



SAFE HANDLING AND DISPOSAL OF SHARPS AND PREVENTION OF OCCUPATIONAL EXPOSURE TO BLOODBORNE VIRUSES (BBVs) POLICY

Policy Type	Clinical Infection prevention and control
Directorate	Corporate Nursing
Policy Owner	Chief Nurse including Midwifery and Allied Health Professionals
Policy Author	Joint Head of Occupational Health, Infection Prevention & Control Team and Head of Health & Safety & Security
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‘During the COVID19 crisis, please read the policies in conjunction with any updates provided by National Guidance, which we are actively seeking to incorporate into policies through the Clinical Ethics Advisory Group and where necessary other relevant Oversight Groups’

DOCUMENT HISTORY

(Procedural document version numbering convention will follow the following format. Whole numbers for approved versions, e.g. 1.0, 2.0, 3.0 etc. With decimals being used to represent the current working draft version, e.g. 1.1, 1.2, 1.3, 1.4 etc. For example, when writing a procedural document for the first time – the initial draft will be version 0.1)

Date of Issue	Version No.	Date Approved	Director Responsible for Change	Nature of Change	Ratification / Approval
29 th March 12	5	29 th March 12	Executive Director of Nursing and Workforce	Logo and wording updated for new organisation	
Jan 2014	5.1	Jan 2014	Executive Director of Nursing and Workforce & DIPC	Revised and Approved at	H&S meeting February 14 and IPCC February 14
21 st March 14	6.0	21 st March 14	Executive Director of Nursing and Workforce & DIPC	Amendments Approved on voting button by	Policy Management Group
1 st March 17	6.1		Executive Director of Nursing & DIPC	Amendments made during review of policy	
28/04/17	6.1		Executive Director of Nursing & DIPC	Ratified at	Clinical Standards Group
09/05/17	7.0	13 th June 2017	Executive Director of Nursing & DIPC	Approved at	Corporate Governance & Risk Sub-Committee
30/09/20	7.1		Director of Nursing & DIPC	Policy contents agreed at	Infection Prevention & Control Committee members
30/10/20	8.0	30 th October 2020	Director of Nursing & DIPC	Policy approved at	Clinical Standards Group
23/11/20	8.0		Director of Nursing & DIPC	Policy checked and uploaded	Corporate Governance
29/01/21	8.0	30 th October 2020	Chief Nurse including Midwifery and Allied Health Professionals & DIPC	12 month blanket policy extension due to covid 19 applied with author review date set 6 months prior to Valid to Date.	Quality & Performance Committee
14/05/21	8.0	30 th October 2020	Chief Nurse including Midwifery and Allied Health Professionals & DIPC	Extended policy uploaded and linked back with new cover sheet	Corporate Governance

NB This policy relates to the Isle of Wight NHS Trust hereafter referred to as the Trust

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1 Executive Summary

This policy provides a clear practice standard for safe sharps disposal and measures to protect against exposure to Blood Borne Viruses (BBVs) for staff working in healthcare settings. The policy covers:

- Guidance and rationale for preventing sharps inoculation injury and exposure to BBVs; ensuring safe systems and processes in the workplace to reduce risk for occupational exposure to BBVs.
- Responsibilities for ensuring sharps safety and sharps policies are in place, monitored and complied with.
- Requirements for staff training and education and in ensuring policy compliance.
- Measures to be followed for sharps use and disposal
- Measures to be followed to avoid exposure to blood/body fluids in the workplace.

This policy does not cover sharps injury management. This is detailed in the Sharps Injury Policy which can be found on the Trust Policy pages on the Web-site and Intranet.

2 Introduction

Sharps (inoculation) injury poses the greatest occupational hazard to healthcare workers. Many inoculation injuries are preventable and result from failure to follow recommended procedures for safe sharps handling and disposal. The safe handling and disposal of sharp instruments and the safe handling of blood and body fluids; forms part of the overall strategy to protect staff, patients and visitors from exposure to blood borne pathogens.

National and International Guidelines are consistent in their recommendations;

- Assessment and management of risk
- Safe systems of working
- Use of safety devices where available
- Post exposure prophylaxis and follow up (detailed in the Occupational Health Policy: Sharps Injury – Management of Blood Borne Viruses)

3 Definitions

Blood borne Virus (BBV):

Covers the three most recognisable BBVs: hepatitis B, hepatitis C and HIV. Recommendations in this policy are based on national guidelines and on recommendations of the expert advisory group on AIDS and hepatitis.

Sharps

Items that can cause cuts or puncture wounds including needles, syringes with needles attached, broken glass ampoules, scalpels, blades and infusion sets. Sharp tissues such as spicules of bone or teeth may also pose a risk of injury.

