

# Safety Management Standard

## Sharps Safety Management

<b>Contents</b>	<b>Page</b>
<b>1. Introduction.....</b>	<b>4</b>
<b>2. Purpose and Outcomes.....</b>	<b>4</b>
<b>3. Definitions used.....</b>	<b>4</b>
<b>4. Key Responsibilities / Duties.....</b>	<b>5</b>
<b>5. Management of purchasing safer sharps and non-safety sharps.....</b>	<b>5</b>
<b>6. The Law.....</b>	<b>6</b>
<b>7. The Responsibility of the Employer.....</b>	<b>9</b>
<b>8. The Responsibility of the Employee.....</b>	<b>11</b>
<b>9. Monitoring &amp; review.....</b>	<b>11</b>
<b>10. Further Information.....</b>	<b>12</b>
<b>Appendix 1 Risk Assessment Template.....</b>	<b>13</b>
<b>Appendix 2 UHDB Generic Risk Assessment form.....</b>	<b>23</b>
<b>Appendix 3 UHDB Sharps Management Group.....</b>	<b>24</b>

## Document Control

Developed By:	Health and Safety Team
Consultation with:	Strategic Health Safety & Wellbeing Committee Trust Joint Partnership Forum
Approved by:	Strategic Health Safety & Wellbeing Committee
Print Name & Position:	Amanda Rawlings Chief People Officer Chair of Strategic Health Safety & Wellbeing Committee
Date of Approval:	June 2022
Review Date:	June 2025
Available from:	Trust Intranet Health and Safety Team

## 1. Introduction

University Hospitals of Derby and Burton NHS Foundation Trust recognises its duties under the *Health and Safety at Work Act (HASAWA) (1974)*, *The Management of Health and Safety Regulations (1999)*, and the *Health and Safety (Sharp Instruments in Healthcare) Regulations (2103)*, to provide suitable arrangements to protect all employees in the workplace and ensure adequate precautions are in place to avoid sharps injuries.

## 2. Purpose and Outcome

This Safety Management Standard (SMS) supplements the Health and Safety Policy and is a guide for managers in protecting staff (Including bank, locum and agency), patients, contractors and visitors.

## 3. Definitions Used

'Sharps' are needles, blades (such as scalpels) and other medical instruments that are necessary for carrying out healthcare work and could cause an injury by cutting or pricking the skin. (HSE), <https://www.hse.gov.uk/healthservices/needlesticks/>, [Accessed 22<sup>nd</sup> March 2022]

'Safer sharp' – Medical sharps that incorporate features or mechanisms to prevent or minimise the risk of accidental injury.

## 4. Key Responsibilities / Duties

The Sharps Regulations (2013) change the responsibility for managing the risk from the use of sharps by effective safe management of sharps, across all sectors, flows from existing health and safety legislation. In particular, the needs to assess the risks, provide appropriate information and training, and consult with employees. The sharps regulations build on existing law and provide specific detail on requirements that must be taken by healthcare employers and their contractors. These are: **use and disposal of medical sharps**. The Sharps Regulations follow the principles of the hierarchy of preventable control measures, set out in the Control Of Substances Hazardous to Health Regulations (COSHH). However, they require that employers consider additional risk control measures.

## 5. Management of purchasing safer sharps and non-safety sharps

UHDB have a dedicated Procurement team. Procurement will look to purchase a non-safety consumable item initially. The consumable will be offered to the department. If it is deemed not practicable for safe use, a risk assessment by the department must be completed to ensure legal compliances are met.

## 6. The Law

Regulation 3 of the Management of Health and Safety at Work Regulations 1999 (MHSW) places a legal duty on all employers to assess the health and safety risks that their employees are exposed to whilst at work. Once the risks have been assessed, the employer is then required to put in place the appropriate health and safety measures to control those identified risks.

Regulation 5 of the Management of Health and Safety at Work Regulations 1999 (MHSW) places a legal duty on all employers to make and give effect to such arrangements as are appropriate, having regard to the nature of the activities and the size of the undertaking, for the effective planning, organisation, control, monitoring and review of the preventative and protective measures.

