Appendix 1

Guidelines for the avoidance of Sharp Injury

The Trust accepts the principles of the ‘Health & Safety (safe sharps instruments in healthcare) Regulations 2013, in using safe sharps alternatives in all situations where there is a market product. Where this isn’t viable, or a product isn’t available either for clinical or treatment purposes, a risk assessment is in place to justify the use thereof. There is an overseeing committee (Safe Sharp Steering Group) that provides assurance to the Health & Safety committee.

Salisbury NHS Foundation Trust is committed to ensure that the risk of injury from sharps is reduced to the lowest possible level, by promoting both good practice and the use of the appropriate sharp devices based on awareness, training and sound risk assessment.

What is a sharp?

A sharp is any sharp device or object capable of puncturing the skin. Sharps such as suture needles, hollow needles, scalpels and sharp edged or pointed surgical instruments carry the risk of the transmission of blood borne viruses. This may include broken glassware, or any other sharp object or material. Sharp tissue such as bone or teeth may also pose a risk of injury and possible infection.

Employee’s duties

Any person handling a sharp has a clear and mandatory duty to ensure that every precaution is taken to prevent an injury to themselves or others from the sharp. Employees have a duty to report any injury from a used sharp without delay, including any inappropriate disposal.

Manager’s duties

Managers have the duty to ensure that there is a ‘Safe System of Work’, and that all necessary equipment for the safe use and handling of sharps, such as sharps boxes and sharp’s trays etc. are readily available for use. Managers also have a duty of care to non-members of staff, such as patients and visitors.

Care should be taken to ensure that sharps boxes are not accessible to non-members of staff, particularly children and vulnerable adults, where injuries are likely to occur.

All managers should assess the risk to the health and safety of their staff and other people from possible injuries caused by sharps. Where risks are identified, records should be made of the level of risk, and the methods of elimination and control should be implemented and documented.

The following best practice guidelines can be printed out and given to new employees at local induction. It can also be printed, laminated and displayed in clinical areas.
BEST PRACTICE FOR THE SAFE HANDLING OF SHARPS, AND DISPOSAL PROCEDURES

NEVER

✓ pass exposed sharps directly from hand to hand.
✓ place a used sharp on a window sill, bedside locker, food trolley or amongst dressings etc............. even if only for a moment.
✓ resheath used needles, unless the demands of the procedure dictate otherwise – in which case a risk assessment will be required.
✓ Carry out an unrelated task when holding an exposed sharp.
✓ Distract anyone who is using or handling a sharp.

ALWAYS

✓ prepare for the unexpected movement of the patient.
✓ activate the safety mechanism after immediate use – safe sharps.
✓ carry out a risk assessment, if a safe sharp cannot be used.
✓ report any sharp injury or near miss immediately.
✓ take the sharps bin to the patient, for immediate disposal of used sharps.
✓ dispose of the sharp carefully, into the appropriate sharps bin, immediately after use.
✓ ensure that the sharps bin is no more than 2/3 full.
✓ ensure that the sharps bin is out of reach of children or vulnerable adults.
✓ ensure the filled sharps bin is correctly labelled and sealed before disposal.