'Sharps' inoculation injury:

Defined as a percutaneous injury – from sharps that may be contaminated by blood or body fluids and which may cause laceration or puncture wounds.

Blood contamination incident:

Contamination of broken skin (abrasions cuts etc.) or contamination of mucous membranes (including the eye) with blood or a body fluid that may contain blood. Blood contamination incidents are associated with risk of transmission of BBVs, though the risk is lower than from sharps' inoculation injuries.

4 Scope

This policy applies to all healthcare workers in The Trust. Also applies to healthcare workers in contracted services, visiting healthcare workers and students.

5 Purpose

To prevent avoidable inoculation (sharps) injury and blood/body fluid contamination; to provide clear guidance on measures to reduce risk of occupational exposure to BBVs (hepatitis B, C and HIV). Many exposure incidents result from failure to follow recommended procedures, especially the safe handling and disposal of needles and syringes or wearing appropriate personal protective equipment when needed.

6 Roles and Responsibilities

6.1 Executive Director of Nursing and Quality

Oversees this policy and its implementation

6.2 The Health and safety Advisor & COSHH Lead

The Health and safety Advisor & COSHH Lead is responsible for ensuring that current Health and Safety legislation and The Control of Substances Hazardous to Health Regulations 2002 (COSHH) are implemented.

They will support the Occupational Health Nursing Team and Infection Prevention and Control Team with updating this policy; which includes safe handling and disposal of sharp implements, use of 'safe' sharps and the use of personal protective equipment (PPE) to minimise exposure to blood or body fluids.

6.3 Employers Responsibility

The employer has a responsibility to ensure provision of a safe working environment - this means provision of appropriate resources to enable policy compliance as well as processes and systems to assess risk and monitor standards.

6.4 Individual Responsibility

All healthcare workers have an ethical and legal duty to comply with these guidelines and protect the health and safety of themselves, co-workers and patients. All healthcare workers must be aware of their responsibility in avoiding sharps injuries and contamination incidents by implementing standard precautions at all times.

Healthcare workers should understand their personal responsibility to comply with key policies and to promote good practice and challenge poor compliance.

All healthcare staff who have direct contact with patients and may have contact with their blood or body fluids should be immunised against hepatitis B.

6.5 Managers/Matrons/Ward Sisters

Managers and clinical leaders are responsible for ensuring staff in their area of responsibility attend relevant training and induction programmes, are familiar with policy recommendations and are aware of their responsibilities. Where safe sharps systems are available but not used, managers must ensure that a full detailed risk assessment has been undertaken.

Managers should ensure that job descriptions include a statement making clear requirements to comply with policies for prevention and control of infection.

At appraisal checks should be made of training attendance and compliance with policy standards.

6.6 Infection Prevention & Control Team (IPCT)

The IPCT is responsible for supporting the Occupational Health Nursing Team and Health and Safety Associate Director with updating this policy as necessary

6.7 Occupational Health Nursing Team

The OH nursing team are responsible for devising and delivering training on the safe use and disposal of sharps; managing hepatitis B immunisation programme for NHS Isle of Wight staff and responsible for supporting the IPCT and Health and safety Advisor & COSHH Lead with the updating of this policy.

6.8 Waste Manager

The Waste Manager is responsible for providing advice on the disposal of sharps, including the selection of containers and appropriate colour-coding in line with the Trust Waste Policy.

6.9 Product Standardisation Group

The PSG are responsible for reviewing clinical products such as 'safe' sharps and making recommendations for implementation in line with emerging National guidance and good practice.

7 Policy detail/Course of Action

7.1 Summary of Standard Precautions to Prevent Avoidable Exposure to Blood or Body Fluids

- Decontaminate hands before and after patient contact, after contact with blood or body fluids, before aseptic procedures and after contact with a patient environment.
- Cover cuts, abrasion and puncture wounds with waterproof dressings*.
- Health care workers with large areas of broken skin must avoid invasive procedures*.
- Avoid contamination of clothes by use of appropriate protective clothing, i.e. impermeable gown, plastic apron.
- Wear visor or goggles/safety spectacles and a mask to protect eyes, mouth and nose if there is a risk of splashes of blood or body fluids.
- Wear rubber boots or plastic disposable overshoes when the floor or ground is likely to be contaminated.
- Surface contamination by blood, body fluids, secretions and excretions should be decontaminated and cleaned promptly using a safe method (see appendix B).
- Follow a safe technique for disposal of all clinical waste according to policy.
- Maintain safe systems for management of sharps (see below).

