

DOCUMENT CONTROL	
Title:	Sharps Management & Inoculation Injuries
Version:	9
Reference Number:	CL077
Scope:	
This policy applies to all Pennine Care NHS Foundation Trust staff including bank and agency.	
Purpose:	
<p>This policy is designed to ensure the safety of employees, patients and public who may come in to contact with sharps contaminated with blood or bodily fluids and those who may be exposed to human or animal bites/scratches/spitting.</p> <p>By adhering to this policy and procedure, the possibility of injury or infection will be minimised.</p>	
Requirement for Policy	
Health and Safety at Work Regulations (1999)	
Keywords:	
Needle, sharps, needle stick, inoculation	
Supersedes:	
Version 8	
Description of Amendment(s):	
<ul style="list-style-type: none"> • Generic Term “Sharps Container” used consistently – was previously referred to as bin, box etc. 	
Owner:	
Infection Prevention and Control Team – Laura Birch	
Individual(s) & group(s) involved in the Development:	
<p>This document has been developed in collaboration with the following interested parties:</p> <ul style="list-style-type: none"> • Infection Prevention And Control Nurse 	

Individual(s) & group(s) involved in the Consultation:	
The document has been circulated for consultation and comments have been taken into consideration and the document amended accordingly:	
<ul style="list-style-type: none"> • Infection Prevention and Control Committee Meeting – 10th October 2018 • PAM Group – Occupational Health • Local Governance Groups 	
Equality Impact Analysis:	
Date approved:	04 th September 2018
Reference:	CL077 – EIA077
Freedom of Information Exemption Assessment:	
Date approved:	05 th September 2018
Reference:	POL2018-65
Information Governance Assessment:	
Date approved:	05 th September 2018
Reference:	POL2018-65
Policy Panel:	
Date Presented to Panel:	9 th November 2018
Presented by:	Laura Birch
Date Approved by Panel:	9 th November 2018
Policy Management Team tasks:	
Date Executive Directors informed:	20 th November 2018
Date uploaded to Trust's intranet:	16 th November 2018
Date uploaded to Trust's internet site:	16 th November 2018
Review:	
Next review date:	November 2021
Responsibility of:	Infection Prevention and Control Team
Other Trust documentation to which this policy relates (and when appropriate should be read in conjunction with):	
CO005	Education Training and Development Policy V9
CL004	Infection Prevention & Control Policy
CL122	Safeguarding Families Policy

Policy Associated Documents:	
TAD_CL077_01	Poster: Guidance for needle stick & inoculation injuries
TAD_CL077_02	Management of Incidents Involving Exposure to Blood
TAD_CL077_03	Injury Assessment Form
Other external documentation/resources to which this policy relates:	
	Health and Safety (Sharps Instruments in Healthcare) Regulations 2013
	Health and Safety at Work Regulations (1999)
	Sharp Containers - British Standards BS3720 (1990) and European Standard EN3291 (1998).
CG139	Preventing and controlling healthcare-associated infections in children, young people and adults in primary and community care settings.
CQC Regulations	
This guideline supports the following CQC regulations:	
Regulation 11	Need for consent
Regulation 12	Safe care and treatment
Regulation 13	Safeguarding service users from abuse and improper treatment
Regulation 17	Good governance

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1. INTRODUCTION

Under the Management of Health and Safety at Work Regulations (1999), Trust employees have a responsibility to be aware of and adhere to the safe systems of work contained in this policy.

Sharps must be handled and disposed of safely to reduce the risk of exposure to blood borne viruses (BBVs).

Syringe needles and many other sharp devices are routinely used as part of healthcare practice. Every year staff sustain inoculation injuries from contaminated sharps.

These injuries pose a significant risk to the physical health and mental health of the staff member, cost the healthcare organisation time and resources and have the potential to result in costly litigation.

The vast majority of sharps injuries are avoidable, and occur when sharps are handled or disposed of in an unsafe manner. Staff must comply with this policy in order to minimise the likelihood of sharps injuries occurring.

2. PURPOSE

This policy is designed to ensure the safety of employees, patients and public who may come in to contact with sharps contaminated with blood or bodily fluids and those who may be exposed to human or animal bites/scratches/spitting.

