Leicestershire Partnership NHS Trust

The Management of Sharps, Sharps Injuries and Exposure to Blood Borne Viruses Policy

This policy describes the processes for the management of sharps and exposure to blood borne viruses. It identifies safe systems of work in relation to the management and transport of equipment associated with sharps for staff working in LPT.

Key Words:	Sharps, Needlestick, Blood Borne Virus, exposure, body fluids	
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Ratified by:	Quality Forum	
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Expiry date:	November 2026	
Type of Policy	Clinical ✓	

Contents

1.0 Quick Look Summary

This policy provides information Trust-wide for the management of safe practice when sharps are used, or there is a risk of exposure to a BBV due to the behaviour of others i.e., staff and patients. The Trust is committed to monitoring sharps and introducing the use of safer sharps devices in line with the Health and Safety (Sharp instruments in Healthcare) Regulations 2013.

Patients with known Blood Borne Virus infections

A new status alert  is now visible in the Patient Demographics Box in SystmOne. This will enable clinicians to identify any known lifelong infections the patient has. By clicking on the icon, a template view will appear which will show the name of the infection. This alert marker is visible in all units of SystmOne and across the LLR.

The most important element in preventing the transmission of blood borne viruses from patient to healthcare worker, or vice versa, is the adoption of safe working practices and routine infection prevention and control measures. These measures must be followed at all times are:

- Application of good basic hygiene practices including hand hygiene.
- Safer needle devices must always be used where identified.
- Cover existing wounds or skin lesions with waterproof dressings.
- Avoid invasive procedures if suffering from chronic skin lesions on hands or further advice contact occupational health)
- Protect mucous membrane of eyes, mouth and nose from blood and blood stained secretions.
- Avoid contamination of person by appropriate use of personal protective equipment.
- Protect puncture wounds, cuts and abrasions in the presence of blood.
- Avoid sharps usage so far as is reasonably practicable and consider the option of replacing sharps with needle less systems.
- Arm protectors should be worn by clinical staff where a risk assessment has identified a risk to staff from a bite, scratch or injury inflicted by a patient (Appendix 4)
- Institute safe procedures for the handling and disposal of needles and other sharps
- Institute approved procedures for sterilisation and disinfection of instruments and equipment, where such instruments and equipment are not single use.
- Clear up spillages of blood and other body fluids promptly and disinfect surfaces. (Appendix 5)
- Institute a procedure for the safe disposal of contaminated waste.

PLEASE NOTE THAT THIS LIST IS DESIGNED TO ACT AS A QUICK REFERENCE GUIDE ONLY AND IS NOT INTENDED TO REPLACE THE NEED TO READ THE FULL POLICY

1.1 Version Control and Summary of Changes

Version number	Date	Comments
Version 1 (Ref NP B7/2006)	February 2006	New guideline: guidelines for the use of sharps in community hospitals
Version 2 Draft3	January 2010	Approved at LCCHS clinical governance committee 070119, slight change to remove section on insulin pens
Version 3		Harmonised in line with LCRCHS and LPT (historical organisations)
Version 4	February 2013	Reviewed in line with EU Directive 2010/32/EU and policy monitoring requirements
Version 5	June 2017	Updated to reflect safer sharps information and requirements
Version 6	January 2019	Updated to include changes to poster to include new packaging and reflect requirements to Transportation of sharps containers.
Version 7	December 2020	Updated to incorporate and specific guidance in relation to this policy with regards to Covid-19. Note the general information regarding Covid19 can be found in the Overarching IPC Assurance Policy
Version 7.1	October 2022	Added Safe Operating Procedure (SOP) for the removal of discarded sharps and drug paraphernalia to appendix 8 of policy.
Version 8	November 2023	Review of policy and updates.

1.2 Key individuals involved in developing and consulting on the document

Name	**Designation**
Accountable Director	Director of Nursing, Quality and AHPs
Author(s)	Infection Prevention and Control Team
Implementation Lead	Head of Infection Prevention and Control
Core policy reviewer group	Infection Prevention and Control Assurance Group
Wider consultation	Community Hospitals and Community Services
	Families, Young People and Childrens, Learning Disability services
	Adult Mental Health, Mental Health Services for Older People services

1.3 Governance

Level 2 or 3 approving delivery group	**Level 1 Committee to ratify policy**
Infection Prevention and control Assurance Group	Quality and Safety Committee

1.4 Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender

reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

1.5 Due Regard

LPT will ensure that Due regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010. This process will help to ensure that:

- Strategies, policies and procedures and services are free from discrimination.
- LPT complies with current equality legislation.
- Due regard is given to equality in decision making and subsequent processes.
- Opportunities for promoting equality are identified.

Please refer to due regard assessment (Appendix 12) of this policy

1.5 Definitions that apply to this Policy

Body Fluid splashes	Blood, body fluids that are blood stained or have the potential for carrying a blood borne virus (bbv) with the risk of transmission of an infection by being splashed into the eyes, nose, mouth, wound or exposed mucosa
Body fluids (which may pose a risk – dependent on exposure) Not an exhaustive list	Blood, amniotic fluid, cerebrospinal fluid, breast milk, pericardial fluid, peritoneal fluid, pleural fluid, saliva (obvious contamination with blood may not be evident), Synovial fluid, unfixed human tissues and organs, exudate or other tissue fluid from burns, skin lesions or wounds, semen, vaginal secretions
HBIG	Hepatitis B immune globulin (HBIG) is a blood plasma product that can prevent Hepatitis B if given ideally 48 hours after exposure to an infected individual (should be considered up to 7 days after exposure)
Inoculation risk	A term used when referring to certain infections which can be transmitted when blood or some other tissue or body fluid from an infected person comes into contact with tissue/mucous membranes, etc., of another person. Those of main concern are agents that persist in the blood of a carrier (who may be unaware of their infectious status). These include Hepatitis B (HBV), Hepatitis C (HCV) and Human Immunodeficiency virus (HIV)
Medical sharp	Object or instrument used in healthcare, which is able to cut, prick, break the skin or cause injury to an individual
Mucocutaneous exposure	Eye(s), inside of the nose, mouth or area of non-intact skin of an individual is contaminated by blood or other body fluid
Percutaneous exposure	Where the skin of an individual is cut or penetrated by a needle or other sharp object i.e., scalpel blade, trocar, bone fragment or teeth and is contaminated by blood or other body fluids
Personal Protective Equipment (PPE)	Items worn to protect the healthcare worker from potential contamination i.e., single use gloves, single use aprons eye protection, face masks, face visors.
Post Exposure Prophylaxis (PEP)	PEP is a short term anti-retroviral treatment to reduce the likelihood of HIV infection after exposure
Recipient	The individual has had an accidental exposure to the risk

Safer sharp device	A medical sharp designed and constructed to incorporate a feature or mechanism which prevents or reduces the risk of accidental injury e.g., a guard on the needle which slides or pivots to cover the needle after use

2.0. Purpose and Introduction

This policy provides information Trust-wide for the management of safe practice when sharps are used, or there is a risk of exposure to a BBV due to the behaviour of others i.e., staff and patients. The Trust is committed to monitoring sharps and introducing the use of safer sharps devices in line with the Health and Safety (Sharp instruments in Healthcare) Regulations 2013.