Regulation 10 of the Management of Health and Safety at Work Regulations 1999 (MHSW) requires employers to provide comprehensible and relevant information to their employees on: the risks to their health and safety identified by the risk assessment, preventive and protective measures.

Regulations 12 & 15 of the Management of Health and Safety at Work Regulations 1999 (MHSW) requires the organisation to provide health and safety information to contractors and temporary workers before they commence employment.

Regulation 14 of the Management of Health and Safety at Work Regulations 1999 (MHSW) states that employees must use equipment and materials in accordance with instruction and training given and in compliance with relevant statutory provisions. Inform employers or the workplace safety representative about any serious or immediate health and safety dangers or any shortcomings in the employer's health and safety arrangements.

Regulations 3 & 4 of the Health and Safety (Sharp Instruments in Healthcare) Regulations (2013) state that the employer's duties whose primary work activity is the management, organisation or provision of healthcare (a healthcare employer); or a contractor working for a healthcare employer and your staff may be at risk of sharps injury while on the premises of or working under the management and supervision of the healthcare employer (for example laundry workers, caretakers, cleaners, waste disposal workers, bank nurses and locum doctors). However, a contractor's duties will only apply to the extent of their control of work involving medical sharps.

Regulation 5 (1)(a) of the Health and Safety (Sharp Instruments in Healthcare) Regulations (2013) states that the employer should ensure that sharps are only used where they are required. Needle-free equipment is available for certain procedures and should be used, where it is reasonably practicable to do so.

Regulation 5 (1)(b) of the Health and Safety (Sharp Instruments in Healthcare) Regulations (2013) states that the employer must substitute traditional, unprotected medical sharps with a 'safer sharp' where it is reasonably practicable to do so.

Regulation 5 (1)(c) of the Health and Safety (Sharp Instruments in Healthcare) Regulations (2013) states injuries can occur after a needle has been used if the healthcare worker holds the needle in one hand and attempts to place a cap on the needle with the other hand. Needles must not be recapped after use unless the employer's risk assessment has identified that recapping is itself required to prevent a risk.

Regulation 5 (1)(d) of the Health and Safety (Sharp Instruments in Healthcare) Regulations (2013) states that secure containers and instructions for safe disposal of medical sharps are placed close to the area of work.

Regulation 6 of the Health and Safety (Sharp Instruments in Healthcare) Regulations (2013) states that the employer must work with appointed health and safety representatives in developing and promoting the information to be given to workers (regulation 6(2) and (3)). This provision recognises the role of the union and other safety representatives in helping to raise awareness of the risks from medical sharps.

Regulation 6 (4) of the Health and Safety (Sharp Instruments in Healthcare) Regulations (2013) states that training should be in an appropriate form to ensure that your employees know how to work safely and without risks to health with the specific sharps equipment and procedures that they will use.



Regulation 7 (6)(c) of COSHH requires systems to dispose of contaminated waste safely along with instructions for staff on safe disposal of sharps be placed in the area.

As well as the regulations mentioned, sharps also fall under the following legislation;

- The Safety Representatives and Safety Committee Regulations 1977
- Health and Safety (consultation with employees) Regulations 1996
- The Provision and Use of Work Equipment Regulations 1998
- The Personal Protective Equipment at Work Regulations 1992
- The Reporting of injuries, Deaths and Dangerous Occurrences Regulation, (RIDDOR), 2013

## **7. The Responsibility of the Employer**

Employers must carry out a general risk assessment for their employees to assess all health and safety risks they are exposed to while at work. As part of that process, employers should consider all employees, including bank, locum, agency and contractors assessing the risks that may arise from any process, working condition or physical, biological or chemical agents.

If the risks cannot be removed the employer must:

- Ensure local risk assessments reflect the task required.
- Substitute for non-sharp consumables, where reasonably practicable.

While it is a legal obligation for employers to regularly review general workplace risks, there is no legal requirement to conduct a specific, separate risk assessment for an employee.

