

# Prevention of Injury by Sharp Instruments and Use of Safety Devices Policy

<b>Approval date:</b>	<b>29 June 2022</b>
<b>Version number:</b>	<b>2.0</b>
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<b>Review date:</b>	<b>January 2025</b>
<b>Security classification:</b>	<b>OFFICIAL – Green: unclassified information</b>

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Document reference number: HRPOL049

NHS Shetland Document Development Coversheet\*

<b>Name of document</b>	Prevention of Injury by Sharp Instruments and Use of Safety Devices Policy		
<b>Document reference number</b>	HRPOL049	<b>New or Review?</b>	Review
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<b>Review date</b>	January 2025		
<b>Security classification</b>	OFFICIAL – Green: unclassified information		

<b>Proposed groups to present document to:</b>		
Health, Safety and Wellbeing Committee	Control of Infection Committee	Clinical Governance Committee
Staff Governance Committee		

Date	Version	Group	Reason	Outcome
August 2015	1	Individual Stakeholders, HR, Infection Control	PI, PO, C/S	PRO
October 2015	1	Health and Safety Committee, CCGG, CGC and CoIC)	PI, PO, C/S	Approved
January 2016	1	SGC		Approved
March 2022	1.1	Health, Safety & Wellbeing Committee	C/S	PRO
May 2022	1.1	CoIC	PI, PO, C/S	PRO
June 2022	1.1	APF	C/S	PRO
29 June 2022	1.1	Staff Governance Committee	C/S/FA	MR/INT/Approved

Examples of <b>reasons</b> for presenting to the group	Examples of <b>outcomes</b> following meeting
<ul style="list-style-type: none"> <li>Professional input required re: content (PI)</li> </ul>	<ul style="list-style-type: none"> <li>Significant changes to content required – refer to Executive Lead for guidance (SC)</li> </ul>
<ul style="list-style-type: none"> <li>Professional opinion on content (PO)</li> </ul>	<ul style="list-style-type: none"> <li>To amend content &amp; re-submit to group (AC&amp;R)</li> </ul>
<ul style="list-style-type: none"> <li>General comments/suggestions (C/S)</li> </ul>	<ul style="list-style-type: none"> <li>For minor revisions (e.g. format/layout) – no need to re-submit to group (MR)</li> </ul>

<ul style="list-style-type: none"><li>• For information only (FIO)</li></ul>	<ul style="list-style-type: none"><li>• Recommend proceeding to next stage (PRO)</li></ul>
<ul style="list-style-type: none"><li>• For proofing/formatting (PF)</li></ul>	<ul style="list-style-type: none"><li>• For upload to Intranet (INT)</li></ul>
<ul style="list-style-type: none"><li>• Final Approval (FA)</li></ul>	<ul style="list-style-type: none"><li>• Approved (A) or Not Approved, revisions required (NARR)</li></ul>

**Please record details of any changes made to the document in the table below**

Date	Record of changes made to document
January 2022	<p>Remove “Learnpro module – Prevention and Management of Occupational Exposure – go to the compulsory all staff tab.” from the Minimum Implementation Standards heading on page 1.</p> <p>Remove references to LearnPro and replace with Turas.</p> <p>Remove references to Health &amp; Safety Committee and replace with Health, Safety &amp; Wellbeing Committee.</p> <p>Replace references to Health &amp; Safety Manager and replace with Health &amp; Safety Lead.</p> <p>Under Legislation and Standards heading, Add “INDG342 – Blood Borne Viruses in the Workplace”.</p> <p>Remove “Director of Nursing” under Responsibilities Section and replace with Director of Nursing &amp; Acute Services, Medical Director, Director of Community Health &amp; Social Care.</p>

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## 1. Introduction

NHS Shetland recognises its responsibilities under Health and Safety Legislation and the duty to protect, so far as is reasonably practicable anyone who may be injured as a result of inappropriate use or disposal of 'sharps'.