- The Trust will ensure that sufficient resource is made available where appropriate.
- It contains specific information on precautionary measures and action to be taken in the event of an incident involving sharps and/or exposure to blood borne viruses.
- It gives clear guidance on the management of sharps and their disposal; including those used within inpatient and outpatient facilities, patients' homes and other points of care delivered by the healthcare workforce employed by LPT.
- It identifies requirements regarding the transportation of sharps by staff working within LPT and references the appropriate standards to follow.

2.1 Purpose

This policy identifies staff's responsibilities when dealing with sharps and provides them with the information they require to enable them to minimise the risk of injuries and blood borne virus exposure caused by contaminated sharps and associated devices, it also forms part of the organisations compliance with the Health & Social Care Act (2008) updated July 2015, 2018.

Infection prevention and control safety is a legal requirement under the Health and Safety at Work etc. Act 1974. This document provides information to staff who undertakes practices within their role using needles and/or associated sharps. It supports and reflects the requirements of the European Directive on prevention from sharps injuries (2010/32/EU) by May 2013 and is underpinned by the Health and Social Care Act requirements.

2.2 Introduction

Needlestick and sharps injuries carry the risk of infection and are an occupational hazard for all professionals involved in healthcare. Sharps injuries occur when a sharp instrument (such as a needle) penetrates the skin. If the sharp instrument is contaminated by blood, there is the potential for transmission of infection.

Prospective studies of health care workers have estimated that the average risk for HIV transmission after a percutaneous exposure is approximately 0.3%, the risk of HBV transmission is 6 to 30%, and the risk of HCV transmission is approximately 1.8%.

The effects of the injury and anxiety about its potential consequences can have a significant personal impact on an injured person/employee. Every possible action must be put into place to reduce or eliminate this potential physical and psychological harm to staff, visitors, contractors and patients within LPT.

3.0 The management of sharps and exposure to blood borne viruses

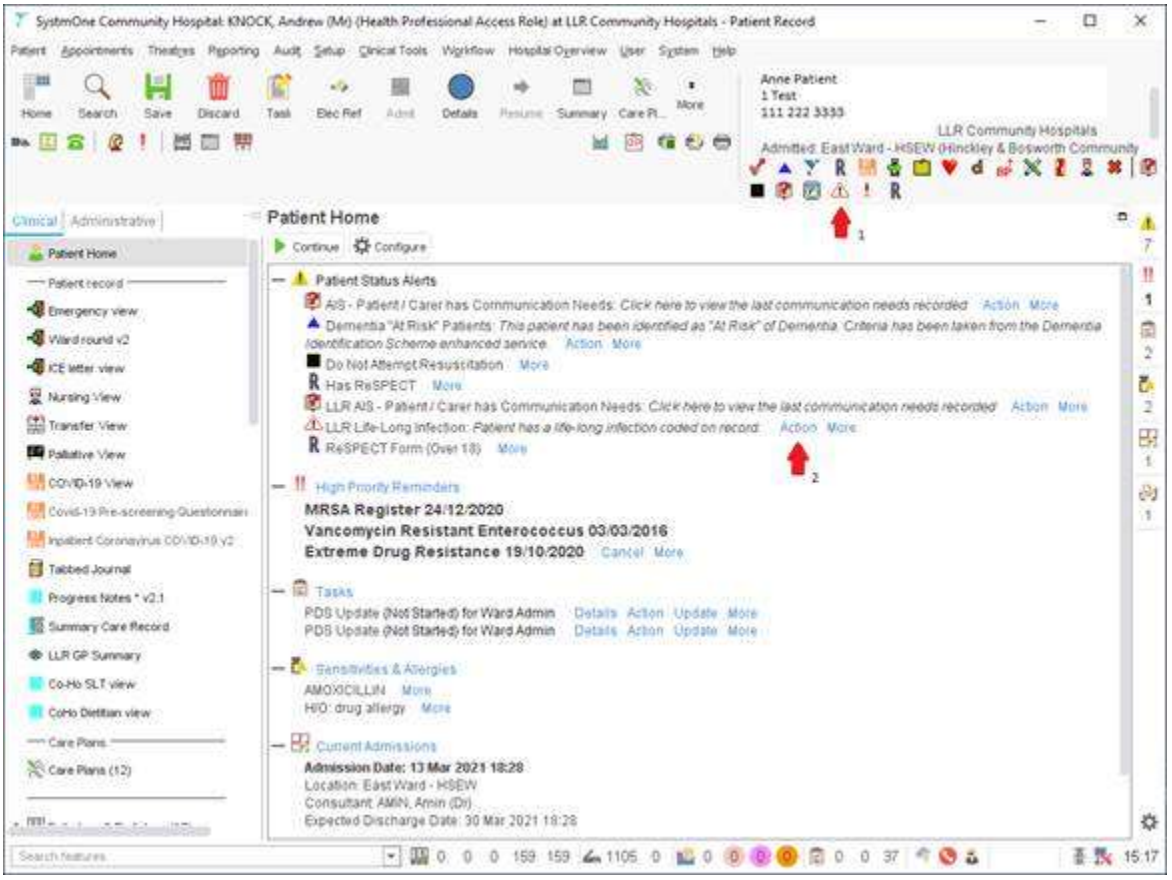
3.1 Patients with known Blood Borne Virus infections

SystmOne Lifelong infection marker

A new status alert  is now visible in the Patient Demographics Box in SystmOne. This will enable clinicians to identify any known lifelong infections the patient has. By clicking on the icon, a template view will appear which will show the name of the infection. This alert marker is visible in all units of SystmOne and across the LLR.

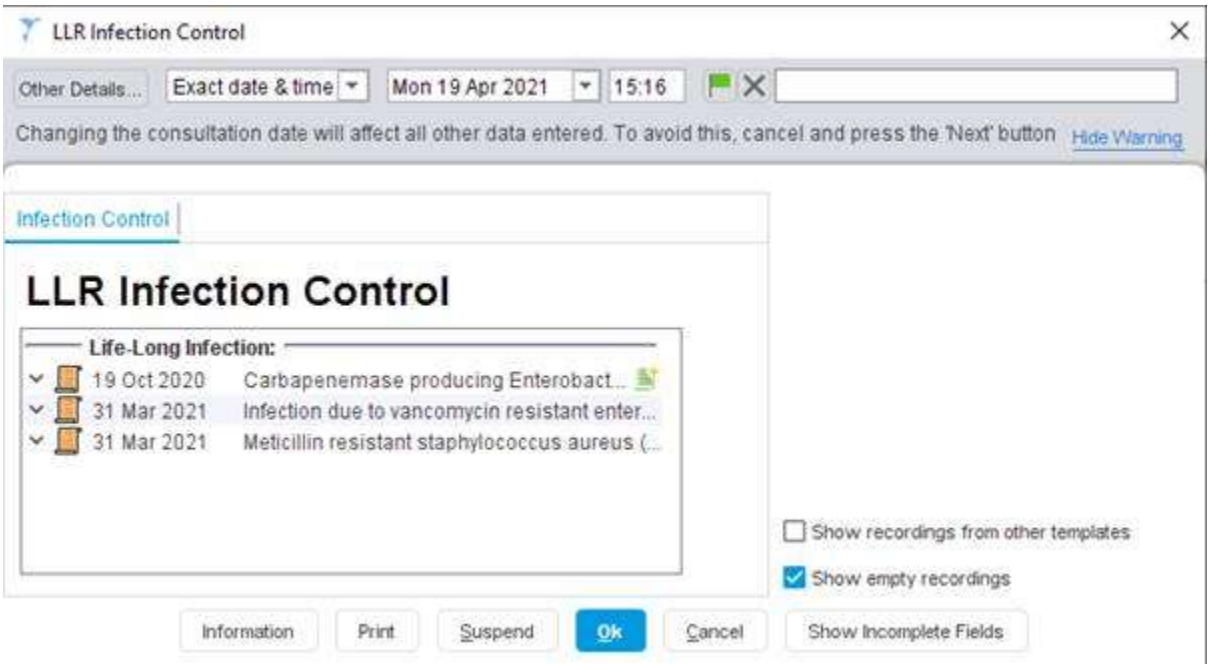
To have this alert marker placed on a patients record the IPC team must be informed of any patient who has or are a carrier of a communicable infection. This can be achieved via the answerphone (0116 295 1668) or the online form located on StaffNet.

