Section 10

Guidelines for the Safe Handling and Disposal of Needles and Sharps

Issue No 4, April 2011 - Section 10
On behalf of Infection Control Policy Review Group

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GUIDELINES FOR THE SAFE HANDLING AND DISPOSAL OF NEEDLES AND SHARPS

Policy Reference: Issue No 4, April 2011 - Section 10

Scope: Organisation Wide

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Policy Application: Throughout NHS Ayrshire and Arran

RESPONSIBILITIES FOR IMPLEMENTATION

Organisation: Senior Management Team and Chief Executive

Directorate: Directors

Corporate: Senior Managers

Departmental: Heads of Wards or Departments

Local: All relevant staff

Policy Statement: It is the responsibility of all staff to ensure that they consistently maintain a high standard of practice whilst handling and disposing of sharps in order to minimise risk to themselves and others.

Review Date: October 2013

Agreed by: Infection Control Policy Review Group

Approved by: Dr R G Masterton Date 21/04/11

Signature / Designation: Executive Medical Director and Chair – Prevention & Control of Infection Committee
<table>
<thead>
<tr>
<th>CONTENTS</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0 Introduction</td>
<td>4</td>
</tr>
<tr>
<td>2.0 Preventing accidental injury / Safety devices</td>
<td>5</td>
</tr>
<tr>
<td>3.0 Sharps Containers/Assembly</td>
<td>6</td>
</tr>
<tr>
<td>4.0 Disposal of Sharps in the Community</td>
<td>8</td>
</tr>
<tr>
<td>5.0 Measures for Non Clinical Staff</td>
<td>9</td>
</tr>
<tr>
<td>6.0 Spillage from Sharps Containers</td>
<td>10</td>
</tr>
<tr>
<td>7.0 Sharps Injury</td>
<td>10</td>
</tr>
<tr>
<td>8.0 Bibliography</td>
<td>11</td>
</tr>
</tbody>
</table>
1.0 INTRODUCTION
Sharps injuries which result in percutaneous exposure to blood present an obvious risk to staff in the health care setting. Many of these injuries result from the failure to follow recommended procedures and from careless and inappropriate disposal of sharps.

Although accidents with hypodermic needles are most common, injuries from sharps are often referred to as needlestick injuries, but injuries from instruments, razor blades, scalpels, broken glass and suture needles must be considered when they result in cuts, punctures, scratches or gashes. In terms of numbers, injuries caused by sharps are second only to back injuries within the health service.

1.1 Sharps
Sharps are items that can cause cuts or puncture injuries and include;

▪ Needles
▪ Scalpels
▪ Stitch Cutters
▪ Razor Blades
▪ Glass Ampoules
▪ Sharp Instruments
▪ Spicules of bone and teeth

Sharps waste does not include;

▪ Syringe bodies (in the absence of a needle)
▪ Medicinal waste in the form of bottles, vials, plastic ampoules, tubes or tablets
▪ Swabs or other soft infectious waste
▪ Anatomical waste.
2.0 PREVENTING ACCIDENTAL INJURY
Simple precautions can reduce the risk of accidental injury during use.

▪ Avoid the use of sharps whenever possible
▪ Cover existing cuts and skin lesions with a waterproof dressing
▪ Adopt safe working practices with all patients
▪ Get assistance with uncooperative patients, including children
▪ Handle sharps with care at all times
▪ Never recap, re-sheath, bend or cut needles. Dispose of needles and syringes as a single unit
▪ Never carry needles or syringes in your hand or pocket; always use a tray or receiver
▪ Where possible discard sharps at point of use using near patient disposal systems
▪ Do not pass an exposed sharp to another person
▪ Never try to manipulate/remove a needle or other sharp from its holding implement with your hands. Utilise a needle/blade remover device for removal of these where necessary i.e. where single use disposable blade devices are not available.
▪ Dispose of used sharps immediately after use; never leave them lying around
▪ Clear instrument trays and trolleys carefully when sharps have been used
▪ If contamination of the skin or mucous membrane is likely, wear appropriate protective clothing
▪ If blood or body fluid spillage occurs (See Section 3, Appendix 2 Spillages of Blood and/or Body Fluids Decontamination Procedures)

