

POLICY FOR THE PREVENTION OF INJURY BY SHARP INSTRUMENTS AND USE OF SAFETY DEVICES

Name	Policy for the Prevention of Injury by Sharp instruments and Use of Safety Devices
Summary	This Policy documents the GJF responsibilities and arrangements 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, contractors, voluntary workers, visitors and members of the public.
Associated Documents	Health and Safety Policy
Target Audience	All staff of GJF
Version number	1.0
Date of this version	June 2018
Review Date	June 2021
Date of fairness test	July 2018
Approving committee/group	Health and Safety Committee
Document Lead	David Wilson (H&S)
Document Author (if different)	

The Golden Jubilee Foundation is the new brand name for the NHS National Waiting Times Centre. Golden Jubilee National Hospital Charity Number: SC045146

Golden Jubilee Foundation Values Statement

What we do or deliver in our roles within the Golden Jubilee Foundation (GJF) is important, but the way we behave is equally important to our patients, customers, visitors and colleagues. We know this from feedback we get from patients and customers, for example in “thank you” letters and the complaints we receive.

Recognising this, the GJF have worked with a range of staff, patient representatives and managers to discuss and promote our shared values which help us all to deliver the highest quality care and service across the organisation. These values are closely linked to our responsibilities around Equality.



Valuing dignity and respect

A can do attitude

Leading commitment to quality

Understanding our responsibilities

Effectively working together

Our values are:

- Valuing dignity and respect.
- A ‘can do’ attitude.
- Leading commitment to quality.
- Understanding our responsibilities.
- Effectively working together.

Our policies are intended to support the delivery of these values which support employee experience.

Executive Summary

Key Messages

- The Golden Jubilee Foundation (GJF) recognises its responsibilities under Health and Safety Legislation and the duty to protect, so far as reasonably practicable, all patients, employees, contractors, students and pupils on placements, voluntary workers and visitors as well as members of the public from injury, resulting from inappropriate use or disposal of 'sharps'.
- The GJF is committed to taking steps, as far as is reasonably practicable, to ensure the prevention of sharp injuries.
- The use of 'safety devices' will be kept under review by the Health and Safety Committee taking forward further implementation based on the cost effectiveness and Risk Assessment process.
- The GJF will ensure that there is in place a Risk Assessment process to prevent/reduce the likelihood of sharp injuries
- All staff are accountable for their own actions and must follow all 'policies' and procedures designed to ensure safer ways of working, including actions to prevent sharp injury which include the use of safety devices. Should a clinician or other user decide that other risk factors such as patient safety, comfort or clinical procedures outweigh the use of the safer device then they must conduct a risk assessment and record the agreement to detract from using the safety device

Terminology

- "Medical Sharp" means an object or instrument which is used for carrying out activities specific to healthcare and which is able to cause injury by means of cutting or piercing the skin – The Health and Safety (Sharp Instruments In Healthcare) Regulations 2013
- 'Safety Device' means a device which has been safety engineered and are known generically as safer needle devices or safety devices. These have a built-in safety feature to reduce the risk of sharps injury before, during or after use. Devices can be passive or active. Passive devices have an automatic mechanism that is activated after use. Active devices need to be manually activated by the member of staff

Legislation and Standards

This Policy was prepared for publication in June 2018. After this date, readers must ensure that they use the latest relevant legislation.

Existing Health and Safety Legislation requires employers to protect workers from the risk of injury from medical sharps and exposure to biological agents:

- The Health and Safety at Work Act (1974)
- The Health and Safety (Sharp Instruments In Healthcare) Regulations 2013
- Control of Substances Hazardous to Health Regulations (2002)
- Management of Health and Safety at Work regulations (1999)
- Personal Protective Equipment at Work Regulations (1992)
- Provision and Use of Work Equipment Regulations (1998)
- Reporting of Injuries, Diseases and Dangerous Occurrences (2013)

1.0 Introduction

On the 10th May 2010 a European Directive was introduced to prevent injuries and blood-borne infections to hospital and healthcare workers from sharp instruments such as needles.

Member states, including the UK had until 11th May 2013 to ensure that the provisions of the Directive have been implemented into national legislation. The directive 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

The GJF has introduced safety sharp devices within our organisation, with the aim to continue with replacement of 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 workplace environments or tasks. They require appropriate arrangements for effective planning, organisation, control, monitoring and review of any measures to safeguard 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.