The screenshot below has the alert marker indicated by arrows 1 and 2.

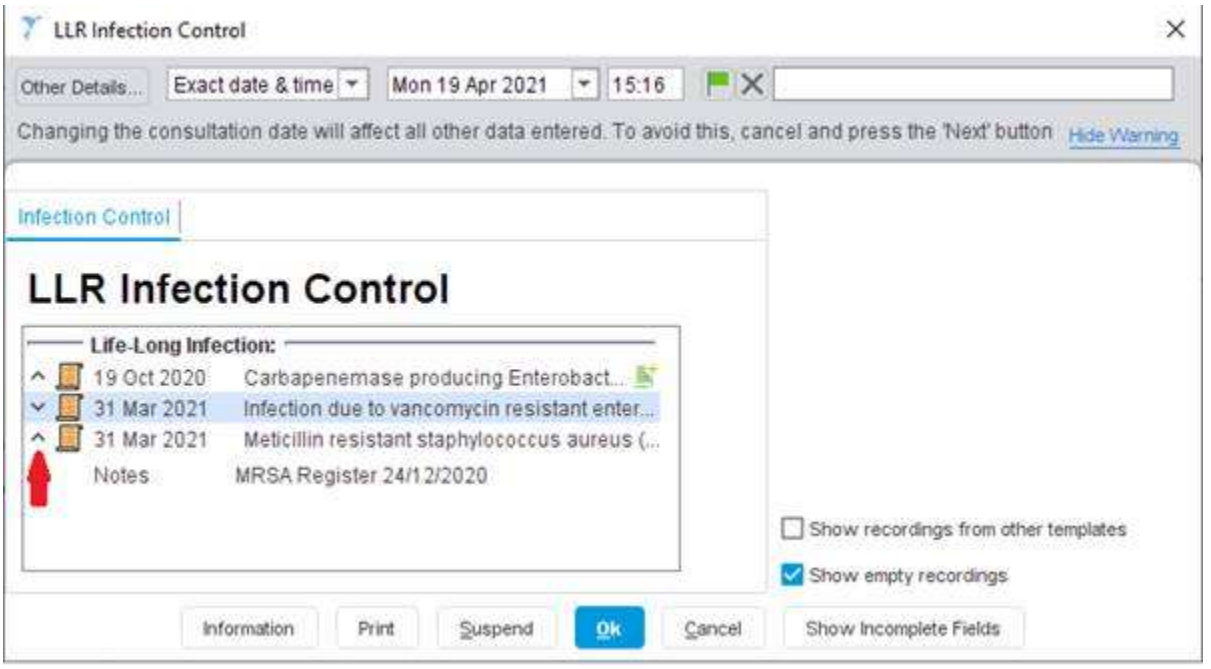


The High priority reminders will continue to be added by IPC until all areas are aware of the alert marker.

By clicking on either the icon in the demographics (1) or the Action link (2) the following information will be displayed.



By clicking on the ˅ symbol next to the scroll icon any further notes will be displayed relating to this entry as below



If you are caring for a patient who has a known infection or is a carrier of an infection and this alert is not present on the patient record, it is necessary to contact the IPC team as stated above to ensure that the alert is added to the patients record. This will then alert all staff within LPT and the LLR (including GP's on SystmOne) to the presence of a lifelong infection. It is vital for clinicians to be aware of this quickly as it could adversely affect patient care and put staff at risk if not known.

Inpatient areas - Continue to contact IPC for other transient infections such as Norovirus and COVID-19.

3.2 Use and Management of Sharps and Equipment

Use of Sharps

- Staff must be aware of how to handle and dispose of the sharp safely
- A safer sharps device (deemed as such under the EU directive) must be used, as instructed by the trust and considered reasonably practicable to do so.
- The disposal of the sharp is the personal responsibility of the user and therefore **must not** be handed to or left for anyone else to dispose of.
- Where a non-safer sharps device has to be used, it **must not** be capped or re- sheathed by hand, bent or broken, prior to disposal.
- Clear documentation within the risk assessment and patient records must state the reasons for the use of a non-safer sharp.
- Sharps must be disposed of at the point of use into a designated sharps container, always avoiding contact with the contaminated part.
- The syringe and needles must be disposed of as a single unit.

Sharps containers

- Sharps containers must conform to UN 3291 (1997)/BS 7320 (1990) and have the correct colour coded lid for appropriate disposal. (Appendix 1)
- Sharps containers must be labelled when in use to identify its origin
- Sharps containers must be assembled correctly in accordance with manufacturer's instructions and signed and dated by the person assembling it.
- The capacity of the sharp's container must be appropriate for its intended use.
- Sharps containers must be taken to where the task is being carried out if a container is not already located in that area.
- When in use sharps containers must be situated in a location that reduces the risk of injury to patients, visitors and health care workers i.e., off the floor, out of reach of children. When not in use the temporary closure mechanism must be engaged.
- If the sharps container is no longer required or needs to be disposed of, it must be terminally locked and stored in a locked room prior to disposal in a designated waste compound ready for collection by the waste disposal company.
- When taking the sharps container for disposal staff must be mindful to keep it out of the view of the general public

Transportation	•Staff must ensure that if sharps containers need to be transported in their car, that they are safely positioned in the locked boot of the car out of sight. It must be secure to prevent moving in transit and the temporary closure mechanism on the sharp's container must be in place. Consideration should be given to the use of an outer carrier. This will add stability if necessary. •Staff **must not** routinely carry large quantities of sharps containers that are due for disposal. •they should be taken to the designated waste disposal point as soon as practice allows. •When transporting sharps containers in a vehicle, staff must always check the container at the end of the journey to ensure that no sharps have been dropped or spilled in the vehicle. •If sharps have been spilled, do not use the affected area, and if necessary, the whole vehicle until it has been made safe, (advice must be sought from the infection prevention and control team). An E-IRF form must be filled out if this occurs and reported to your line manager. (Estates and Facilities alert 18655 EFA/2013/0001). (Appendix 2) •Staff should carry the registration number and notification form in their vehicle if sharps are transported as part of the identified workload (Appendix 3). The forms should be kept out of sight of the public but be readily available if required i.e., glovebox. The forms must be available to see for the lifetime of the vehicle. •Staff who carry sharps containers in their vehicles as part of their healthcare role; must advise any car repair or valeting services of this practice so that any necessary precautions can be taken by the vehicle personnel to protect them from the risk of sharps injury.