The employer must provide the following information to employees;

- The risks from injuries involving medical sharps.
- Relevant legal duties on employers and workers.
- Good practice in preventing injury.
- The support available to an injured person from their employer.

UHDB must ensure that training is provided to employees, and it must cover the following;

- The correct use of safer sharps
- Safe use and disposal of medical sharps; and what to do in the event of a sharps injury.
- The Trust's arrangements for health surveillance and other procedures.

If an employee suffers a sharps injury, under regulation 7 (1) of the of the Health and Safety (Sharp Instruments in Healthcare) Regulations (2013) employers must make a record of the sharps injury and investigate the circumstances and causes of the incident and take any action required.

## 8. The Responsibility of the Employee

The employee under regulation 8 of the Health and Safety (Sharp Instruments in Healthcare) Regulations (2013) who receives a sharps injury at work must notify

their employer as soon as practicable. An incident form must be completed and submitted via Datix.

If an employee has been injured by a sharp that has or may have exposed them to a blood-borne virus the employee must follow the UHDB inoculation incident policy.

## 9. Monitoring & Review

This Safety Management Standard will be regularly monitored and reviewed by the Health and Safety Team to:

- Ensure it continues to comply with legislation
- Ensure that it is reasonably practicable to implement to all those concerned within the Trust.

## 10. Further information

The Health and Safety Executive (HSE) has a range of information on risk management. General information is available at [www.hse.gov.uk](http://www.hse.gov.uk). For information on specific risks consult one of our other health & safety management standards

We hope you find this SMS useful; if you require further information, please contact one of the Health and Safety Team:



General enquiries during normal hours

07385 411684

07385 411683

07385 343668

07387 248730

Out of Hours

07385 343631

07385 411682



[dhft.healthandsafety@nhs.net](mailto:dhft.healthandsafety@nhs.net)

Appendix 1

## GENERAL HEALTH AND SAFETY RISK ASSESSMENT

AREA OR ACTIVITY ASSESSED:

NOTE:

### STEP ONE - IDENTIFY HAZARDS

*List significant hazards*

1.	Potential exposure to infections such as blood borne viruses (BBV)	6.		11.	
2.	Psychological stress and anxiety	7.		12.	
3.	Financial	8.		13.	
4.	Fluids and agents	9.		14.	

5.		10.		15.		<b>STEP TWO, THREE &amp; FOUR – DECIDE WHO MAY BE HARMED, EVALUATE THE RISKS, DECIDE ON PRECAUTIONS &amp; RECORD YOUR FINDINGS</b> For each hazard identified in step one, complete step two, three and four. A. Employee/ bank staff B. Patients C. Contractor/ maintenance D. Member of the public/others			<b>Risk Rating</b>		Entered onto DATIX Y/N
Hazard	Risk	Who's at Risk? (A,B,C,D)	Generic Control Measures	Specific Control Measures	likelihood	Consequence	Risk Rating				

## GENERAL HEALTH AND SAFETY RISK ASSESSMENT

AREA OR ACTIVITY ASSESSED: **Sharps safety**

NOTE: Use of clinical sharps- tasks include venepuncture/cannulation/bloodletting for BM/removal of stitches/drawing up from ampoules and vials/use of scissors as part of a procedure/stitch removal/scalpels on callous removal. **This is not an exhaustive list.**

Safety devices used at UHDB– Cannula/butterfly device/blunt fill device/Blood Culture system/lancets

Department use some non-safety devices as no safety alternative available or the products may potentially increase or add risk

Scissors/scalpels/ABG syringe + needle/ sutures/stitch removers/bone marrow aspirate needles/ intrathecal needles/ligature cutters/pre filled flu injection/pre filled depot injection/Arterial Line + Central Line +Mid Line insertion packs **Add or Delete**

<p>1. Potential exposure to infections such as blood borne viruses (BBV)</p>	<p><b>Contaminated Sharps</b> Blood or body fluid contaminated needles.</p> <p>Sharps injury with puncture wounds and or cuts with potential transmission of blood borne viruses.</p> <p><b>Non-blood contaminated sharps</b> Care must be taken with needles which have been used for drawing up purposes to prevent inoculation of syringe contents into the employee with possible side effect.</p>	<p>A, B, C, D.</p>	<ol style="list-style-type: none"> <li>1. All staff have received the appropriate information, instruction, training and supervision in the safe handling, use and disposal of sharps.</li> <li>2. Local safe working practices form part of the staff induction into the service / department and refresher training is arranged within determined timescales.</li> <li>3. Use of safer sharps – where available and when clinically practical.</li> <li>4. Do not unsheathe needle until ready for procedure.</li> <li>5. Never pass unprotected sharps from hand to hand.</li> <li>6. No re-sheathing of needles – <i>this does not include when the safety guard is activated.</i></li> <li>7. Staff must ensure that all sharps containers are assembled correctly.</li> <li>8. Sharps boxes are used at the point of use.</li> <li>9. Use of blunt fill device for drawing up from ampoules/vials.</li> <li>10. Posters with the procedure of management post needlestick injury are up to date and available in the treatment room.</li> <li>11. Compliance with Clinical Waste Policy – segregation and waste disposal</li> <li>12. Ensure the correct PPE is provided.</li> </ol>	<ol style="list-style-type: none"> <li>1. Trust Induction</li> <li>2. Local Induction</li> <li>3. Mandatory training update</li> <li>4. Waste Management update</li> </ol>				
--	--	--------------------	--	--	--	--	--	--

# Health and Safety

<p>2. Psychological stress and anxiety</p>	<p><b>Contaminated Sharp</b></p> <p>Staff who have received an injury and are awaiting a BBV result may be anxious and require psychological support</p>	<p>A, B, C, D.</p>	<ol style="list-style-type: none"> <li>1. Reassurance from line manager.</li> <li>2. Referral to Occupational Health (OH) to be considered for counselling.</li> <li>3. Employee Assistance Programme.</li> <li>4. Staff Counselling Service.</li> <li>5. Wellbeing programme in place including events, training and online resources.</li> <li>6. Staff mental health and wellbeing strategy and action plan.</li> <li>7. Range of support and advice from HR.</li> <li>8. Consider other duties that are either non patient facing or that don't require sharps to be used whilst the staff member is receiving therapy.</li> </ol>	<ol style="list-style-type: none"> <li>1. If OH is closed due to outside of office hours of at a weekend/Bank Holiday, the staff member may attend A&amp;E.</li> <li>2. The line manager should have details of organisations to contact for on-going psychological support</li> </ol>				
--	--	--------------------	--	--	--	--	--	--



## GENERAL HEALTH AND SAFETY RISK ASSESSMENT

### AREA OR ACTIVITY ASSESSED: Sharps safety

NOTE: Use of clinical sharps- tasks include venepuncture/cannulation/bloodletting for BM/removal of stitches/drawing up from ampoules and vials/use of scissors as part of a procedure/stitch removal/scalpels on callous removal. **This is not an exhaustive list.**

Safety devices used at UHDB– Cannula/butterfly device/blunt fill device/Blood Culture system/lancets

Department use some non-safety devices as no safety alternative available or the products may potentially increase or add risk

Scissors/scalpels/ABG syringe + needle/ sutures/stitch removers/bone marrow aspirate needles/ intrathecal needles/ligature cutters/pre filled flu injection/pre filled depot injection/Arterial Line + Central Line +Mid Line insertion packs **Add or Delet**

# Health and Safety

<p>3. Financial</p>	<p>Purchase of sharp safe products</p> <p>UHDB reputational damage</p> <p>Legal costs from the health and Safety Executive prosecuting</p> <p>Compensation to either of the forementioned groups (A-D)</p>	<p>A, B, C, D.</p>	<ol style="list-style-type: none"> <li>1. UHDB Trust board to advocate the use of safer sharps where is deemed reasonably practicable.</li> <li>2. If there is an alternative product that is available, that is sharp safe, and the department deems it not fit or unsafe, a local risk assessment must be completed which highlights the risk and mitigation.</li> <li>3. Procurement to work with suppliers to ensure UHDB has access to needle free devices.</li> <li>4. Staff are aware of 'Contributory Negligence' and may not be awarded full compensation if they chose to use an alternative sharp product if they available.</li> </ol>	<ol style="list-style-type: none"> <li>1. Trust Induction</li> <li>2. Local Induction</li> <li>3. Mandatory training update</li> </ol>				
---------------------	--	--------------------	--	--	--	--	--	--

