Safer Medical Sharps Policy

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Safer Medical Sharps Policy

1. Scope of the Policy

Medical sharps are clinical equipment such as hypodermics, cannula and scalpels. During their use and disposal there is a risk of a needle-stick, scratch, cut or other penetrating injury that may transfer blood, body fluids or chemicals to the injured person.

This policy is only applicable to medical sharps. It does not apply to the risk of injury from non-medical sharp objects or such equipment that may cause cuts or penetrating injuries used in catering, engineering or other areas.

2. Policy Statement

Swansea Bay University Health Board (SBUHB) acknowledges that the risk of injury from medical sharps is a health and safety issue. Persons who are affected by its activities include its staff, waste or other contractors, patients, visitors and others. The Health Board will take reasonable steps through safe systems of work, procurement of suitable equipment, training and information for staff and other control measures to protect their safety.

3. Aims and Objectives

Medical sharps accidents give the potential for injury and occupational exposure to blood or body fluids and chemicals in drugs. During actual clinical use, the device must be sharp. However, injury can occur during the disposal stage placing users of the device and others such as waste operatives and domestics not directly involved in the use of the medical sharp, at risk. Others at risk during the disposal phase are contractors, patients or visitors if there are poor systems of control.

4. Injury Profile

Injury from medical sharps may occur;

Risk Activity	Example	Examples of staff/persons affected
Preparation	Drawing up, re-sheathing of needle	Clinical Pharmacy Laboratory
Clinical use	Insertion and used in close proximity with the patient. Here the equipment is required to be sharp	Clinical Therapy
After clinical phase	Removal of the medical sharp from the patient	Clinical Therapy
Disposal stage	Transportation to a sharp's container, overfilled sharps containers	Clinical Therapy

Environmental	medical sharps left on surfaces	All including domestics, patients and visitors
Transportation and final treatment	Placing of medical sharps into a waste bag	Waste operatives Contractors

5. Legal and Control Measures

5.1 Health and Safety (Sharp Instruments in Healthcare) Regulations 2013)

The regulations place a duty on the Health Board to minimise the risk of sharps injury. It sets out a hierarchy of controls measures.

	Control Hierarchy	Examples of Controls
1	Avoid the use of medical sharps	Replace medical sharps with needle-free system/s Blunt fill needles for drawing up IV medication Change the way a drug is administered e.g. oral rather than IV
2	No re-sheathing	No re-sheathing of medical sharps unless safety procedure used
3	Conduct risk assessments	To identify where injury may occur, device suitability
4	Engineering controls	Safety engineered medical sharps to be provided where 'reasonably practicable' Provision of sharps boxes at point of use/generation of the sharp
5	Administrative	Policies and safe procedures Training
6	PPE	Personal Protective equipment
7	Post Incident Management	Post incident treatment regimes Incident investigation

The main effects on the Health Board are to-:

- Control exposure to blood, body fluids or chemicals
- Eliminate where possible the use of medical sharps
- Evaluate and to introduce safety engineered sharps

5.2 Control of Substances Hazardous to Health (COSHH) Regulations 2002

COSHH Regulations require the Health Board to control the risk of exposure of staff (and others where appropriate) to biological and chemical hazards associated with the use of medical sharps.

5.3 Health Act 2006, and the Health and Social Care Act 2008

Place a general duty to protect patients and staff from HCAIs (Health Care Associated Infections) and a duty to adhere to policies and protocols applicable to infection prevention and control and Guidance for Clinical Health Care Workers.

6. Control Measures for Medical Sharps in the Health Board

The following summarises the principles of control and cross-references relevant control in the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

6.1 Elimination of Medical Sharps (Control Measure: Elimination)

Where practicable the Health Board will develop suitable arrangements to eliminate the use of medical sharps. These include their substitution with alternative arrangements such as needle-free devices or changes in the way a drug is administered.

Elimination will not take place where there are risks associated with:

- Adverse effects on clinical outcomes directly associated with design features of the safety-engineered medical sharp.
- No suitable technical or other solution is possible for that clinical application at the time of assessment.
- Poor design features of safety engineered alternatives that increase the risk of injury, ill health, infection etc e.g. blood splatter during deployment of safety feature.

6.2 Resheathing (Control Measure: No Resheathing)

Resheathing of medical sharps is normally not permitted and will not be used to protect a contaminated sharp prior to its safe disposal. In limited circumstances such as where a drug is prepared away from its immediate area of use and it is necessary to protect the needle, the needle may be resheathed. Suitable arrangements such as safety devices, staff training etc will be required.

6.3 Deployment of Safety Engineered Devices (Control Measure: Safety Engineering)

The Health and Safety Executive (HSE) has interpreted the regulations to mean that if a suitable safety engineered device exists it must, where practicable, be provided.

The general principles are that safety-engineered devices must:

- Be safe for staff, patients etc.
- Not adversely affect clinical outcomes.

- Be easy to operate and give a clear indication that the safety feature is deployed.

In circumstances where safety-engineered medical sharps are not used, a risk assessment must be made to justify that decision. Examples where safety engineered devices may not be introduced include:

- No safety engineered device exists for the particular clinical application.
- Safety alternatives have additional risks for patients and staff e.g. blood splatter and contamination of surface when deploying the safety feature.
- Safety engineered device adversely affects clinical outcomes.
- Poor design features e.g. unclear that the safety feature is deployed.

Personal preference to use a non-safety engineered medical sharp when suitable products are available (and widely used in the NHS) is **not** acceptable.

6.4 Passive and Safety Engineered Medical Sharps

Typically there are two types of safety-engineered devices: (passive and active):

- Passive: Deploy safety feature automatically e.g. as the sharp is withdrawn.
- Active : Require staff to operate the safety feature to protect the exposed sharp.

Though passive devices will operate automatically and the sharp is protected even if staff fail to deploy the safety feature, the legislation does not require organisations to specifically provide a passive device rather than an active device.

6.5 Introducing Safety Engineered Devices

Where safety-engineered devices are to be introduced, the strategy will be:

- To review and evaluate suitable available devices.
- Users to be involved in the evaluation of devices for their areas. Where possible link into All-Wales evaluations of similar device types.
- Where required provide appropriate training and/or information to users.
- Suitable safety engineered products will be recorded in the Health Board Safer Sharps catalogue. This gives information on safety-engineered devices available and any relevant user instructions.

6.6 Procurement Controls (Control Measure: Administrative)

Where a suitable safety engineered medical sharp has been introduced, action will be taken to control the ordering of any non-safety equivalent. Action includes removal of the non-safety engineered product from procurement catalogues.

Where a ward or department wishes to procure a non-safety, engineered medical sharp there will be a requirement for a suitable and sufficient risk assessment to

justify this action. The assessment will require that the ward or department demonstrates:

- That the availability of suitable safety-engineered products has been assessed.
- Confirmation of the necessary control measures to reduce the risk of injury.

6.7 Risk Assessment (Control Measure: Administration)

Where a non-safety engineered medical sharp will continue to be used, the ward or department will undertake a suitable and sufficient risk assessment.

The risk assessment will consider and record:

- If a safety-engineered device is used in the Health Board for similar clinical work.
- What assessment has been made on suitable safety-engineered products including reviews of literature etc.
- Specific clinical need for the product. Unless the risk assessment is updated this will not permit a waiver on the use of the non-safety engineered product for other clinical work.
- The effectiveness of control measures that will need to be in place.

Due to the need to take a proactive approach to risk reduction and to recognise possible changes in safety technology and product design, all risk assessments will be reviewed annually.

Risk assessments are to be submitted to the Safer Sharps Group for review and approval.

6.8 Segregation of Non-Safety Engineered Products (Control Measure: Administration)

Where non-safety engineered products continue to be used in the same area as similar safety engineered products, the ward or department must take steps to control their use. This will require that the non-safety and safety products are separated in different areas preferably with strict controls on access to the non-safety product.

6.9 Sharps Containers (Control Measure: Safety Engineering)

Sharps containers must be used to control risks from the storage and transportation of used medical sharps. They will be:

- Correct for their purpose and comply with relevant UK stands such as BS7320.
- Used in close proximity to where medical sharps are utilised, to permit rapid and safe disposal.
- Kept secure to prevent theft or interference by visitors, children, etc.

- Correctly labelled.
- Not overfilled.
- Sealed when awaiting required for disposal.
- Kept safe and secure during their use and disposal including transfer to Health Board contractors.

6.10 Training, Competency and Information (Control Measure: Administrative)

Staff potentially exposed to injury or creating the risk of injury to others from medical sharps must be competent including having knowledge and skills of the correct equipment to use, safe disposal of medical sharps etc.

New staff will be provided with information on safety with medical sharps as part of their induction. Appropriate additional information and training will be given as necessary for each device. New and/or inexperienced staff using medical devices, which provide a risk of sharps injury, should be supervised until competent.

6.11 Procedures: (Control Measure: Administrative)

Appropriate procedures, where required, will be developed for the use and safe disposal of medical sharps.

6.12 Personal Protective Equipment (PPE (Control Measure: PPE))

PPE must not be used in isolation to protect against the risk of injury from medical sharps but forms part of the overall strategy to be adopted. The Health Board will prove staff (and other where required) with appropriate PPE free of charge, replace when required and provide training etc.

6.13 Post-Incident Management (Control Measure: Incident Investigation)

Staff must report all medical sharps injuries and near misses (e.g. medical sharp incorrectly disposed) in accordance with the Health Board Incident Reporting Policy.

The Inoculation Injury Policy (published on COIN) gives guidance on the post-incident management of sharps injuries including initial first aid, risk assessment of possible injury and treatment regimes.

Dangerous Occurrences where staff are exposed to blood and body fluids from known high-risk patients will be reported by the Occupational Health Department to the Health and Safety Department so that the RIDDOR report may be made.

7. Responsibilities

General roles and responsibilities are recorded in Health Board Health and Safety Policy. Where there are specific responsibilities these are shown below.

7.1 Safer Sharps Group

This group will:

- Provide advice on the management of medical sharps.
- Review overall arrangements in the Health Board for the elimination of or substitution of medical sharps with safety engineered medical sharps.
- Review medical sharps incident statistics on a regular basis.

7.2 Operational Health and Safety Group

This group will:

- Develop, confirm and review the Safer Sharps Policy.
- Receive regular reports from the Safer Sharps Group on progress with conversion of non-safe to safety sharps.

7.3 Medical Devices Committee

This group will:

- Be consulted on the Safer Sharps policy and confirm that it aligns with the overarching Medical Devices Policy.
- Receive regular reports from the Safer Sharps Group on progress with conversion of non-safe to safety sharps.

Appendix A

References

- Health and Safety (Sharp Instruments in Healthcare) Regulations 2013) (HSE)
- HEALTH BOARD Policies:
  - Health and Safety Policy (Intranet: Policies and Procedures)
  - Inoculation Injury Policy (Intranet: COIN)
- Control of Substances Hazardous to Health (COSHH) Regulations 2002
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