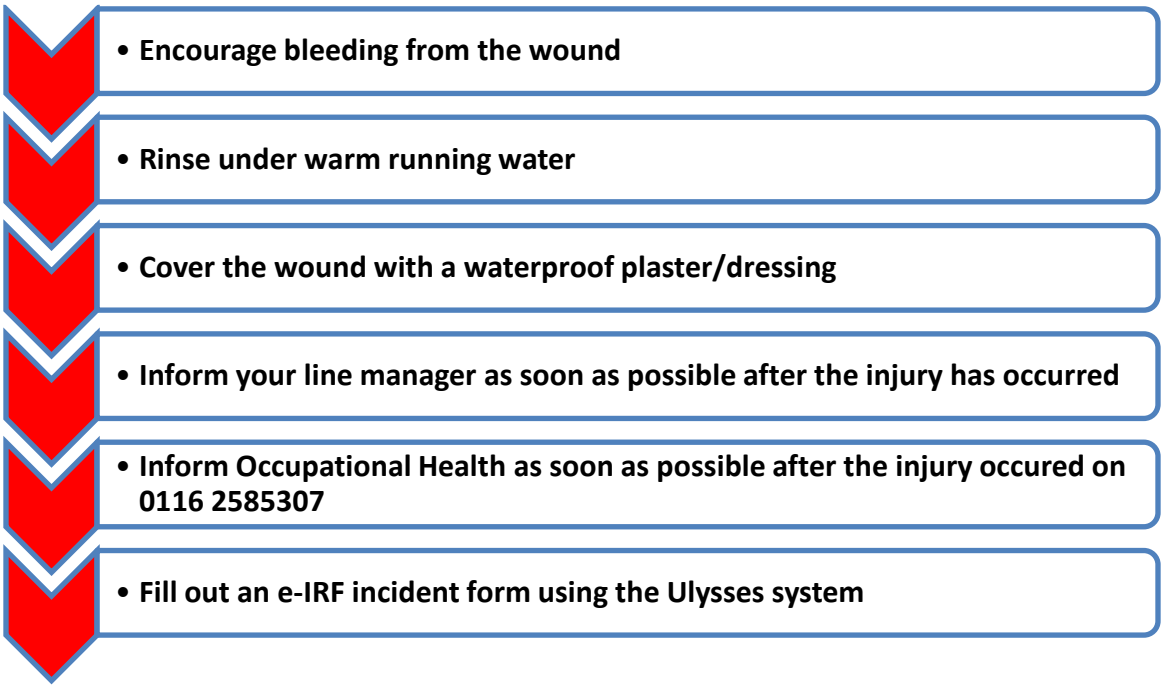
3.3 Precautions to avoid transmission of blood borne viruses

The most important element in preventing the transmission of blood borne viruses from patient to healthcare worker, or vice versa, is the adoption of safe working practices and routine infection prevention and control measures. These measures must be followed at all times are:

- Application of good basic hygiene practices including hand hygiene.
- Safer needle devices must always be used where identified.
- Cover existing wounds or skin lesions with waterproof dressings.
- Avoid invasive procedures if suffering from chronic skin lesions on hands or further advice contact occupational health)
- Protect mucous membrane of eyes, mouth and nose from blood and blood stained secretions.
- Avoid contamination of person by appropriate use of personal protective equipment.
- Protect puncture wounds, cuts and abrasions in the presence of blood.
- Avoid sharps usage so far as is reasonably practicable and consider the option of replacing sharps with needle less systems.
- Arm protectors should be worn by clinical staff where a risk assessment has identified a risk to staff from a bite, scratch or injury inflicted by a patient (Appendix 4)

- Institute safe procedures for the handling and disposal of needles and other sharps
- Institute approved procedures for sterilisation and disinfection of instruments and equipment, where such instruments and equipment are not single use.
- Clear up spillages of blood and other body fluids promptly and disinfect surfaces. (Appendix 5)
- Institute a procedure for the safe disposal of contaminated waste.

3.4 Immediate management of percutaneous inoculation injuries



3.5 Significant exposure

Includes all percutaneous exposures and any mucocutaneous exposure to blood- or blood-stained body fluids (but not mucocutaneous exposure to other body fluids) please refer to algorithm (Appendix6).

Significant exposures should be managed as detailed below.

3.6 Action to be taken with source patient of exposure

The following action is recommended where the source patient of exposure is known and is to be undertaken by a doctor (usually a member of the clinical team looking after the patient).

- Counsel and seek permission to take a blood sample (5-10ml serum)
- Blood samples must be obtained with full consent and tested for Hepatitis B, Hepatitis C and HIV
- If consent is refused or blood is unobtainable for other reasons
- A risk assessment for blood borne viruses must be undertaken
- Send the blood sample to virology for testing for Hepatitis B markers, and Hepatitis C. The sample should be stored for 2 years

3.7 Action for recipient of injury

All incidents should be reported by the injured member of staff to the Occupational Health Department as soon as possible. The Occupational Health Department will then:

- Check records of the recipient of the injury for Hepatitis B immune status.

- Counsel recipient about the risks of infection and seek permission to take blood sample (5-10 ml serum) from them.
- Take 5 -10 ml blood sample (clotted) for storage. The laboratory will store the sample for a minimum of 2 years.
- Assist in the assessment of whether or not the injury is a significant exposure and what further action is required

If the source is known or thought to be at high risk of being HIV Positive, post- exposure prophylaxis (PEP) needs to be obtained as soon as possible. Ideally this is within 1 – 2 hours but there may be longer delays for community staff as it requires travelling to Leicester Royal Infirmary. It is still worth giving after 24 – 48 hours.

Action as detailed below for source known and source unknown is to be adhered to:

3.8 Source: Hepatitis B surface antigen positive

Within normal working hours the incident must be reported by the injured member of staff to the Occupational Health Department as soon as possible. **Outside of normal working** hours the incident must be reported by the injured member of staff to either the on-call Consultant in Infectious Diseases or Microbiologist.

For contact details see appendix 8

Hepatitis B Immunoglobulin (HB1G) will be authorised by the consultant virologist or microbiologist, if appropriate. HBIG is only available from the Public Health Laboratory. If HBIG is required, it should be given within 48 hours if possible.

The Occupational Health Department will manage the follow up (detailed below):

3.9 Immunisation schedule

- **If not immunised** (i.e., ≤ 1 dose of hepatitis B vaccine pre-exposure) against Hepatitis B then given accelerated course of vaccination with Hepatitis B vaccine, (0,1,2 months and booster dose at 12 months) and check immune response at 6 months. HBIG x 1 will be required.