# Health and Safety

<p>4. Fluids and agents</p>	<p>Needlestick injury while manipulating sterile radioactive solutions</p> <p>Exposure to radioactive material, mainly gamma and occasionally beta emitters</p> <p>Needlestick injury from either an agitated, stressed or non-compliant patient</p>	<p>A, B, C, D.</p>	<ol style="list-style-type: none"> <li>1. Systems of work in place.</li> <li>2. Possible risk of contamination.</li> <li>3. IRMER needs to be considered.</li> <li>4. Nuclear Medicine Risk Assessment for re-sheathing of needles due to radioactive material</li> <li>5. The use of safety needles and butterflies is advocated.</li> <li>6. Do not detach the giving set. Dispose as one system.</li> <li>7. Advice from OH if accidental exposure to body fluids is experienced.</li> </ol>	<ol style="list-style-type: none"> <li>1. Trust Induction</li> <li>2. Local Induction.</li> <li>3. Mandatory training update</li> </ol>				
-----------------------------	--	--------------------	---	---	--	--	--	--

# Health and Safety

--	--	--	--	--	--	--	--	--	--

ACTION PLAN						
Hazard	Action required	Action assigned to	Target date	Date action completed	Monitor action until (date)	

### ASSESSOR DECLARATION

I confirm that this assessment is an accurate reflection of the area or activity being assessed and existing employees have been made aware of this risk assessment:

**Name of assessor:**

**Date:**

### STEP FIVE - (REVIEW) ASSESSMENT REVIEW RECORD

Date of review	Name of reviewer	Reason for review	Comments	Next review date

### RISK RATING MATRIX

Likelihood	Consequence				
	(1) Insignificant	(2) Minor	(3) Moderate	(4) Major	(5) Catastrophic
(5) Almost Certain	5	10	15	20	25
(4) Expected	4	8	12	16	20
(3) Possible	3	6	9	12	15



# Health and Safety



University Hospitals of  
Derby and Burton  
NHS Foundation Trust

(2) Unlikely	2	4	6	8	10
(1) Rare	1	2	3	4	5



## Appendix 2 – UHDB Generic Risk Assessment Form

## Appendix 3. Sharps Management Group

### TERMS OF REFERENCE (V1) Sharps Safety Management Group

#### Contents

1. Introduction .....	25
2. Terms of Reference.....	25
2.1 Aim of the Committee .....	25
2.2 Accountabilities of the Sharps Safety Management Group .....	25
3. Membership .....	27
3.1 Sharps Safety Management Group .....	27
4. Conduct of the Sharps Safety Management Group .....	28
5. Quorum.....	4
6. Meeting Dates and Report Schedule.....	5
6.1 Sharps Safety Management Group .....	5
7. Monitoring and Review .....	6

#### Document Control

<b>Division / Department responsible:</b>	Trust wide Services, Health & Safety
<b>Last reviewed by:</b>	Ann McCabe (Head of Health and Safety Manager)
<b>Implementation date:</b>	
<b>Date last reviewed:</b>	



## TERMS OF REFERENCE

### Sharps Safety Management Group

#### **1. Introduction**

A wide range of infections including Blood Borne Viruses (BBV) may be transmitted to staff members, patients, visitors and contractors via an inoculation incident. Inoculation incidents include incidents involving a sharp contaminated with blood or body fluid piercing the skin. The nature of healthcare provides the opportunity for these inoculation incidents / injuries to occur. Occupational exposure to blood and body fluids potentially infected with Blood Borne Viruses is unnecessarily common. Many exposures result from a failure to follow recommended procedures, including the safe handling and disposal of sharps, or the wearing personal protective equipment (PPE) including eye and face protection wear where indicated. Managing sharps safely will reduce the risk of sharp associated inoculation incidents and will ensure legal compliance.