*Staff with wounds, eczema or other skin conditions that cannot be adequately protected by impermeable dressings should be referred to Occupational Health for advice and guidance.

7.2 Safe Use and Disposal of Sharps – key recommendations

- Wherever possible, use of sharps should be eliminated or substituted.
- Where provided, 'safe' sharps must be used. If a department/clinician identifies a need to use a non-safe sharp when a safe system is provided, a full detailed risk assessment must be completed and shared with the Associate Director for Health and Safety (contact the Associate Director for Health and Safety for advice as necessary).
- It is the responsibility of the healthcare worker carrying out a procedure involving a sharp to ensure that the sharp is disposed of safely in accordance with the Waste Policy

- Sharps must be disposed of in UN approved containers that meet British Standard BS EN ISO 23907:2012, EU Directive EU2010/13, and HSE Regulation 2013. Dispose of sharps immediately after use at the point of use. Small portable sharps containers are available and can be taken to the bedside, using the near at point tray.
- Sharps must not be passed directly from hand to hand and handling should be kept to a minimum.
- Do not re-sheath needles (if it is **essential** to re-sheath a needle in a specialist area, e.g. dentistry, then a re-sheathing device must be used).
- Re-useable pen devices should not be used by healthcare staff. In the event of a patient not being able to self-administer using such a device, advice should be sought **immediately** from the prescriber/pharmacist to determine a safe alternative.
- Where inpatients are self-administering insulin using pen devices, a suitable sharps bin with de-needling device must be made available for their use.
- Always ensure a sharps bin is duly and properly assembled with all labels filled in appropriately prior to using it, as per supplier's instructions.
- Needles and syringes should be disposed of as one unit. Do not separate.
- Temporary closure mechanisms should be used to minimise improper use or spillage.
- In use sharps bins must be stored safely and securely; off the floor. Out of the reach of children and at a safe working height for the user.
- Do not overfill sharps bins.
- If any sharps are protruding through the container or opening, do not attempt to push the items inside or leave the container out for disposal. Call the Waste team on x4524 for safe removal.
- When sharps bin is filled to the indicator mark/fill line, seal the lid securely by using the permanent closing mechanism. Label disposable sharps bins with the date, your ward/department name and signature of the person disposing of it (this is a legal requirement).
- Sharps bins are disposed of as clinical waste.
- **DO NOT** put sharps bins into waste bags.
- Prior to collection for disposal as clinical waste, store securely sealed sharps bins in a safe and secure location according to your local waste arrangements.

- For areas using external waste containers, always use the container dedicated to sharps/rigid containers, and do not mix sharps bins with clinical waste bags.
- If the sharps bin exterior is heavily soiled or the container is leaking, call the Waste team on x4524 for safe removal.
- All disposable sharps bins must be dated and signed on assembly and disposal.
- Staff who are required to transport sharps bins in their vehicle should ensure that the bin is secured/located in vehicle so that it cannot fall over and ensure that it is not visible to the general public.

8 Consultation

This policy revision has been shared with the Health & Safety Committee, Occupational Health Lead, Infection Prevention & Control Committee, Waste Manager and Blood Transfusion Nurse Specialist for their comments and approval.

9 Training

All healthcare workers (HCWs) must be familiar with and follow Trust policy for:

- Safe use and disposal of sharps in accordance with manufacturer's guidance.
- Reporting of accidental exposure incidents.
- Standard precautions (including hand hygiene and use of PPE).

Failure to comply with these policies is a significant breach of expected codes of behaviour at work.

This safe handling & disposal of sharps policy has a mandatory training requirement which is detailed in the Trust mandatory training matrix and is reviewed on a yearly basis.

Managers should ensure that HCWs for whom they are responsible, have attended the relevant teaching and training sessions and are given time to attend. All staff must be made aware of these policies at induction and information on this policy must be included in induction programmes.

10 Monitoring Compliance and Effectiveness

- Sharps practice is audited annually by the Infection Prevention & Control Team as part of the annual inpatient environmental audit programme. Results will be fed back to the relevant business unit by the Infection Prevention & Control Team
- Matrons/Managers will ensure audit sharps practice as directed by the Infection Prevention & Control organisational self-audit programme. Results should be disseminated within their business unit.

- It is the responsibility of directorates to ensure that action plans are devised and implemented for areas of non-compliance.

11 Links to other Organisational Documents

- Occupational Health Policy: Sharps Injury – Management of Blood Borne Viruses
- Waste Policy
- Infection Prevention and Control: Standard Precautions – Use of Personal Protective Equipment
- Infection Prevention and Control: Hand Hygiene Policy
- Venepuncture procedure

12 References

1. Department of Health (2005). Immunisation against Infectious Disease. (“The green book”). Chapter 19: Hepatitis B (revised online version November 2005) Available from: <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>
2. Protecting Health Care Workers and Patients from Hepatitis B. Recommendations of the Expert Advisory Group on Hepatitis. August 1993.
3. Guidance for Clinical Health Care Workers: protection against infection with blood borne viruses. Recommendations of the expert advisory group on AIDS and EAG or Hepatitis. March 1998.
4. Sharps and sharps containers transported in staff vehicles alert <https://www.gov.uk/government/publications/sharps-and-sharps-containers-transported-in-staff-vehicles-alert>
5. Advisory Committee on Dangerous Pathogens Protection against blood-borne infections in the workplace: HIV and Hepatitis <https://www.hse.gov.uk/biosafety/blood-borne-viruses/health-care.htm>
6. Department of Health (1998). Guidance for clinical health care workers: protection against infection with blood-borne viruses. London: DH, 1998. Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/382184/clinical_health_care_workers_infection_blood-borne_viruses.pdf
7. Addendum to HSG(93)40: protecting health care workers and patients from hepatitis b http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4080626.pdf

8. Advisory Committee on Dangerous Pathogens (1995). Protection against blood-borne infections in the workplace: HIV and hepatitis. PL CO (95)5. Available from:
<https://www.hse.gov.uk/biosafety/blood-borne-viruses/health-care.htm>
9. Department of Health (2013) HTM 07-01 Safe management of healthcare waste. Available from:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/167976/HTM_07-01_Final.pdf
10. Health and Social Care Act 2008: Code of Practice on the Prevention and Control of Infections and related guidance
<https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance>
11. Health and Safety (Sharp Instruments in Healthcare) Regulations 2013
<http://www.hse.gov.uk/pubns/hsis7.htm>
12. Epic 3: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England. Loveday HP et al (2014). Journal of Hospital Infection. Available from:
https://www.his.org.uk/media/1185/epic3_national_evidence-based_guidelines_for_preventing_hcai_in_nhse.pdf

13 Appendices

MANAGEMENT OF BLOOD/BODY FLUID SPILLAGES

Deal with any spill promptly; remove it as soon as possible to avoid unnecessary hazards.

Before dealing with spill's put on non-sterile gloves and appropriate personal protective wear such as a disposable plastic apron or disposable gown and face protection. When finished, remove gloves/protective wear, dispose of these as clinical waste and clean hands.

Spills on hard surfaces:

- Cover the spill by sprinkling with chlorine releasing granules* (Sodium dichloroisocyanurate NaDCC 'Actichlor' granules) until the fluid is absorbed. Allow to solidify and leave for a contact period of 2-5 minutes. Ensure the area is well ventilated.
- *If granules are unavailable or impracticable - make up a fresh solution of 10,000 ppm available chlorine using chlorine releasing tablets (e.g. NaDCC 'Actichlor' tablets) according to manufacturer's instructions. Cover the spill with disposable paper roll. Then cover paper roll with the chlorine solution and leave for 2-5 minutes. Ensure the area is well ventilated.
- Scoop up absorbed granules (or paper towels with hypochlorite solution) and discard all into a yellow clinical waste bag using disposable paper roll.
- Wipe the surface clean; then rinse the area thoroughly with water or wash using detergent/hot water and a disposable cloth if necessary; dry the area using paper roll.
- **Do not use chlorine releasing agents directly on urine spills. Clean the spill up first using paper towels/pads. Disinfect the area with chlorine solution then clean with detergent and hot water.**

Spills on materials that may be damaged by chlorine

Chlorine granules and hypochlorite solutions are corrosive and may damage or discolour equipment, fabric and some metal surfaces.

Where appropriate; check manufacturer's instructions and risk assess if chlorine is likely to cause damage or discolouration. (Use common sense based on assessment of the nature and size of the spillage; if unsure, seek advice):

- If chlorine granules or solution can be used, treat in the same way as blood splashes on hard surfaces; pay particular attention to ensure the treated surface is immediately rinsed thoroughly with water afterwards. (After rinsing, dry with paper roll).
- In exceptional circumstances if chlorine is likely to cause damage or discolouration, use detergent and water with care if considered safe and

practicable to do so. Use disposable cloth or paper towel and dispose of as clinical waste after use.

- A soiled item that cannot be effectively decontaminated in the healthcare setting will require disposal.

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Financial and Resourcing Impact Assessment on Policy Implementation

NB this form must be completed where the introduction of this policy will have either a positive or negative impact on resources. Therefore this form should not be completed where the resources are already deployed and the introduction of this policy will have no further resourcing impact.