Significant Exposure to known HBs Ag Source	
HBV status or recipient	**Action required**
< 1 dose HB vaccine pre-exposure	Accelerated course 0, 1, 2 months and boost at 12 months HBIG x 1
< 2 doses HB vaccine pre-exposure (anti – HBs not known)	One dose of HB vaccine followed by 2nd dose 1 month later
Known responder to HB vaccine (anti HBs 10IU/ml)	Consider booster dose of HB vaccine HBIG x 1
Known non-responder to HB vaccine (anti HBs < 10IU/ml	Consider booster of HB vaccine. A second dose of HBIG should be given at one month

- If recipient has had ≥ 2 doses of Hepatitis B vaccine pre-exposure and **antibody response not known,** then give one dose of hepatitis B vaccine followed by second dose one month later.

- If recipient **known responder** to hepatitis B vaccine (antibody levels >10 mIU/ml), consider booster dose of hepatitis B vaccine.

- If recipient **known non-responder** to hepatitis B vaccine (antibody levels <10 mIU/ml 2-4 months post vaccination), give HBIG x 1 and consider booster dose of hepatitis B vaccine. A second dose of HBIG should be given at 1 month

See link to Green Book chapter on HBV
https://www.gov.uk/government/publications/hepatitis-b-the-green-book-chapter-18

NOTE any illness developed by the exposed individual that may be attributable to the exposure incident should be fully investigated.

3.10 Source: Hepatitis C Antibody Positive

- **Within normal working hours** the incident must be reported by the injured member of staff to the Occupational Health Department as soon as possible.

- **Outside of normal working hours** the incident does not need to be reported urgently as there is no prophylaxis available.

- Occupational Health will manage the follow up testing at 6, 12 and 24 weeks.

3.11 Source: HIV Positive

The following guidance applies when occupational exposure has occurred where the source is known to be Human Immune Virus (HIV)infected or has a diagnosis of Acquired Immune Deficiency Syndrome (AIDS), which is based on clinical assessment, irrespective of a HIV test.

The risk of acquiring HIV infection following a needle stick injury is small, approximately 3 per 1000 injuries. Some needle stick injuries carry higher risk than others, for example:

- those resulting in deep injury
- those caused by hollow bore needles
- those where the source patient is terminally ill with HIV infection
- those where needles are visibly blood stained and have been in an artery or vein

The risk of acquiring HIV infection through mucous membrane exposure is less than 1 in 1000.

During normal working hours, the incident must be reported by the injured member of staff to Occupational Health as soon as possible. The incident will be assessed and if post exposure prophylaxis (PEP) is indicated, Occupational Health will refer the injured member of staff urgently to the on-call Genito-Urinary Consultant or Registrar.

Outside of normal working hours the on-call Genito-Urinary Medicine Consultant or Registrar should be contacted by the injured member of staff.

3.12 Post Exposure Prophylaxis (PEP)

PEP is recommended to health care workers if they have had significant exposure (see 6.3) to blood or other high-risk fluids from a known HIV infected individual or a patient with AIDS diagnosis, but who has refused an HIV test. The drug regime may be subject to change depending on the current evidence available.

The drugs are taken for 4 weeks, and the regimes will have to take account of:

a. whether the exposed health care worker is allergic to one or more of these drugs.
b. whether the health care worker is pregnant.
c. any interaction with other medication.
d. possibility of virus resistance to one or more of the drugs

To be most effective PEP should be commenced as soon as possible after the exposure and ideally within the hour. However, it is still worth considering PEP even if 2 weeks have elapsed since the exposure.

During working hours Occupational Health should be contacted in the first instance.

Outside of normal working hours, staff should attend the ED (A&E) Department at LRI.
PEP packs are kept within Ward 38 at LRI and can be accessed through the ED (A&E) department if required.

Follow up of health care workers who receive PEP will be conducted by Specialists in Genito-Urinary Medicine and the Occupational Physician from the Occupational Health Department.

Occupational Health will undertake follow up testing at 6 weeks and 3 months after cessation of PEP.

3.13 Source unknown

The incident must be reported by the injured member of staff as soon as possible to the Occupational Health Department who will assess the incident and undertake the follow up as indicated below. If the incident occurs outside of normal working hours the on-call virologist or microbiologist should be contacted by the injured member of staff for advice.

NOTE any illness developed by the exposed individual that may be attributable to the exposure incident must be fully investigated.

3.14 Health and Safety arrangements:

The Trust's Electronic Incident Report Form (e-irf) must be completed for all accidents, incidents and near misses.

If an employee is injured by a sharp/bite/scratch known to be contaminated with a blood- borne virus e.g., hepatitis B or C or HIV and a doctor (or Occupational Health Service doctor) notifies in writing that a member of staff is suffering from a disease and the employee undertakes work linked with that condition the Manager must report it to the Trust's Health and Safety Team without delay. The Health and Safety Team will notify the Health and Safety Executive (HSE) as required under the Reporting of Injuries, Diseases and Dangerous Occurrence's Regulations (RIDDOR) by submission of on-line form.

The manager must attach a copy of the RIDDOR form sent to them by the Health and Safety Team within the Managers Area of the e-irf (attachments area), the RIDDOR box ticked and e-irf updated that RIDDOR, immediate actions taken, and investigation being undertaken.

Managing the risk to employees from exposure to blood borne viruses will be undertaken by carrying out suitable and sufficient risk assessments for BBV's and sharps injuries, following the Control of Substances Hazardous to health (COSHH) hierarchy, including use of safer devices. Staff will be informed of the risk and control measures including the requirement to report sharp injuries.

3.15 Sharps device failure

Where a device (needle, scalpel, syringe etc.) fails or a fault is identified, and may require analysis from the company who supplied it, the whole product must be segregated and placed in a separate sharps container. The lid must be terminally locked and kept in safe place prior to being returned to the company. An e-IRF incident form must also be filled out.

4.0 Duties within the Organisation

For duties associated with this policy please refer to LPTs Overarching Assurance Policy for Infection Prevention and Control

Consent

• *Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this policy is delivered. Consent can be given orally and/ or in writing. Someone could also give non-verbal consent as long as they understand the treatment or care about to take place. Consent must be voluntary and informed and the person consenting must have the capacity to make the decision.*

• *In the event that the patient's capacity to consent is in doubt, clinical staff must ensure that a mental capacity assessment is completed and recorded. Someone with an impairment of or a disturbance in the functioning of the mind or brain is thought to lack the mental capacity to give informed consent if they cannot do one of the following:*

- *Understand information about the decision*
- *Remember that information*
- *Use the information to make the decision*
- *Communicate the decision*

5.0 Monitoring Compliance and Effectiveness

For compliance and effectiveness monitoring with this policy refer to LPTs Overarching Assurance Infection Prevention and Control Policy

6.0 References and Bibliography

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The Environmental Protection (Duty of Care) Regulations (England, Scotland and Wales) (1991)

The Health & Safety (Sharp instruments in Healthcare) Regulations 2013

The Reporting of injuries, Diseases and Dangerous Occurrences Regulations 2013

The Management of Health & Safety at Wwork Regulations 1999

United Kingdom Health Departments (1998) *Guidance for clinical healthcare workers: protection against infection with blood-borne viruses.* Report of the Expert Advisory group on AIDS/Hepatitis. London. The Stationery Office.