2.1 Safety devices
Where possible, safety devices should be used e.g. retractable lancets. Any introduction of safety devices should follow a risk assessment process. Consideration should be given to the clinical acceptance of the safety device and its impact on how the procedure is carried out. The safety of both the patient and the person carrying out the procedure should always be considered.
2.2 Sharps disposal
It is the responsibility of the user to ensure that sharps are disposed of safely. All used sharps should be disposed of at the point of use or as soon as possible after use. They must be placed into a designated sharps container. **Sharps must never be disposed of into waste bags.**

2.3 Pen injection devices
Healthcare workers have sustained needlestick injuries (SAN(SC) 06/29) when removing needles from pen injection devices used for self administration of insulin or growth hormone.

The following advice must be followed when handling these devices.

- Healthcare workers should be aware of the increased risk when handling this device since needles are recapped as part of routine practice and when removing the needle. **Therefore healthcare workers should not use pen injection devices to administer medication to patients.** These devices are for patient self-administration. A standard needle and syringe should be used instead.

- Where, in exceptional circumstances, the use of the pen injection device by a healthcare worker cannot be avoided, or the patient cannot be encouraged to remove or recap the needle, the outer plastic cap should always be used to remove or recap the needle. The needle should never be re-sheathed using the small inner plastic cover.

- Advice on needle removers should be sought from the manufacturer.

3.0 SHARPS CONTAINERS / ASSEMBLY
Only designated sharps containers which conform to BS 7320 & UN 3291 and the equivalent UN standards should be used for the disposal of sharps. The containers are normally delivered in two parts for assembly by staff, and should be assembled in accordance with the manufacturer's instructions. Following assembly and closure the container must be marked with the following information:

- The name of the hospital/clinic/resource centre
- The ward or department
- Date of assembly
- Signature of the person assembling the container
- Signature of the person closing and locking the container
- Signature of the person disposing of the container
It is important to dispose of the sharp in the appropriate yellow rigid container according to colour code:

ORANGE/BLUE LID – should be used for waste such as plastic single-use instruments and non-medicinally contaminated sharps. Medication contaminated sharps should only be placed in these bins if the medicine has been fully discharged (with the exception of cytotoxic and cytostatic drugs).

PURPLE LID – should be used for waste that is contaminated with cytotoxic and cytostatic products.

YELLOW LID – used in theatres for grossly contaminated equipment e.g. single use tonsillectomy sets. Also used for sharps which still contain a quantity of medicinal product.

For larger items such as single use laryngoscopes staff should contact the Waste Department for disposal.

3.1 Safe storage of containers
The container must be safely stored in a position which will allow easy access during use e.g. out of reach of children, on a flat surface. Where possible, designated brackets should be used at a safe height and the user should be able to see the opening. The sharps container should be temporarily closed between uses. The container should not be placed on the floor in public areas.

Any blood spillage on or around the container must be dealt with promptly following the recommendations in the Cleaning and Disinfection Policy. (see Section 3, Appendix 2 Spillages of Blood and/or Body Fluids Decontamination Procedures)

- Sharps containers should be no more than two-thirds full. Items must not be forced into the container.
- The container must be closed and locked using the mechanism prior to disposal.
- Sharps containers must be disposed of as clinical waste in accordance with the local Waste Management Policy.
4.0 DISPOSAL OF SHARPS IN THE COMMUNITY

4.1 Community staff:
Sharps should be handled according to the policies above. Community nurses should carry a sharps bin to be used for their practices which should be sealed and returned to the appropriate GP surgery/clinic area for safe disposal.

4.2 Addictions services
**Sharps Disposal & Transfer Guidance for IEP Outreach Staff.**
Community staff involved in IEP (Injecting Equipment Provision) Outreach Work or “Back Packing“ should be aware of & familiar with the relevant guidance and protocols for sharps disposal as outlined previously in this document.

Whilst on outreach, any personal sharps containers handed in for disposal should at no point be handled by outreach staff, clients handing over sealed personal sharps disposal boxes should be encouraged to put the sealed container into the large yellow container supplied by the service for this purpose, which should be sealed according to protocols outlined previously in this document. Any sharps containers, being transported in approved vehicles should be transported in the crash-proof container supplied by the service for this reason. During Outreach activities, the crash proof container should be transported in the vehicle provided by the service for this purpose, this vehicle should have a fixed steel bulkhead to prevent and contain sharps spillage in the event of a road traffic crash, and any personal transport used for this purpose should be appropriately risk assessed for this specific purpose. Spillage kits should be available to be used for any leakage from the crash proof container. All sharps containers will be removed from the vehicle on return to the base, and disposed of according to the guidelines outlined previously within this document.

4.3 Self medicating patients:
Patients often have to use sharps at home when self medicating and it is important that they are fully aware of the hazards involved and the safe disposal of the equipment used.

NHS Ayrshire & Arran is currently implementing a system for diabetic patients. The GP will prescribe a sharps container for the patient which can be collected from their normal pharmacy. The person should be trained in how to use the sharps container before it is prescribed, this should include how to seal and label these containers. When the sharps container is 2/3 full, it should be sealed by the patient and taken back to the GP for safe disposal.
Once a GP has prescribed a sharps container for any patient, NHS Ayrshire & Arran will then have full responsibility for any sharps generated by that person.

Please Note: At the time of writing this policy, not all GP practices within Ayrshire & Arran are involved in this programme.

5.0 MEASURES FOR NON CLINICAL STAFF
Any member of staff who is not directly involved in patient care procedures may at some stage come into contact with a sharp accidentally. They must therefore, be aware of the procedures to dispose of these items safely and with minimal risk to themselves.

- Report any sharps found to the person in charge of the ward or department
- It is the responsibility of the clinical staff to dispose of sharps
- Only dispose of a sharp if no-one else is available

If disposing of a sharp
- Take a sharps container to where the item has been found
- Wear disposable gloves
- Carefully pick up away from the sharp end (use a gripper device if available)
- Drop directly into sharps container
- Dispose of gloves into a clinical waste bin
- Decontaminate hands as per hand hygiene policy (see Section 6, Guidelines for Hand Hygiene)
- Report the incident to your line manager and person in charge of the ward/department

5.1 Glass disposal for estates and hotel services staff
It has been noted that estates and hotel services staff are often called out to repairs involving broken glass. In these instances it is vital that they are provided with an appropriate sharps container which should be stored either in their transport vehicle or appropriate storage area. These containers should be left without a lid and glass placed inside. The lid should be placed when the sharps container is 2/3 full, it should be sealed by the user and arrangements made for it to be collected by the porters and taken to the waste holding areas.

Where there is a risk of exposure to blood or body fluids, the appropriate personal protective equipment must be worn (see Section 5, Guidelines on the use of Protective Clothing)

All incidents should be reported to your line manager at the earliest possible opportunity.
6.0 SPILLAGE FROM A SHARPS CONTAINER
In the event of used sharps spilling from a disposal container, the following procedures should be followed;

- Ensure area is isolated
- Wear protective clothing
- Gather spilled sharps using a dustpan and brush (where available) and place them into an appropriate sharps container.
- Ensure no sharps are caught up in the brush before returning it to storage area (Place brush in sharps container if items are caught, do not attempt to remove them)
- Follow blood spillage procedure to clean area where sharps were spilled (see Section 3, Appendix 2 Spillages of Blood and/or Body Fluids Decontamination Procedures)
- Dispose of protective equipment in clinical waste bins
- Decontaminate hands as per hand hygiene policy (see Section 6, Guidelines for Hand Hygiene)
- Report the incident to your line manager and person in charge of the ward/department

7.0 SHARPS INJURY
ALL SHARPS INJURIES must be regarded as 'dirty' wounds and dealt with immediately. Bleeding from the site should be encouraged and the site of injury should be washed with soap and water.

The risk of possible infection from such injuries is obviously highest if injury results from a used sharp. Procedures for the follow-up of all sharps injuries are contained in Section 2, Appendix C, Action to be taken in the event of Accidental Exposure to Blood and Body Fluids, including “Sharps” Injuries. As it is essential that early assessment of the injury is carried out to determine the need for further treatment all staff incurring an injury must attend either the Occupational Health Department or the nearest Accident and Emergency Department.

ALL SHARPS INJURIES must be reported through the DATIX reporting system.
8.0 **BIBLIOGRAPHY**


