectable devices and pen needles.
MDA/2004/044 Lancing devices for obtaining blood samples.

Glossary of terms

Blood borne Contained within blood
Micro-organisms Includes bacteria, viruses and fungi
Donor The donor is the source of the blood/body fluid
Recipient The person exposed to someone else’s blood/body fluid

List of those consulted in drafting process

Infection Control Committee
Appendix A - BODY FLUID EXPOSURE ACTION

**ASSESS TYPE OF EXPOSURE:**
- penetration or abrasion of skin by a contaminated object
- contamination of broken skin
- splashing onto eyes, mouth or lips
- penetration of skin by a human bite

**APPLY FIRST AID:**
- Encourage gentle bleeding if suitable
- Wash skin with warm soapy water for 5 minutes or irrigate eyes or mouth with cold water for 5 minutes (before and after removing contact lenses where appropriate)
- Dry well and cover with plaster if appropriate

Is patient assessed as a high risk of HIV?

**YES**
- Attend Accident and Emergency at Arrowe Park Hospital within 1 hour
  - PEP prescribed?
    - Yes: Contact Occupational Health within 3 days re ongoing treatment
    - No: Inform your manager immediately if possible. Complete an accident form

**NO**
- Contact Occupational Health at St Catherine’s Hospital as soon as possible to assess appropriate follow up
  - Tel: 0151 604 7262
  - (Monday-Friday 8.30-4.30am)
  - Out of these hours and on Bank Holidays attend Accident and Emergency, Arrowe Park Hospital.
Appendix B  Community sharps leaflet.

Your usual pharmacy may accept your full sealed sharps box or you can take them to one of these Pharmacies listed below

<table>
<thead>
<tr>
<th>Location</th>
<th>Pharmacy Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birkenhead</td>
<td>Rowlands Pharmacy, 9 Princes Pavement</td>
</tr>
<tr>
<td>Birkenhead</td>
<td>Prenton Dell Pharmacy, 25-27 Dickens Avenue, Prenton Dell Estate</td>
</tr>
<tr>
<td>Bromborough</td>
<td>Boots the Chemist, Welton Road, Croft Retail Park</td>
</tr>
<tr>
<td>Claughton</td>
<td>Rowlands Pharmacy, 2 Upton Road</td>
</tr>
<tr>
<td>Heswall</td>
<td>Tesco Instore Pharmacy, Telegraph Road</td>
</tr>
<tr>
<td>Leasowe</td>
<td>Pharmac-E, Leasowe Primary Care Centre, Hudson Road</td>
</tr>
<tr>
<td>Upton</td>
<td>Rowlands Pharmacy, 142 Ford Road</td>
</tr>
<tr>
<td>Wallasey</td>
<td>Alliance Pharmacy, 29 Liscard Way</td>
</tr>
<tr>
<td>West Kirby</td>
<td>Morrison’s Instore Pharmacy, Dee Lane</td>
</tr>
</tbody>
</table>

Produced by the Medicines Management team
Wirral PCT  Telephone 0151 643 5300

Your Sharps Box

Please read this important information before you use your sharps box

Your GP or nurse has prescribed you a sharps box so you can dispose of your used lancets, needles, syringes or pens safely.

For a translation telephone 0151 651 3919
How to use your sharps box safely

- Take the prescription to your pharmacist who will give you a new sharps box. It will be cheaper to buy the sharps box, if you pay for your prescriptions.

- Store the box in a safe place at home. **Remember – it must be out of reach of children and pets.** Keep out of direct sunlight.

- Place used lancets, needles, syringes and pens into the box after you have tested your blood, or given yourself an injection. Please do not put tissues or cotton wool in the box.

- Close the lid temporarily by pressing on the middle of the lid.

- You can use your box until it is full to the black line on the front of the box. Please do not over fill your box.

- Lock the full box permanently by pressing on both sides of the lid.

- Your usual pharmacy may accept your full sealed sharps box – please check with them first. If not, the pharmacies listed on the back of this leaflet provide this service.

- Pharmacies cannot accept sharps which are not sealed in a sharps box.

- Please remember to get a prescription for a new sharps box before your box is full.