By adhering to this policy, the possibility of injury or infection will be minimised.

3. RESPONSIBILITIES, ACCOUNTABILITIES AND DUTIES

Refer to Infection Prevention & Control (IP&C) Policy for individual responsibilities (CL004).

4. DEFINITION OF SHARPS

A 'sharp' is defined as any item that can cut or puncture the skin by having a fine edge or point.

Sharps include:

- Needles (all types)
- Scalpels
- Stitch Cutters
- Glass Ampoules
- Ligature Knives
- Razors
- B Glass or Crockery

5. GOOD PRACTICE IN SHARPS MANAGEMENT

The following are responsibilities and measures which must be applied to reduce the risk of occupational exposure to injury and BBVs.

All healthcare workers must comply with the following processes and risk assessment:

- **Never re-sheath a needle**
- Disposable gloves should be worn when handling sharps
- **Sharps Safety Devices must be used if available**
- Sharps containers must be securely assembled prior to use according to the manufacturer's instructions and labelled with date, locality and signed. They must not be stored on the floor
- Always ensure the lid is closed using the temporary closure mechanism when you have finished using the sharps container or when the container is not in use
- Ensure good lighting and adequate space to carry out the procedure. Dispose of needle and syringe as one unit into a sharps container. If needles require separation, in exceptional circumstances, use a specific re-sheathing device such as the safety plus device used for giving multiple doses of medication
- Sharps, needles and syringes must be placed into the sharps container by the person who used them, at the point of use
- Do not carry sharps in your hand or pass from hand to hand. Inpatient areas should use a tray which needs to be cleaned with soap and water or a universal wipe. The correct size integral sharps container should be added when you have to walk some distance to point of use.
- Sharps containers should be disposed of when no more than three-quarters full and must be locked prior to disposal. Sharps containers must be labelled with date, locality and signed prior to disposal
- Never press down the contents to make more room or attempt to retrieve an item from the sharps container
- All sharps containers must be disposed of correctly
- Sharps containers should comply with the British Standards BS3720 (1990) and European Standard EN3291 (1998).
- In rooms where sharp containers do not need to be moved, they should be wall mounted and be positioned out of reach of patients but close at hand when procedures are being performed.
- In cases of low usage, the smallest size appropriate sharps container should be used.
- Portable sharps containers designed for community use are readily available and should be used by all staff who generate sharps outside of the building
- Never leave sharps lying around

- Poster: '**Guidance for needle stick & inoculation injuries – Quick guide for staff**' must be displayed in all clinical areas (See TAD_CL077_01)
- Never put inappropriate items into the sharps container such as paper, gauze, cotton wool, packaging or gloves.
- In the event of a needlestick injury, staff must be supported as per flow chart, (TAD_CL077_02) by their Line Manager and contact occupational health for advice. For high risk inoculation injuries staff should attend A&E within one hour. This is imperative if there is a possibility that the source patient has a BBV. Staff counselling should be arranged, where appropriate. Counselling is available to all Pennine Care NHS Foundation Trust (PCFT) staff.
- If a sharp is found, make the area safe and dispose of the sharp wearing personal protective equipment (PPE) such as gloves and use appropriate forceps or pincers. Do not touch the sharp.

Safe transportation of sharps containers

- Community staff who need to transport sharps containers in their cars should carry them in the boot of their care where they are out of sight and stored securely within their nursing/clinical bag. The sharps container must have the temporary closure mechanism in place and should be secured upright so spillage would be minimised in the event of an accident. The container should be as small a capacity as possible, e.g. 0.5 litres and the vehicle must be locked at all times when left unattended. It is staffs responsibility to ensure sharps containers are kept out of reach of children and vulnerable groups at all times

Safe usage and disposal of sharps within a patient's home:

- When sharps are to be used in a domiciliary setting, always take a sharps container into the home.
- If a sharps container is to be left at a patient's home for ongoing treatment ensure that the sharps container is safely stored out of access of children if present. Ensure the patient or carer is advised regarding the sharps and container, and document this in the patient notes.
- Sharps containers collected by a 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, pets and/or pests.
- Patients generating their own used sharps in the home setting with no involvement of a healthcare worker, where the medicine has been prescribed by their General Practitioner (GP), e.g. injecting insulin dependent diabetic patients, must be provided with a sharps container (available on FP10). Full sharps containers from these patients must be returned to the GP practice for disposal. Where a patient is having ongoing care from a community/treatment nurse, then it is acceptable for a full sharps container to be brought to a community clinic for disposal.
- When using pen devices never re-sheath the needle with the small inner plastic cover supplied; use the pen needle removing device on sharps containers.