2.0 Aim of the Policy

2.1 All aims as stated in the GJF Health and Safety Policy, where the GJF 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, contractors, voluntary workers, visitors and members of the public.

3.0 Scope of the Policy

3.1 This policy applies to all GJF staff.

This policy has been written taking into consideration the needs of all diversity groups.

4.0 Responsibilities and Organisational roles

4.1 The over arching Health & Safety Policy for the organisation sets out the roles and responsibilities for GJF employees.

Additional responsibilities to enable the effective management of prevention of Sharp injuries are detailed below:

4.2

Action	Persons Responsible
Receive assurance that the policy is appropriately implemented – internal audit, compliance system.	GJF Board
Ensuring that there are arrangements for identifying, evaluating and managing the risks associated with preventing /reducing Sharp Injuries	GJF Board
Review implementation process of safety devices within GJF and continue to support the replacement of sharp instruments with safety devices where reasonably practicable	GJF Board

4.3

Action	Persons Responsible
Ensuring that there are arrangements for identifying, evaluating and managing the risks associated with preventing /reducing Sharp Injuries	GJF Health and Safety Committee
Ensuring that incidents relating to deviation from use of safety devices are monitored and investigated by the Health and Safety Committees	GJF Health and Safety Committee
Review the effectiveness of this policy on three yearly basis or if change in legislation or if issues identified in audit process	GJF Health and Safety Committee
Ensure compliance with the Sharps	GJF Health and Safety Committee

Performance Standard (Appendix 4) evidenced by Senior Managers.	
---	--

4.4

Action	Persons Responsible
Ensuring that all Managers are aware of this policy and the requirements within it	Senior Manager/Head of Department
If required, ensure that all Managers complete the opt-out Risk Assessment for use of safety devices.	Senior Manager/Head of Department
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.	Senior Manager/Head of Department
Ensuring that all aspects of the GJF Adverse Event Policy are implemented	Senior Manager/Head of Department
Promoting the implementation of post incident support strategies/procedures such as Post Exposure Prophylaxis (P.E.P.) and Counselling service	Senior Manager/Head of Department

4.5

Action	Persons Responsible
Ensuring that all Staff are aware of this policy and the requirements within it	Departmental Manager /SCN
When appropriate, completing Risk Assessments for 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 Head of Department.	Departmental Managers/SCN

Implementing risk reduction controls identified as a result of risk assessment and ensuring that these controls are monitored and reviewed	Departmental Managers/SCN
Completing quarterly H&S Audit/Inspection which includes section on 'Sharps'	Departmental Managers /SCN/Safety Rep
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	Departmental Managers/SCN
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	Departmental Managers/SCN
Implementing all aspects of the GJF Adverse Event Policy and ensuring that all incidents relating to sharps are reported using the Datix System and investigated in accordance with policy	Departmental Managers/SCN

4.6

Action	Persons Responsible
Taking reasonable care of themselves, and any other people who may be affected by their actions	All staff/employees
Following all 'policies' and procedures designed to ensure safer ways of working including actions to prevent sharp injury (Appendix 1)	All staff/employees
Contribute to the risk assessment process and complete any training	All staff/employees

relating to minimising exposure to sharp injury	
Report all incidents and near misses that may affect the health and safety of themselves or others using the Datix system in line with the Adverse Event policy	All staff/employees
Report any hazards they identify or any concerns they might have in respect of the use and handling of sharps including risks associated with particular locations and activities	All staff/employees
Comply with the controls identified within the Risk Assessment, including wearing the identified Personal Protective Equipment (PPE)	All staff/employees

5.0 Risk Assessments

Managers within the GJF will complete Risk Assessment to prevent deviation from use of safety devices following the steps below:-

Step 1 Identify the Hazards

By considering the hazardous properties of contaminated sharps and the likelihood of them containing a blood borne virus and other contaminants and consideration of those tasks that involve the use and handling of sharps, including clinical and nonclinical activities/tasks.

Step 2 Decide who might be Harmed and How

By considering who will be involved in the use of sharps, the environments in which sharps are used or handled, 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

By considering the precautions already in place and assessing whether they adequately deal with the risks.