Document title	Safe Handling and Disposal of Sharps and Prevention of Occupational Exposure to Bloodborne Viruses (BBVs Policy)
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Totals	WTE	Recurring £	Non Recurring £
Manpower Costs	NA	NA	NA
Training Staff	NA	NA	NA
Equipment & Provision of resources	NA	NA	NA

Summary of Impact:

Risk Management Issues:

Benefits / Savings to the organisation:

Equality Impact Assessment

- Has this been appropriately carried out? YES/NO
- Are there any reported equality issues? YES/NO

If "YES" please specify:

Use additional sheets if necessary.

Please include all associated costs where an impact on implementing this policy has been considered. A checklist is included for guidance but is not comprehensive so please ensure you have thought through the impact on staffing, training and equipment carefully and that ALL aspects are covered.

Manpower	WTE	Recurring £	Non-Recurring £
Operational running costs			
Totals:	N/A	N/A	N/A

Staff Training Impact	Recurring £	Non-Recurring £

Totals:		
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Equipment and Provision of Resources	Recurring £ *	Non-Recurring £ *
Accommodation / facilities needed		
Building alterations (extensions/new)		
IT Hardware / software / licences		
Medical equipment		
Stationery / publicity		
Travel costs		
Utilities e.g. telephones		
Process change		
Rolling replacement of equipment		
Equipment maintenance		
Marketing – booklets/posters/handouts, etc		
Totals:	NA	NA

- Capital implications £5,000 with life expectancy of more than one year.

Funding /costs checked & agreed by finance:	N/A
Signature & date of financial accountant:	
Funding / costs have been agreed and are in place:	
Signature of appropriate Executive or Associate Director:	



Equality Impact Assessment (EIA) Screening Tool

Document Title:	Safe Handling And Disposal Of Sharps and Prevention Of Occupational Exposure To Bloodborne Viruses (Bbvs) Policy
Purpose of document	Guidance for staff in safe sharps disposal and minimising risk of BBV exposure
Target Audience	All clinical staff
Person or Committee undertaken the Equality Impact Assessment	

1. To be completed and attached to all procedural/policy documents created within individual services.
2. Does the document have, or have the potential to deliver differential outcomes or affect in an adverse way any of the groups listed below? No
If no confirm underneath in relevant section the data and/or research which provides evidence e.g. JSNA, Workforce Profile, Quality Improvement Framework, Commissioning Intentions, etc.

If yes please detail underneath in relevant section and provide priority rating and determine if full EIA is required.

		Positive Impact	Negative Impact	Reasons
Gender	Men	<i>n/a</i>	<i>n/a</i>	
	Women	<i>n/a</i>	<i>n/a</i>	
Race	Asian or Asian British People	<i>n/a</i>	<i>n/a</i>	
	Black or Black British People	<i>n/a</i>	<i>n/a</i>	
	Chinese people	<i>n/a</i>	<i>n/a</i>	
	People of Mixed Race	<i>n/a</i>	<i>n/a</i>	
	White people (including Irish people)	<i>n/a</i>	<i>n/a</i>	

	People with Physical Disabilities, Learning Disabilities or Mental Health Issues	<i>n/a</i>	<i>n/a</i>	
Sexual Orientation	Transgender	<i>n/a</i>	<i>n/a</i>	
	Lesbian, Gay men and bisexual	<i>n/a</i>	<i>n/a</i>	
Age	Children	<i>n/a</i>	<i>n/a</i>	
	Older People (60+)	<i>n/a</i>	<i>n/a</i>	
	Younger People (17 to 25 yrs.)	<i>n/a</i>	<i>n/a</i>	
Faith Group		<i>n/a</i>	<i>n/a</i>	
Pregnancy & Maternity		<i>n/a</i>	<i>n/a</i>	
Equal Opportunities and/or improved relations		<i>n/a</i>	<i>n/a</i>	

Notes:

Faith groups cover a wide range of groupings, the most common of which are Buddhist, Christian, Hindus, Jews, Muslims and Sikhs. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

3. Level of Impact

If you have indicated that there is a negative impact, is that impact:			
		YES	NO
Legal (it is not discriminatory under anti-discriminatory law)			
Intended			

If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.

3.1 Could you minimise or remove any negative impact that is of low significance? Explain how below:
3.2 Could you improve the strategy, function or policy positive impact? Explain how below:
3.3 If there is no evidence that this strategy, function or policy promotes equality of opportunity or

improves relations – could it be adapted so it does? How? If not why not?	
Scheduled for Full Impact Assessment	Date:
Name of persons/group completing the full assessment.	
Date Initial Screening completed	

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