- Patients who are prescribed injectable medicine must be provided with a sharps container and a safe system of disposal must be arranged by the prescriber.
- Sharps containers which have been damaged or tampered with during the patient's use must be incident reported. Patients who are supplied with a sharps container must be educated on their use, and given a '**Sharps Awareness Leaflet for Patients**'. Any advice given must be recorded in inpatient notes.
- Sharps must never be placed in a non-approved sharps container.
- Sharps must never be placed in the domestic refuse system.

6. PREVENTION OF AN INOCULATION INJURY

A sharps injury is an injury where the skin or mucous membrane is breached. It is an inoculation incident where the sharps have already been used on a patient. Other inoculation incidents include:

- Contact of diseased or non-intact skin with blood or blood stained body fluids
- Body exudates through wound or sore
- Splashes/spitting to the eye, mouth or nose of blood or blood stained body fluids
- A human bite which breaks the skin of the bitten person

Bodily fluid (vomit, faeces, urine) splashes onto intact skin is not classed as an inoculation injury. In these circumstances, washing the contaminated area thoroughly with soap and water is all that is required.

Compliance with the above guidance on sharps management will reduce the risk of a contaminated sharps injury.

In addition:

- Inexperienced staff should avoid performing invasive procedures that could result in a needle stick without the supervision of an appropriately trained senior colleague.
- All staff should protect their skin, as the skin is an effective barrier to micro-organisms. Skin should be intact before using sharp instruments. If cuts/abrasions/weeping eczema are present, these should be covered with impermeable dressings
- The use of gloves provides additional protection as long as dexterity is not impeded. Staff performing Venepuncture should use gloves.
- Gloves should be worn for invasive procedures and where there is a risk of exposure to contaminated sharps
- PPE used to protect the mucous membranes (eyes, mouth and nose), such as goggles, masks or visors should be provided where there is a risk of bodily fluid splashes.

- A safety device must be used on all injectable syringes for injection and on other sharps equipment if available⁷
- Avoid the unnecessary use of sharps.

7. MANAGEMENT OF INOCULATION INCIDENTS

When a member of staff has sustained an inoculation injury, where there has been a potential or actual risk of exposure to blood or body fluids, such as a puncture site, cut, bite or scratch, it must be gently encouraged to bleed (do not suck).

The area needs to be washed thoroughly with soap and warm water, dried and then covered with a waterproof dressing.

A splash to the eye or mouth should be rinsed thoroughly with water.

The member of staff sustaining the injury must immediately inform their line manager or appointed person, of the incident and must also contact occupational health to record the injury and receive further advice/direction – Patient Asset Management 24 Hour Helpline: Tel: 0330 660 0365.

The line manager or appointed person must complete an **‘Injury Assessment Form’** (TAD_CL077_03) to record that the staff member has had contact with blood or body fluids. If the injured staff member is unable to contact a line manager immediately they must ring occupational health on the 24hour needle stick helpline number and they will complete the **‘Injury Assessment Form’** and e-mail it to the injured member of staff. If the staff member has had contact with blood or bodily fluids they must go straight away to Accident and Emergency (A&E) (within 1 hour) taking the **‘Injury Assessment Form’** **this will assist** the A&E doctor complete a medical risk assessment. The member of staff should be seen within 1 hour once in A&E.

The member of staff sustaining the injury must complete an incident form within 24 hours. It is the responsibility of the member of staff and their manager to ensure this procedure is carried out correctly and quickly.

If source patients bloods are taken redacted results should be sent to Occupational Health along with staff members ERN No (OHIO System number) or Name and Date of Birth.
<https://www.pamgroup.co.uk/blackburn>

An incident where a patient is exposed to the blood of a health care worker should be managed in the same way.

8. REPORTING ARRANGEMENTS FOLLOWING AN INOCULATION INJURY

An incident is reported via the Trust’s Ulysses Safeguard System. The Incident is then sent to several PCFT specialists (including managers, Health & Safety and the IP&C team) for review.

The incidents will be reviewed at the IP&C committee, any recommendations made or lessons learnt will be relayed back to the appropriate staff and managers.

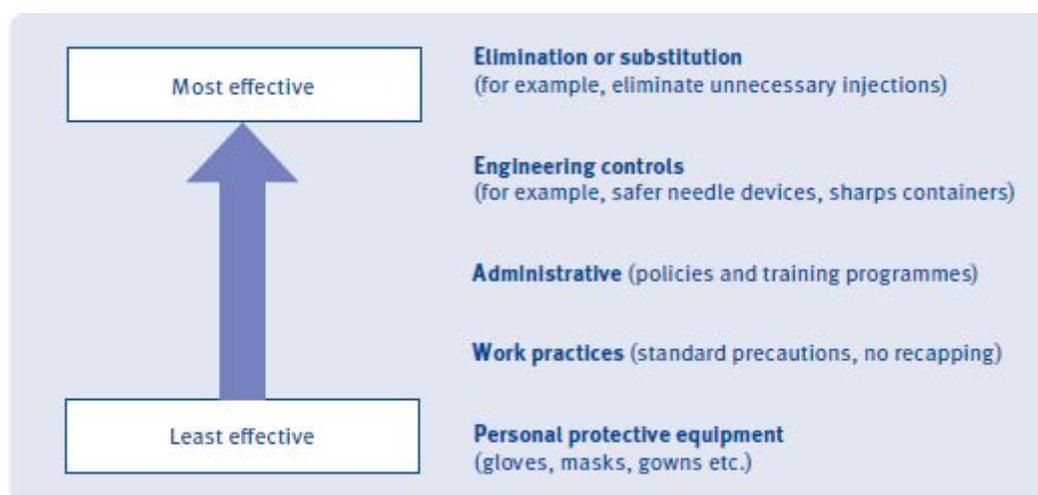
9. CONTROL MEASURES

All staff likely to be in contact with sharps or inoculation risks should be aware of their immunisation status regarding Hepatitis B. Optimal management of healthcare workers can only be achieved if their vaccination status is known.

Any staff working in healthcare that handle sharps and clinical waste, should receive a full course of Hepatitis B vaccine and have their antibody level checked. This will be carried out by Occupational Health.

Staff new to the organisation or any existing staff who know they are not already protected should contact Occupational Health to arrange a vaccination without delay.

If staff know they have been at risk of exposure to a BBV (Hepatitis B, Hepatitis C or HIV) then they must be aware of their responsibilities in relation to reporting the occurrence.



10. MANAGEMENT OF SIGNIFICANT EXPOSURES

Recipients

A risk assessment should be made based on the significance of the exposure, the recipients' prior immunity to Hepatitis B and the known or likely status of the patient for BBVs. This should be carried out by a medical professional in A&E where bloods should be taken for serum save.

Depending on the circumstances of the exposure and the immune status of the recipient, the recipient may be advised to have immediate additional vaccine doses, such as Hepatitis B or receive immunoglobulin.

Seeking early advice is the key to successful intervention to prevent transmission.

Persons subject to penetrating human bites should have their wound medically assessed (because of the risk of bacterial infection) in A&E and be referred to Occupational Health for follow up.

Source

If the source patient is known, every reasonable attempt should be made to obtain informed consent for a blood specimen for testing for BBVs. To avoid discrimination, it is standard practice for all source patients to be offered tests for the three main BBVs, (Hepatitis B, Hepatitis C and HIV). Appropriate pre-test information and informed consent is a pre-requisite of testing the source. The taking of blood specimens and the approach to the source for permission to test should always be managed by a third party, i.e. somebody other than the recipient of the injury. For example (a community/ward nurse phlebotomist, practice nurse or doctor).

PCFT Occupational Health provider does not take blood or give advice on taking blood on source patients. If blood is required from source patients this must be done by a competent practitioner and sent to the nearest laboratory for testing, the results should be relayed to the ward for in-patients and to the GP for the community.

If source patients bloods are taken redacted results should be sent to Occupational Health along with staff members ERN No (OHIO System number) or Name and Date of Birth. <https://www.pamgroup.co.uk/blackburn> to inform ongoing action.

Where the source patient is a PCFT “inpatient”- results should be obtained and reviewed by the ward medical staff.

Where the source patient is a “community patient” – results should be obtained and reviewed by the source GP.

The service manager is required to be the lead for the management of the incident and is responsible for liaising with the ward doctor or GP and sharing the outcome of the source test results with the recipient.

11. REDUCING THE RISK OF HEPATITIS C TRANSMISSION

No specific post exposure prophylactic (PEP) measures are advised beyond basic first aid. In the event of a source proving to be Hepatitis C positive, specific advice on subsequent testing and management will be provided through the occupational health service, including advice on preventing onward transmission.

12. REDUCING THE RISK OF HIV TRANSMISSION

In the case of a significant exposure to a known or suspected human immunodeficiency virus (HIV) infected source, or if there is evidence of Acquired Immune Deficiency Syndrome (AIDS) related illness, then HIV-PEP can be offered. HIV-PEP should ideally be started within **one hour** of exposure, but can still be offered up to 2 weeks later. Staff must attend A&E with the completed **Injury Assessment Form** (TAD_CL077_03) which requests the doctor to perform a risk assessment and take bloods for storage. The A&E doctor may advise or initiate treatment when reviewing the recipient.

13. EDUCATION AND TRAINING

Staff requirements for training are identified in the training needs analysis in the Education, Training and Development Policy CO005.

14. AUDIT AND MONITORING

A Sharp's Management audit is undertaken annually which reviews sharps containers and equipment. The IP&C Environmental in-patient audit (bi-annual) and community buildings audit (annual) also inspects sharps equipment. The audit reports are reported back to the IP&C committee where any recommendations made to improve practice will be relayed back to the appropriate staff and managers. If an action plan is required the service manager will address any deficiencies found during the audit.

The effective application of this policy, including adherence to any standards identified within will be subject to monitoring using an appropriate methodology and design, such as clinical audit.

Monitoring will take place on a biannual basis and will be reportable to the Quality Group via the Clinical Effectiveness and Quality Improvement Team.

15. EQUALITY IMPACT ANALYSIS

As part of its development, this document was analysed to consider / challenge and address any detrimental impact the policy may have on individuals and or groups protected by the Equality Act 2010. This analysis has been undertaken and recorded using the Trust's analysis tool, and appropriate measures will be taken to remove barriers and advance equality of opportunity in the delivery of this policy.

The Trust strives to ensure equality of opportunity for all both as a major employer and as a provider of health care. This Policy Document has therefore been equality impact assessed by the IP&C Committee to ensure fairness and consistency for all those covered by it regardless of their individual differences.

16. FREEDOM OF INFORMATION EXEMPTION ASSESSMENT

Under the Freedom of Information Act (2000) we are obliged to publish our policies on the Trust's website, unless an exemption from disclosure applies. As part of its development, this policy was assessed to establish if it was suitable for publication under this legislation. The assessment aims to establish if disclosure of the policy could cause prejudice or harm to the Trust, or its staff, patients, or partners. This assessment has been undertaken using the Trust's Freedom of Information Exemption Guide, and will be reviewed upon each policy review.

17. INFORMATION GOVERNANCE ASSESSMENT

This Policy has been analysed to ensure it is compliant with relevant information law and standards as in place at the time of approval, and are consistent with the Trust's interpretation and implementation of information governance components such as data protection, confidentiality, consent, information risk, and records management.

Compliance will be reviewed against any changes to legislation / standards or at the next review of this document.

18. SAFEGUARDING

All staff have a responsibility to promote the welfare of any child, young person or vulnerable adult they come into contact with and in cases where there are safeguarding concerns, to act upon them and protect the individual from harm.

All staff should refer any safeguarding issues to their manager and escalate accordingly in line with the Trust Safeguarding Families Policy and Local Safeguarding Children/Adult Board processes.

19. REVIEW

This policy will be reviewed three-yearly unless there is a need to do so prior to this; e.g. change in national guidance.

20. REFERENCES

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