UN 3291 United Nations Regulations (Carriage of dangerous Goods)

Appendix 1

SHARPSGUARD®

Sharps Waste Segregation

DANIELS®
A Mauser Packaging Solutions brand

If you have questions or need further information, please contact your local Area Manager or our Customer Service Team on **+44 1706 754980** or **info.healthcareuk@mauserpackaging.com** and visit our website **www.daniels.co.uk.**

MAUSER Packaging Solutions

REDEFINING SUSTAINABILITY

www.mauserpackaging.com

info@mauserpackaging.com

V01.2023

Appendix 2

Sharps Transportation of sharps in vehicles Safe system of work	Leicestershire Partnership NHS NHS Trust Working together..... Healthy Secure Safe

1. Introduction

The transportation of sharps in staff vehicles presents risk of injury to drivers, passengers and others including servicing/valet personnel if not carried in a secure manner at all times. This guideline has been developed to set out the arrangements which must be followed by staff to reduce the risk of injury from sharps transported in vehicles.

2. Scope

This guideline applies to all staff that transport used sharps in vehicles during the course of their work.

3. Safe System of Work

Safe system of work for the safe transportation of sharps in vehicles	
No.	**Action**
1.	Sharp devices must be disposed of at the point of use into a suitable container
2.	Containers to be carried in vehicles must be suitable for transport: - They must be rigid (e.g. metal, plastic, fibreboard) - They must be marked with UN approved code and UN3291 together with a Class 6.2 label. Typical UN code marking starts with 1H2/Y/S for plastic 'drums' and 4H2/Y/S for plastic 'boxes'. - Suitable approved containers are available via NHS Supplies
3.	Staff must be familiar with the use of the container including: Assembly, lid closing mechanisms (temporary secure) and lid locking (permanent and secure) mechanisms
4.	After use the lid must be closed prior to moving the container to the vehicle for transportation
5.	Containers in vehicles must be placed out of site of the public. It is recommended that the boot space is used.
6.	The notice at the end of this guidance should be placed in the allocated space within the vehicle to alert unfamiliar personnel to the risks associated with the transportation of sharps. The notice must not be visible to members of the public. Contact details should be completed on the notice prior to use.
7.	Containers must be secured to prevent them tipping/rolling in transit
8.	Consideration must be given to placing containers inside a robust secondary carrier which will add stability and further reduce the risk of spills in the event of collision

Safe system of work for the safe transportation of sharps in vehicles	
9.	Please note that healthcare workers carrying small quantities (less than 15 kg) of hazardous waste are exempt from the requirement to carry a 2kg dry powder fire extinguisher as otherwise required by the Carriage of Dangerous Goods Regulations
10.	It is recognised that more than one patient at more than one location may be treated before the waste is taken to a main site identified by the Trust for disposal in line with the Trust's Waste Management Policy. Containers awaiting disposal must be placed in secure holding areas for collection.
11.	Additional requirements may apply where loads exceed 15kgs or where radioactive wastes are carried. Please seek advice from the health and safety compliance team if these situations present themselves.
	Reporting concerns:
12.	Staff must report any concerns with container lid closing and/or locking mechanisms so that the suitability of containers can be reviewed. Concerns resulting in harm or near-miss events must be reported on the electronic incident reporting system.
13.	Staff must report if they have individual difficulty with any aspect of the safe system of work so that additional support and/or facilities can be identified and provided.
	Hire and lease vehicles
14.	The above guidance must be followed by staff using hire and lease vehicles. Hire and servicing companies must be advised that vehicles have been used for the transportation of sharps when vehicles are booked in for servicing and maintenance or returned after a period of hire.
	Actions to be taken in the event of sharps container spill or near miss
15.	In the event of spillage contaminated vehicles must be cleared as soon as possible without compromising safety. Appropriate equipment and training must be provided to staff involved in dealing with spills of sharps in order to prevent needle-stick injuries: This may include a torch, a mechanical device designed to pick up sharps and prevent direct hand contact, personal protective equipment, awareness of risk and being wary of sharps hidden in crevices and fabrics, etc.
16.	Where seats and other fittings need to be removed in order to complete checks the service department involved in the activity must be advised of the risks and precautions required to reduce the risk of injury.
17.	The event must be reported on the Trust's incident reporting system. Where no injury is sustained this should be recorded as a near miss event.

Further advice can be sought from the Trust's
Health & Safety Compliance Team
lpt.healthandsafety@nhs.net

4. Further information / Supporting Reference

- The Management of Sharps, Sharps Injuries and Exposure to Blood Borne Viruses Policy
- Waste Management Policy
- Estates and Facilities Alert EFA/2013/001 Ref: 18655 – Sharps and sharps containers transported in staff vehicles.

Appendix 3

Caution:
This vehicle has or is being used for the transportation of used medical sharps.

Approved containers are used for the transportation of sharps but vehicle service and maintenance personnel should be aware of potential risks.

Trust contact details: Name……
Number……..……
(To be completed by the local team manager)

If you have any concerns, please contact the Trust's Health & Safety Compliance Team
lpt.healthandsafety@nhs.net

Caution:
This vehicle has or is being used for the transportation of used medical sharps.

Approved containers are used for the transportation of sharps but vehicle service and maintenance personnel should be aware of potential risks.

Trust contact details: Name……
Number……..……
(To be completed by the local team manager)

If you have any concerns, please contact the Trust's Health & Safety Compliance Team
lpt.healthandsafety@nhs.net

Appendix 4

Specialist Arm Protection

The Trust has a duty to protect its staff and other persons who may be affected by its activities under the Health & safety at work act 1974 and as part of the Health & Social care act 2008.

There is an identified risk of harm to staff from patients who may present with challenging behaviour's such as biting, scratching or pinching of the forearms. Due to the risk of exposure to blood or other body fluids specialist arm protection is expected to be worn by vulnerable staff.

Arm protection used should be hands free from the wrist up as part of the Bare below the elbows initiative and in line with the Trust hand hygiene policy.

The use of specialist arm protection applies to all staff working in or visiting a clinical environment and include nurse's medical and all other clinical staff.

If it is deemed necessary to wear arm protection for a patient who displays challenging behaviour's and may present a risk of staff injury. A detailed risk assessment and care plan should be established to accompany the patient's individual notes. The risk assessment should include that the risk is the transmission of micro-organisms and contamination.

After use the arm protection should be discarded into clinical waste for incineration.

To order:
Single size Dupont Tyvek sleeves (white)
IPROC ordering direct from Tyvek Ltd

Alternative arm protection (i.e., reusable) should be discussed and agreed with the IPC team.

Appendix 5

NHS
Leicestershire Partnership
NHS Trust

Order Code:
H 9730

Refer to safety notes on the pack and check expiry date.

BEFORE YOU START

Always wear protective gloves and an apron.

Wherever possible improve ventilation.

BIOHAZARD WIPES

Clinical wipes for the disinfection of commodes and other items of patient associated equipment including mattress covers.