The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 require:

- the safe use and disposal of sharps
- training
- procedures for responding to a sharps injury

#### **2. Terms of Reference**

##### **2.1 Aim of the Sharps Safety Management Group**

The Sharps Safety Management Group will act as the strategic focus for sharps safety issues across the Trust and will ensure legal compliance with legislation.

##### **2.2 Accountabilities of the Sharps Safety Management Group**

The SSMG will be chaired by the Head of Health & Safety and will report into the Strategic Health Safety & Wellbeing Group and will work closely with the Medical Devices Product User Group

## 2.3 Functions of the Divisional Groups

Each division will promote co-operation between employers and employees in instigating, developing and carrying out measures to ensure the safe use of Sharps and shall:

- Report to the SHSWG any Health and Safety concern that cannot be resolved at Divisional level and/or matters for noting
- Bring to the committee items for consideration to be added to the Trust Health and Safety Risk Register.
- Study trends in accidents, incidents and near miss data and make suitable recommendations, and where possible, prevent similar incidents.
- Review accident investigations to ensure that learning outcomes are identified and actioned.
- Ensure the compliance of all relevant Health and Safety legislation regulations.
- Implement corporate generic risk assessments.
- Review significant outstanding Health and Safety issues arising from workplace inspections.

### 3. Membership

The SSMG comprises of Divisional representatives, Trade Union representatives and key stakeholders from across the Trust with an interest in Sharps Safety

#### 3.1 Sharps Safety Management Group

• Head of Health and Safety (Chair)	Permanent
• Safety Team Administrator (Secretary)	Permanent
• Surgery Division: Lead Officer for Health and Safety (Vice Chair)	Permanent
• Deputy Health & Safety Manager	Permanent
• Sharps Lead for Occupational Health	Permanent
• Clinical Representative for Occupational Health	Permanent
• Clinical Governance Lead - Surgery	Permanent
• The elected Chair and Secretary of Trade Union Health & Safety Representatives	Permanent
• Representative from Infection Control	Permanent
• Sharps Lead for Procurement	Permanent
• Waste Management Representative	Permanent
• Medical Equipment Representative	Permanent
• Representative from Physiotherapy	Permanent
• Representative from the Datix Team	Permanent
• Representative from Pharmacy	Permanent
• Representative from Pathology	Permanent
• Representative from Paediatrics/Midwifery	Permanent

Representatives from other Departments can be requested by the Chair to attend meetings as appropriate or as the agenda dictates, to provide specialist knowledge and advice.

#### **4. Conduct of the Sharps Safety Management Group**

The chair is responsible for ensuring meetings are held six times a year to resolve and escalate sharps safety issues and implement recommendations arising from the SSMG.

Meetings should not be cancelled or postponed except in exceptional circumstances. If any permanent member of the committee cannot attend a meeting a deputy must be nominated in their absence. If the meeting has to be postponed, a date for the next meeting should be agreed and announced as soon as possible by the Secretary.

The agreed minutes of each meeting will be supplied to every committee member as soon as possible after the meeting and will be presented to the next Strategic Health Safety and Wellbeing Group.

A copy of the agenda and any accompanying papers should be sent to all committee members at least one week before each meeting.

The dates of the meeting will be set annually.

Members of the committee should be sent a copy of the Terms of Reference giving the dates of the meeting and report schedule.

#### **5. Quorum**

A minimum of eight members will need to be present at any given meeting for it to be deemed quorate.

## 6. Meeting Dates for 2022

### 6.1 Sharps Safety Management Group

Dates (2022)	Time	Venue

## 7. Monitoring and Review

The Strategic Health Safety and Wellbeing Group is responsible for monitoring the implementation and impact of these Terms of Reference.

The Terms of Reference will be reviewed if there is a change of legislation, otherwise it will be reviewed annually and the outcome of the monitoring process will inform this review.