UK had until 11th May 2013 to ensure that the provisions of the Directive had been implemented into national legislation.

NHS Shetland will introduce safety sharp devices across all its sites, with the aim to continue to replace sharps with safety devices.

The Management of Health and Safety at Work Regulations 1999, in accordance with the Health and Safety at Work Act 1974, include duties for people in control of workplaces to assess the risks associated with work place environment or tasks. They require appropriate arrangements for effective planning, organisation, control, monitoring and review of any measures to safe guard health and safety. The Control of Substances Hazardous to Health Regulations 2002 (as amended), also require that an employer must make a suitable and sufficient assessment of risk created by the work involving substances hazardous to health, in this instance, exposure to blood and blood borne virus and other contaminants.

## 2. Aim of the policy

NHS Shetland recognises its responsibilities under the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 and the duty to provide, so far as is reasonably practicable, working environments that are safe and healthy for all employees, patients, students on placements, contractors, voluntary workers, visitors and other members of the public. The regulation states that where prevention of exposure is not possible, the risk must be minimised through:

- Keeping the number of workers likely to be exposed as low as possible
- The design of work processes and use of engineering control measures to avoid or minimise the release of biological agents into the workplace.

This policy aims to provide a framework to meet the Board's obligations under this regulation.

## 3. Scope of the policy

This policy applies to all NHS Shetland Staff and to all individuals providing services on behalf of NHS Shetland. It applies to NHS staff working on both NHS property and property that is out with the remit of NHS Shetland, during the course of their undertakings.

## 4. Responsibilities and organisational roles

The overarching NHS Shetland, Health and Safety Policy sets out the roles and responsibilities for all NHS Shetland employees. Additional responsibilities to enable the effective management of prevention of sharps injuries are detailed below:

### Clinical Governance Committee

- Receive assurance that the policy is appropriately implemented – internal audit, compliance systems.

- Ensure that there are arrangements for identifying, evaluating and managing the risks associated with preventing/reducing sharp injuries.
- Review implementation process of safety devices across NHS Shetland and continue to support the replacement of sharp instruments with safety devices, where reasonably practicable.

### **Health, Safety and Wellbeing Committee**

- Ensuring that there are arrangements for identifying, evaluating and managing the risks associated with preventing/reducing sharps injuries.
- Ensuring that incidents relating to deviation from use of safety devices are monitored and investigated.
- Reviewing the effectiveness of this policy on a three yearly basis or if change in legislation or if issues identified in audit process.

### **Director of Nursing & Acute Services, Medical Director, Director of Community Health & Social Care**

- Ensuring that all managers are aware of this policy and the requirements within it.
- If required: ensure that all clinicians complete the 'Opt-out Risk Assessment for clinical decisions to not use safety devices and sign off is achieved by Director of Nursing or Chief Nurse.
- Ensuring the implementation of risk reduction strategies/procedures for eliminating sharp injuries and ensuring the processes are in place to monitor the effectiveness of such.
- Ensuring that all aspects of NHS Shetland's Adverse Events Policy are implemented.
- Ensure that all self-audits of sharps for their area of responsibility are completed every six months and submitted.

### **Occupational Health**

Promoting the implementation of post incident support strategies/procedures such as Post Exposure Prophylaxis (P.E.P.) and Counselling service.

### **Departmental managers**

- Ensuring that all staff are aware of this policy and the requirements within it.
- When appropriate, completing risk assessments for clinical decision to opt-out of safety devices specific to task and staff group within their department, involving both staff and nominated Staff Side Partnership Representative in the process. With sign off from Director of Nursing.
- Implementing risk reduction controls identified as a result of risk assessment and ensuring that these controls are monitored and reviewed.
- Completing six monthly sharps audit as per Standard Infection Control Precautions Audit (In conjunction with Infection Control and Link Nurses).
- Completing question set in relation to sharps use and disposal on KPI audit sheet.

- Communicating the results of Risk Assessments to ensure that staff are fully aware of the hazards identified as a result of these and ensuring these assessments are monitored and reviewed.
- Ensuring that reports relating to the deviation of use of safety, including risks associated with particular locations, activities, patients and members of the public are recorded and communicated to others who may be exposed to the same risk.
- Ensure that all incidents relating to sharps are reported using the DATIX System and investigated in accordance with policy.

## **5. Risk assessments**

Managers within NHS Shetland will complete Risk Assessments to prevent deviation from use of safety devices following the steps below:

### **Step 1 – Identify the hazards**

Identify activities/ tasks that involve the use and handling of sharps, including clinical and non-clinical activities / tasks.

Consider the hazardous properties of contaminated sharps and the likelihood of them containing a blood borne virus and other contaminants. Guidance is available from sources such as the NHS Shetland Health and Safety Intranet site and HSE website.

### **Step 2 – Decide who might be harmed and how**

Consider who will be involved in the use of sharps, the environments in which sharps are used or handle, including methods of transportation, methods of disposal of sharps etc. as to whether individuals and/or others are at risk.

### **Step 3 – Evaluate the risk**

Consider the precautions/controls already in place and assessing whether they adequately deal with the risks. Identify if further precautions/ controls are required.

### **Step 4 – Record the findings**

Using NHS Shetland DATIX Risk Assessment. See sample risk assessment (Appendix 3)

### **Step 5 – Review assessments**

If there is any significant change or otherwise, the risk assessment must be reviewed to evaluate whether precautions are still adequate. Assessments must always be reviewed after an incident involving sharps.

#### **5.1. Clinical opting out of using safety devices**

Where other risk factors such as patient safety, comfort or clinical procedures outweigh the use of safety sharp devices, the Risk Assessment 'For the use of Non Safety Sharp Devices' (Appendix 4) must be completed and signed off by the Director of Nursing or Chief Nurse for service. A copy should be kept by the relevant Clinician / department for audit trail purposes.



## **6. Risk reduction controls**

Following an assessment of the risk, risk reduction controls must be implemented where possible to reduce the likelihood and /or severity of incidents resulting from exposure to contaminated sharps.

Risk Reduction controls should be based on having in place effective and efficient systems of control, communication, competence and co-operation:

### **Control includes:**

- Risk Assessment – site and staff group specific.
- Safe Working Practice (Appendix 1) – This form should be displayed near sharps boxes to comply with the regulation.
- Review risk assessments after reports of sharps incident.

### **Communication includes:**

- Tool box talks/Safety Briefing on Medical Sharps.
- Policy awareness and legislative compliance.
- Risk assessment and procedure awareness.
- Benefits of vaccination - NHS Shetland - Procedure for protection against occupational infection with blood borne viruses.
- Counselling if indicated – refer to Occupational Health.
- Evaluating effectiveness of risk reduction controls.

### **Competence:**

- Training – to include awareness of the risk to person, safe procedure for use, disposal and reporting of injuries.
- Appropriate Turas training modules to be completed by all staff.
- Clinical Staff –use of sharps equipment. Records of this training certified and held in personal files.

### **Co-operation**

- Review the approach in the light of experience by looking at DATIX reports. Discuss exposure risks with safety representatives. Investigation, in partnership, review current practice and procedures.
- Re-train staff if required and read available policies and strategies/procedures.
- Assist in trials of new products.
- Consult with others that share premises with NHS Shetland.

## **7. Reporting and monitoring**

### **7.1. Reactive**

All incidents (including near misses) must be reported using the DATIX System in line with NHS Shetland Adverse Event Policy. If the source is known and from a high risk group (a carrier of a Blood Borne Virus) this must be reported to the HSE under RIDDOR.

Line managers must ensure that a review and investigation of sharps exposure incidents is carried out and recorded. Harm to staff incidents will be investigated as a significant adverse event as per the Adverse Events Policy and Procedure.

In order to ensure the implementation and effectiveness of this policy and associated local controls, local statistics and incident reports should be reviewed regularly by relevant management groups, Occupational Health, Health & Safety Lead and Health, Safety & Wellbeing Committee.

All accidents and incidents are monitored by the Health, Safety & Wellbeing Committee; any sharp incidents which are not deemed to have been managed appropriately are subject to further investigation by the Committee. Sharp incident trends are monitored by NHS Shetland Occupational Health Department, Health and Safety Lead and Health and the Health, Safety & Wellbeing Committee.

### **7.2. Proactive**

Each clinical area completes a self-audit of sharps for their area and submits every six months, electronically or hard copy, to the Health and Safety Lead. (Appendix 2)

Managers / Charge Nurses will undertake monitoring of tasks where sharps are involved to ensure compliance with procedures.

## **8. Audit**

The effectiveness of this policy across the organisation will be undertaken by the Health, Safety & Wellbeing Committee, during the audit process, as per NHS Shetland Health and Safety Action Plan (Appendix 2).

## **9. Review**

The Health and Safety Lead will review this policy every 3 years or following any significant change and recommend changes as required to NHS Shetland Health, Safety & Wellbeing Committee.

## **10. Equality and Diversity**

This policy was reviewed to assess whether there was any likelihood of equality impacts and none were identified, therefore no equality impact assessment is required. Health and Safety issues are a concern for all staff and groups of users of NHS Shetland's services and premises. The equality and diversity page on the intranet includes a wide range of information about the issues and how these might be addressed.

## **Appendix 1 – Safe working practice**

Safe working practice can be divided into three stages:

### **Prior to Use**

- Follow correct method to ensure safe clinical practice when assembling the sharps bin – bin must comply with British Standard BS7320.
- Ensure that the department, date of assembly and name of assembler is clearly identified on the sharps bin.
- Ensure sharps bins are situated in suitable locations – not on the floor.
- Ensure there are adequate sharps bins of appropriate sizes in your department.
- Choose the safest device in relation to the task to be undertaken. Use needleless / safety devices where appropriate – if not using a safety device, the department must complete a risk assessment to demonstrate controls are in place to reduce risk to staff.
- Always take the sharps bin to the point of use and place it on a hard surface.
- Always keep sharps bins out of the way of children and other vulnerable people.

### **During Use**

- Wear appropriate personal protective equipment (PPE) – non latex gloves, apron.
- Carefully assemble the device to be used.
- Do not bend needle.
- Do not re-sheath needle.
- Use tray system to carry sharps devices.
- Do not use foil / cardboard trays (except as a liner).
- Never carry sharps in your hand or pocket.
- Activate temporary closure mechanism on sharps bin if in a patient area.
- Never move an open sharps bin.
- Always carry the sharps bin by the handle.
- Be especially careful of the risk from sharps during emergency procedures.
- Never fill sharps bins passed the full line.
- Never try to retrieve anything from a sharps bin.

### **After Use**

- Safe disposal of the sharp is the responsibility of the user.
- Dispose of sharps directly into the sharps bin at the point of use.
- Dispose of sharps bins when filled up to the full line or when sharps bin is a month old following the date of assembly. Lock securely.
- Date and signature on closing must be completed on sharps bin.

- When ready for disposal, the sharps bin is black tagged.
- Dispose of sharps bin securely as per the Waste Management Policy /Procedure.
- The porter / transport driver will not uplift sharps containers which are not signed, dated and black tagged appropriately or are not correctly sealed.