Also use for Blood and Blood-Stained Body Fluid Spillages.

For Patient Associated Equipment Disinfection

Remove dry wipe and re-seal pack.

Moisten wipe with cold water for 1 second only.

Squeeze wipe over sink to remove excess water.

Clean & disinfect area with the wipes. Leave the area moist, not wet.

Dispose as clinical waste – see below:

For Blood and Blood-Stained Body Fluid Spills

Remove dry wipe and re-seal pack.

Large spills may need more than one wipe.

Absorb spill directly with the DRY wipe(s).

Use another wipe moistened as above, to finally clean and disinfect the area.

Dispose of all wipes as clinical waste.

Always

- ✓ Always use in a well ventilated area.
- ✓ Store in accordance with safety notes.
- ✓ **Only use cold tap water.**

Never

- ✗ **Never** use hot or warm water to moisten the wipes

- ✗ **Never** use on any chemical or cleaning agent.

If in doubt about when to use this product contact your Supervisor or your Infection Prevention and Control Nurse.

Issue Date: July 2019

***BIOHAZARD WIPES** are manufactured by **Guest Medical Limited** of Aylesford Kent. **01622 791895**

Appendix 6

LPT Changing Product to Manage Blood and Bodily Spillages

Due to current supply issues with the Biohazard wipes we are swapping our product to be used to manage “blood and bodily fluids spillages”.

Old product

New product

Below shows procedure for usage (posters will be sent to all areas) COSH details and product brochure will also be made available for information and display in clinical areas.

Soak spill, wipe surface, dispose safely as a complete kit, Clinell Spill Wipes provide an efficient solution for spills up to 350ml from start to finish. After use, the soiled pad, wipes, and PPE worn by the user can be placed into the re-sealable bag and safely disposed of via the appropriate clinical waste channel.

Please ensure your area has provision to manage a blood or bodily fluid spillage use up any stock of Biohazard wipes first.

Available to order now via NHS Supplies code – VJT268

Appendix 7

Had a sharps injury, splash or been bitten?

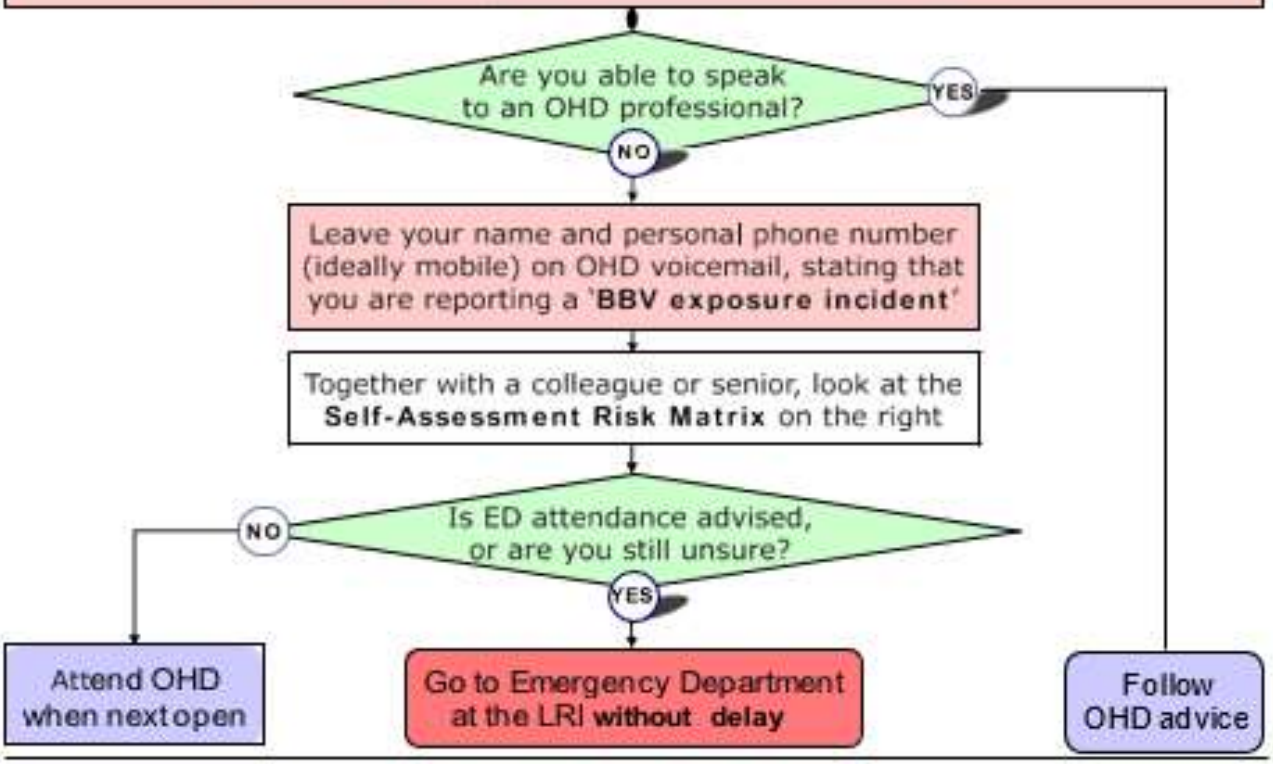
A splash involves a patient's body fluid landing in your eyes, mouth or nose or on broken skin. (NB: Splashes to intact skin pose no BBV infection risk.) Body fluids that may contain blood borne viruses (Hep B, Hep C or HIV) are:

- Amniotic fluid
- Blood
- Breast milk
- Cerebrospinal fluid
- Fluid from burns
- Fluid from skin lesions
- Pericardial fluid
- Peritoneal fluid
- Pleural fluid
- Semen
- Synovial fluid
- *Unfixed* tissue or organs
- Vaginal secretions
- *Visibly bloodstained* saliva (or dentistry-related saliva)
- Other *visibly bloodstained* body fluid

Immediate actions for affected workers

1. Take first aid measures **without delay**
   - Wash exposed area liberally with soap & water **but without scrubbing**
   - Encourage free bleeding of wounds **but without sucking**
   - Irrigate affected mucous membranes (inside of nose, mouth, or eyes) copiously; irrigate eyes **before & after** removing any contact lenses
2. Cover any wounds with waterproof dressing
3. Ask line manager to relieve you from present duties
4. Call Occupational Health Department (OHD) on extn **15307** (**DO NOT delay**) while a colleague should check patient's records for risk factors/ known HBV, HCV, or

For external calls, the OHD numbers is **0116 258 5307**



Ask your team to carry out urgent source patient BBV testing as detailed on the right

Appendix 7 continued

BBV Transmission Self-Assessment Risk Matrix

	Source Patient Characteristics			
Injury Characteristics	HIV status unknown	HIV positive	HIV positive	HIV status unknown
	High prevalence group • Man who has sex with men • Injecting drug user • Originating from a country with HIV prevalence 2:1 % (see Wikipedia page https://bit.ly/2Ln0gXf	Viral load detectable or unknown, e.g. source not receiving treatment	Viral load undetectable (source has confirmed that their viral load [VL] is <200 copies/ml)	Not from high prevalence group or 'sharp in linen bag' scenario
Bite injury				
Sharps Injury Used ~~hollow-bore~~ needle Used razor Bone fragment (e.g. on inserting a chest drain) Other sharp object	**Goto LRI ED**		No need to go to ED **UNLESS:** OHO will not reopen within the next 24h **AND** EITHER you have never had a single dose of Hep B vaccine **OR** you have been told by OHO that you have not responded to your Hep B vaccination course	
Splashed with blood or another potentially virus-containing fluid				

NB: Neither a vaccine and nor post-exposure prophylaxis are currently available to prevent Hep C transmission. But in the extremely rare event that infection should occur, it can now be cured with very effective oral treatment.