Step 4 Record the Findings

Using the GJF Risk Assessment process and form.

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 Opting out of using Safety Devices

The form in Appendix 3 must be completed and submitted to the Health and Safety Department, once signed off by Head of Department for service. It **must** be submitted electronically.

6.0 Risk Reduction Controls

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

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

Control includes;

- Risk assessment - site and staff group specific
- Safe Working Practice (Appendix 1)
- Review risk assessments after reports of sharps incident

Communication includes;

- Policy awareness and legislative compliance
- Risk assessment and procedure awareness
- Benefits of vaccination – GJF Working with Blood Borne Viruses Policy
- Use of staff counselling service, if indicated
- Evaluating effectiveness of risk reduction controls

Competence:

- Induction training on Sharps is provided by Occupational Health at Nurse Induction, covering the following:
 - Prevention/Protection
 - Awareness of the policy and procedure in the event of a needle stick injury

- Risk of infection after an occupational exposure
 - First Aid
 - Who takes responsibility for what, when an injury occurs
 - Roll of Occupational Health/SHO on call.
- Induction also includes SICP's delivered by PCIT which focuses on the safe management and disposal of sharps; and occupational safety: prevention and exposure management (including sharps).
 - No additional training will be required for Allied Health Practitioners unless issues are identified via health and safety inspections or datix. All such staff will be made aware of the BBV Occupational Exposure Management learn-pro module.

Cooperation

- Review the approach in the light of experience by looking at adverse event investigation and inspection reports. Discuss exposure risks with safety representatives. Investigation, in partnership, reviewing current practice and procedures.
- Re-train staff if required and read available policies and strategies /procedures
- Assist in trials of new products, set up by procurement

7.0 Reporting and Monitoring

Reactive

7.1 All incidents (including near misses) must be reported using the Datix system in line with the GJF Adverse Event Policy (see related documents). 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.

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

7.2 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 and H&S Committees.

7.3 All accidents and incidents are monitored by the local Health and Safety Committees; any sharp incidents, which are not deemed to have been managed appropriately are subject to further investigation by these Committees. Sharp incident trends are monitored by the GJF Health and Safety Committee.

Proactive

7.4 Each department completes a self audit/inspection of Health and Safety for their area, which includes a section on sharps. Any deficiencies must be addressed locally where possible, with exception reporting back to the Health and Safety Committee.

7.5 As part of the Healthcare Environmental Inspection audit / PCIT Annual Reviews/Monthly Snap[shots] / SCN SCIP's reviews.

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

8.0 Audit

The effectiveness of this policy across the organisation will be undertaken

- By the H&S Committee, during the audit process, as per GJF Health and Safety Action Plan.

9.0 Review

The Health and Safety Committee will review this policy every 3 years or following any significant change as required

10.0 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.

Appendix 1

SAFE WORKING PRACTICE

These can be divided into 3 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 date of assembly and name of assembler is clearly identified on the sharps bin
- Ensure sharp bins are situated in suitable locations
- 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 needle less/safety devices where appropriate - – if not using a Safety device, the department must complete a Risk Assessment to demonstrate controls in place to reduce risk to staff.
- Always take the sharps bins 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

- Perform hand hygiene and apply appropriate Personal Protective Equipment – non latex gloves, disposable apron
- Carefully assemble the device to be used
- **Do not** bend needle
- **Do not** resheath needle
- Use tray system to carry sharps devices
- **Do not** use foil/cardboard trays
- Never carry sharps in your hand or pocket
- Activate temporary closure mechanism on sharps bin between use
- Never move an open sharps bin
- Always carry the sharps bin by the handle/or in a near patient tray.
- Be especially careful of sharps risks during emergency procedures
- Never overfill (3/4 full) sharps bins
- Never dispose of items into sharps bin that protrude.
- Never try to retrieve anything from a sharps bin

After Use

- Safe disposal of sharp is the responsibility of the **user**

- Dispose of sharps directly into a sharps bin **at the point of use**
- Sharps bins must be disposed of when $\frac{3}{4}$ full or disposed of every 3 months following date of assembly, even if not full. Lock securely.
- Date and signature on closing must be completed on sharps box
- Dispose of sharps bin securely as per waste management policy/procedure
- The porter/transport driver **will not** uplift any sharps containers which do not have appropriate boxes completed, if not sealed appropriately, or if visibly contaminated with blood /body fluids.

APPENDIX 2

QUESTION SET TAKEN FROM HEALTH AND SAFETY MANAGEMENT QUARTERLY REVIEW PROCESS, 2018.

<i>Clinical Sharps</i>	Yes	No	N/A
<i>Have you undertaken a risk assessment on the use of clinical sharps?</i>			
<i>Have the risk assessment findings been communicated to all staff?</i>			
<i>Are staff aware of and using clinical sharps procedures?</i>			
<i>Do staff know how and who to report a sharps injury to?</i>			
<i>Have all relevant staff attended training on sharps safety?</i>			
<i>Are sharps bins readily available at the point of use?</i>			
<i>Are sharps bins secured to avoid spillage?</i>			
<i>Are sharps bins in use compliant with current standards?</i>			
<i>Are sharps bins temporarily closed when not in use?</i>			
<i>Do staff members know how to assemble and use sharps bins?</i>			
<i>Do staff members know how to dispose of (and lock) sharps bins?</i>			
<i>Are sharps bins closed and removed when three quarters full or 3 months after date of installation if empty?</i>			
<i>Are sharps containers contents appropriate?</i>			
<i>If you stated 'no' to any question, please expand here</i>			

Appendix 3 –Risk Assessment for use of Safety devices

RISK ASSESSMENT FOR USE OF SAFETY DEVICES

Department:

Name and designation:

Were you aware of 'The Health and Safety (Sharp Injuries in Healthcare) Regulations 2013?' which indicates the need to replace clinical sharps with safer devices?

Yes/No

Are you aware of the needle stick guidelines in case of injury to staff?

Yes/No

What are the tasks you are undertaking?

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

Make/Model of Safety Sharp offered for use –

Make/Model of Sharp you want to be exempt to use of alternative non safety device (currently in use) –

Signature of Senior Charge Nurse for department:

Name of Head of Service:

Date

Appendix 4 Hazardous Substances Management Standard

Hazardous substances

Management of Sharps Performance Standard.			
Standard	Employers have effective arrangements in place to manage the risks from sharps injuries. This should be read in conjunction with the hazardous substances standard.		
Rationale	Sharps injuries are a well-known risk in the health and social care sector. Sharps contaminated with an infected patient's blood can transmit more than 20 diseases, including hepatitis B, C and human immunodeficiency virus (HIV). Because of this transmission risk, sharps injuries can cause worry and stress to the many thousands who receive them.		
Legal Reference	The Health and Safety at Work etc Act 1974 The Management of Health and Safety at Work Regulations 1999 Control of Substances Hazardous to Health Regulations 2002 Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 Health and Safety (Sharps Instruments in Healthcare) Regulations 2013 (Sharp Regulations)		
Criteria	Evidence	Legal References	Observations
The organisation has suitable sharps management policies and procedures in place.	Policies and procedures	Management of Health and Safety at work Regulation 1999, Regulation 10	National Infection Prevention and Control of Infection Manual, Chapter 1: Standard Infection Control Precautions includes the Safe Disposal of Waste (including sharps). Document available via Q-Pulse.

<p>Suitable and sufficient risk assessments have been completed.</p> <p>These risks are reflected in the corporate and local risk register.</p>	<p>Risk register Generic and local risk assessments Local procedures</p>	<p>Control of Substances Hazardous to Health Regulations 2002, Regulation 6</p> <p>Management of Health and Safety at work Regulation 1999, Regulation 3</p>	<p>Raised with H&S Committee 3rd March for information on whether local risk assessments have been undertaken. Site wide risk assessment is available (carried out by Sharps Injury Prevention sub Committee)</p>
---	--	--	---

Management of sharps			
Criteria	Evidence	Legal References	Observations
<p>The organisation has taken steps to prevent or adequately control exposure to substances hazardous to health using risk hierarchies.</p> <p>Specific consideration is given to the additional risk controls including:</p> <ul style="list-style-type: none"> when sharps are used at work, safer sharps are used so far as is reasonably practicable needles must not be recapped unless risk assessment has identified risks of not recapping are greater than recapping if recapping is assessed as necessary the risk of injury is effectively controlled by use of a suitable appliance, tool or other equipment clearly marked and secure containers are placed close to where sharps are used. 	<p>Risk assessments Procedures / systems of work Risk registers Training Internal / external audit reports</p>	<p>Health and Safety (Sharps Instruments in Healthcare) Regulations 2013, Regulation 4</p> <p>Control of Substances Hazardous to Health Regulations 2002 Regulation 7</p> <p>Management of Health and Safety at Work Regulations 1999, Regulation 3,4 and 5</p>	<p>Agreement via SIP sub group to endorse use of safety devices wherever reasonably practicable.</p> <p>Sharps Injury Prevention is a standard item on the new revised H&S Quarterly Audit/Inspection tool.</p> <p>Sharps containers in use are compliant with BS 7320.</p>

Management of sharps			
Criteria	Evidence	Legal References	Observations
<p>Information, instruction and training is provided to those likely to be exposed to a risk of injury from a sharps instrument.</p> <p>Schedule 1 & 2 of the Sharps Regulations must be followed.</p>	<p>Policies and procedures</p> <p>Training syllabus</p> <p>Training records</p>	<p>Health and Safety (Sharps Instruments in Healthcare) Regulations 2013, Regulations 4(d)(1) 5(1)</p> <p>Management of Health and Safety at Work Regulations 1999, Regulation 10 and 13</p>	<p>Occupational Health provides training on Sharps Injury Prevention at Induction. PCIT provides SICP's at Induction / Core training.</p> <p>E-Learning module is also available for staff to access.</p>
<p>There is a sufficiently robust system in place to allow employees to report incidents.</p> <p>Employee training includes the requirement for them to report all sharps injuries as soon as reasonably practicable.</p>	<p>Reporting systems</p> <p>Monitoring of incidents</p>	<p>Health and Safety (Sharps Instruments in Healthcare) Regulations 2013, Regulation 7</p>	<p>Datix system well established.</p>

<p>When informed of a sharps injury the organisations has arrangements in place to:</p> <ul style="list-style-type: none"> • record the incident • investigate the circumstances and cause • take any necessary action to prevent recurrence. 	<p>Recording documents Investigation reports Review of assessments</p>	<p>Health and Safety (Sharps Instruments in Healthcare) Regulations 2013, Regulation 6(1)</p>	<p>Sharps Injury Prevention remains as a standard agenda item at the H&S Committee meetings. Stats reported to monitor any trends. Part of daily safety briefs. Automatic trigger alert to Occupational Health via Datix for all clinical sharps injuries. Each case is investigated individually with findings/details recorded via datix.</p>
--	--	---	---

Management of sharps			
Criteria	Evidence	Legal References	Observations
<p>The organisation provides appropriate treatment and follow-up after a sharps injury. This includes:</p> <ul style="list-style-type: none"> • immediate access to medical advice • offered post-exposure prophylaxis • considering providing counselling. 	<p>Policies and procedures Monitoring of incidents</p>	<p>Health and Safety (Sharps Instruments in Healthcare) Regulations 2013, Regulation 6(2)</p>	<p>Occ Health provides advice during normal working hours, with senior nurse and Junior Medical Staff providing out of hours. Further advice and guidance sought from Infection Control Team.</p>

Procedures to control the risks are reviewed at suitable intervals to ensure their continuing effectiveness	Staff meetings Health and safety committee	Health and Safety (Sharps Instruments in Healthcare) Regulations 2013, Regulation 4(2)	Standard agenda item at H&S Committee meetings.
The organisation consults and involves staff and safety representatives at all stages of risk assessment, planning and implementation.	Risk assessments meeting minutes Safety Reps documentation	Health and Safety (Sharps Instruments in Healthcare) Regulations 2013, Regulations 5(2) & 5(3) Management Health and Safety at Work Regulations 1999 Safety Representatives and Safety Committees Regulations 1977	National Infection Prevention and Control Manual, Chapter 1 Standard Infection Control Precautions has been subject to review from Partnership Forum and H&S Committee. Additional consultation was undertaken by Sharps Injury Prevention sub group (TOR approved by H&S Committee) prior to implementation of the Regulations May 2013.
There is regular monitoring of compliance with the sharps policy and procedures.	Inspection reports Staff meetings	Management of Health and Safety at Work Regulations 1999, Regulation 5	Standard agenda item at H&S Committee. Will also be part of quarterly safety reps inspection process