## Appendix 2 – Health and Safety sharps management 6-monthly review

Date:

Department:

Name of Person Undertaking Review:

Designation:

Clinical Sharps	Yes	No	N/A
Have you undertaken a risk assessment on the use of clinical sharps?			
Have the risk assessment findings been communicated to all staff?			
Are staff aware of and using clinical sharps procedures?			
Are all clinical sharps safety devices?			
If you stated 'no' to any question, please expand here:			

Signature of Reviewer: Next Review Date:

Once completed, submit form electronically or by hard copy to the Health and Safety Lead

### Appendix 3 – Sample risk assessments

**Department:** Occupational Health

**Activity:** Preparing / giving an injection

**Who might be harmed:** Clinicians, Porters, Patients, Carers, Estates and Contractors. Risk of injury from exposed sharp resulting in blood borne infection.

**Risk Evaluation:** High 25 - long term serious ill health or death

#### Controls:

- Procedure undertaken in clinical room – room locked when not in use
- Safe Working Practice and Needle stick management posters displayed
- Sharps bins provided at point of use
- Hand washing facilities and PPE provided
- Safety Hypodermic Needles in use
- Disposable receivers in use
- Information, instruction and training provided to all staff on the use of safety hypodermic needles, infection control and needle stick incident management.
- Sharps bins used and disposed of as per current guidelines and written information displayed on safe working practice poster (BN approved, sharps bins not filled above full line)
- Spillage kits and material are supplied for use in the event of a blood spillage as per National Infection Prevention and Control Manual

**Risk Evaluation using above controls:** Medium - 5 risk of long term serious ill health or death remains

**Further Controls Identified:** None

**Activity:** Incision with scalpel

**Who might be harmed:** Clinicians, Porters, Laundry staff, Patients, Visitors, and Contractors.

Risk of injury from exposed sharp resulting in blood borne infection.

**Risk Evaluation:** High 25 long term serious ill health or death

#### Controls:

- Procedure undertaken in appropriate environment
- Safe Working Practice and Needle stick management posters displayed
- Sharps bins provided at point of use
- Uniform worn as per uniform policy

- Hand washing facilities and PPE provided
- Receivers in use
- Non safe scalpel in use
- Information, instruction and training provided to all appropriate staff on the use of scalpels, infection control and needle stick /sharp incident management.
- Sharps bins used and disposed of as per current guidelines and written information displayed on safe working practice poster (BN approved, sharps bins not filled above full line)
- Spillage kits and material are supplied for use in the event of a blood spillage as per National Infection Prevention and Control Manual

**Risk Evaluation:** High 25 risk of long term serious ill health or death remains

**Further Controls:** Source and trial safety scalpels

**If the decision is to continue to use non safety scalpels the Risk Assessment for the use of Non-Safety Sharp Devices must be completed (Appendix 4 of Prevention of Injury by Sharp Instruments and Use of Safety Devices).**

**Appendix 4 – Risk assessment for the use of non-safety sharp devices**

**DATIX Reference:** .....

**RISK ASSESSMENT FOR THE USE OF NON SAFETY SHARP DEVICES**

**Site:** .....

**Department/Team:** .....

**Print Name:** ..... **Designation:** .....

**Signature:** .....

**Are you aware of ‘The Health and Safety (Sharp Injuries in Healthcare) Regulations 2013?’ (<http://www.legislation.gov.uk/ukxi/2013/645/contents/made>) which indicates the need to replace clinical sharps with safer devices?**

**Yes / No**

**Are you aware of NHS Shetland needle stick guidelines in case of injury to staff?**

**Yes / No**

**Describe the task /procedure you are undertaking?**

**Why do you want to opt out of using safety devices? Please explain your rationale and supply supporting evidence that the clinical procedure / patient risk outweighs the reduction of risks to staff and others by employing safer devices?**

**Make/Model of Safety Sharp offered for use –**



**Make Model of Non Safety Sharp you want to be exempt to use (currently in use) –**

**Designation of Department / Team Employees authorised to undertake this task / procedure using non –safety device:**

Signature of Medical Director/Chief Nurse for service: Name of Medical Director/Chief Nurse for service:

.....

Date:.....