Procedure for source patient BBV testing

NB: *To be carried out by a clinician caring for the patient I on-call but **NOT** the affected worker*

- Inform the source patient about the exposure incident
- Pre-test discussion for BBV testing should cover the following:
  - Benefits of testing to the individual (and significant others)
  - Benefits of testing to the affected worker
  - Risk assessment
    - Results of any previous tests for HIV, and Hepatitis B and C
    - If known HIV infection, details of past and current antiretroviral therapy
    - Past medical history suggestive of BBV infections
  - Details of how the results will be given
- Obtain and document informed verbal consent to test for HBV, HCV and HIV
- Obtain a clotted blood sample (5-10mL in white top bottle where available, otherwise brown top bottle)
- In the 'Global Clinical Details' text box, state 'BBV exposure (source)' and enter all relevant details
- Under 'Order Details;', select 'UrgenUStat'
- Send sample to virology laboratory

Appendix 8

Contacts for advice

Contacts for Advice		
Infection Prevention and Control Team	Infection Prevention and Control Office Loughborough Hospital Epinal Way Loughborough LE11 5JY	0116 295 2320 Lpt.ipcteam@nhs.net
Occupational Health Team	Occupational Health Department Glenfield Hospital NHS Trust	0116 258 5307
Virology	Public Health Laboratory Service Sandringham Building Leicester Royal Infirmary NHS Trust	(0116) 258 6516
Infectious Diseases	Ward 38 Leicester Royal Infirmary NHS Trust	(0116) 258 6951
UKHSA		0844 225 4524 Option1
Genito-Urinary Medicine	Leicester Royal Infirmary NHS Trust	0300 303 1573

Contacts for advice 'Outside' normal working hours

Contacts for Advice		
Name	**Position**	**Telephone No**
Virology	Infectious Diseases	(0116) 258 6951
On-call Doctor	Microbiologists	0300 303 1573
On-call Doctor	Genito-Urinary Medicine	0300 303 1573
Public Health	Public Health England	0344 225 4524 (Option 1)

Appendix 9

PRIVACY IMPACT ASSESSMENT SCREENING

Privacy impact assessment (PIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet individual's expectations of privacy. The first step in the PIA process is identifying the need for an assessment. **The following screening questions will help decide whether a PIA is necessary. Answering 'yes' to any of these questions is an indication that a PIA would be a useful exercise and requires senior management support, at this stage the Head of Data Privacy must be involved.**			
Name of Document:	**The management of sharps and exposure to blood borne viruses. Infection Prevention and Control Policy**		
Completed by:	**Amanda Hemsley**		
Job title	Head of Infection Prevention and Control	**Date**	24/11/23

	Yes / No
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.	**No**
2. Will the process described in the document compel individuals to provide information about themselves? This is information in excess of what is required to carry out the process described within the document.	**No**
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?	**No**
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	**No**
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.	**No**
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?	**No**
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.	**No**
8. Will the process require you to contact individuals in ways which they may find intrusive?	**No**

If the answer er to any of these questions is 'Yes' please contact the Head of Data Privacy Tel: 0116 2950997 Mobile: 07825 947786
Lpt-dataprivacy@leicspart.secure.nhs.uk
In this case, ratification of a procedural document will not take place until approved by the Head of Data Privacy.

IG Manager approval name:	
Date of approval	

Acknowledgement: Princess Alexandra Hospital NHS Trust

Appendix 10 Training Requirements

Training Needs Analysis

Training topic:	Sharps management
Type of training: (see study leave policy)	☐ Mandatory (must be on mandatory training register) ☐ Role specific ☐ Personal development
Directorate to which the training is applicable:	✓ ☐ Mental Health ✓ ☐ Community Health Services ✓ ☐ Enabling Services ✓ ☐ Families Young People Children / Learning Disability Services ✓ ☐ Hosted Services
Staff groups who require the training:	*Clinical staff, Estates and Domestic staff*
Regularity of Update requirement:	2 yearly mandatory update
Who is responsible for delivery of this training?	eLearning
Have resources been identified?	Elearning
Has a training plan been agreed?	In place
Where will completion of this training be recorded?	✓ ULearn ☐ Other (please specify)
How is this training going to be monitored?	Via trust monthly reports Incident reports

Appendix 11 The NHS Constitution

- The NHS will provide a universal service for all based on clinical need, not ability to pay.
- The NHS will provide a comprehensive range of services.

Shape its services around the needs and preferences of individual patients, their families and their carers	☐
Respond to different needs of different sectors of the population	☐
Work continuously to improve quality services and to minimise errors	☐
Support and value its staff	☐
Work together with others to ensure a seamless service for patients	☐
Help keep people healthy and work to reduce health inequalities	☐
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	☐

Appendix 12 Due Regard Screening Template

Section 1	
Name of activity/proposal	Management of sharps and BBV policy
Date Screening commenced	24/11/23
Directorate / Service carrying out the assessment	Enabling
Name and role of person undertaking this Due Regard (Equality Analysis)	Amanda Hemsley
Give an overview of the aims, objectives and purpose of the proposal:	
AIMS: All staff who as part of the daily work that use sharp devices, dispose of them or deal with blood and body fluids should be aware of the policy	
OBJECTIVES: Maintain patient safety Maintain staff safety	

Section 2	
Protected Characteristic	If the proposal/s have a positive or negative impact please give brief details
Age	
Disability	
Gender reassignment	
Marriage & Civil Partnership	
Pregnancy & Maternity	
Race	
Religion and Belief	
Sex	
Sexual Orientation	
Other equality groups?	

Section 3	
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please tick appropriate box below.	
Yes	✓ No
High risk: Complete a full EIA starting click here to proceed to Part B	Low risk: Go to Section 4.

Section 4
If this proposal is low risk please give evidence or justification for how you reached this decision:
Incidents reported and monitored through recognised systems Occupational Health service Safer sharps used within the trust

Signed by reviewer/assessor	Amanda Hemsley	Date	24/11/23
Sign off that this proposal is low risk and does not require a full Equality Analysis			
Head of Service Signed		Date	

Appendix 13 Data Privacy Impact Assessment Screening

Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy.
The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.

Name of Document:		
Completed by:		
Job title		**Date**

Screening Questions	**Yes / No**	**Explanatory Note**
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.		
2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.		
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?		
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?		
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.		
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?		
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.		
8. Will the process require you to contact individuals in ways which they may find intrusive?		

If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via Lpt-dataprivacy@leicspart.secure.nhs.uk In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.	
Data Privacy approval name:	
Date of approval	

Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust