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 within Leicestershire Partnership Trust.

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Policy on a page

Summary and aim

This policy provides information trust wide for the management of safe practice when sharps are used, or there is a risk of exposure to BBV due to the behaviour of others i.e., staff and patients.

This policy identifies staffs' responsibilities when dealing with sharps and provides them with the information that they need 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 and Social care Act (2008) updated (2018).

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:

- 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 or other bodily fluids
- Avoid sharps usage so far as is reasonably practicable and consider the option of replacing sharps with needle less systems, where appropriate.
- 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)
- Ensure a procedure for the safe disposal of contaminated waste.

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Target audience

This policy will apply to all staff who are providing care to patients that are under the care of Leicestershire Partnership Trust (LPT).

Training

Level 1 Infection Prevention and Control e-learning clinical and non-clinical staff

Level 2 Infection Prevention and Control e-learning Clinical staff

Key requirements

The key requirement of this policy is to provide staff employed LPT with a clear and robust process to follow in relation to the management of safe practice when sharps are used, or there is a risk of exposure to BBV due to the behaviour of others i.e., staff and patients.

This policy identifies the requirements that need to be adhered to which will minimise any harm or potential infections that may be caused to patients or service users by where sharps are used.

Introduction and Purpose

Purpose

The purpose of this policy is to identify staff responsibilities when dealing with sharps and will also provide them with the required information to enable them to minimise the risk of injuries and blood borne virus exposure caused by contaminated sharps and associated devices. It will also form part of the organisation's compliance with the Health and Social care Act (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 undertake practices within their role using needles and or associated sharps. It supports and reflects the requirements of the European Directive on prevention form sharps injuries (2010/32/EU) by May 2013 and is underpinned by the Health and Social Care Act requirements.

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 the transmission of infection.

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Prospective studies of health care workers have estimated hat the average risk for HIV transmission after a percutaneous exposure is approximately 0.3%, the risk of HBV transmission is 6-30%, 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 or 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.

Policy Requirements and Objectives

Process

1.0 Use and management of sharps and equipment

1.1. Safer sharps

The use of safer sharps (Incorporating protection mechanisms)-regulations 5(1)(b) state that the employer must substitute traditional unprotected medical sharps with a safer sharp where it is 'reasonably' practical to do so. The term 'safer sharp' means medical sharps that incorporate features or mechanisms to prevent or minimise the risk of accidental injury, for example a range of syringes and needles are now available with a shield or cover that slides or pivots to cover the needle after use.

When using a safer sharp device the following factors should be considered:

- The device must not compromise patient care
- The reliability of the device
- The caregiver should be able to maintain appropriate control over the procedure
- Other safety hazards or sources of blood exposure that use of the device may introduce

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- Ease of use (Considering the existing clinical practices commonly in use by the relevant health professionals, but not assuming custom and practice is always the safest)

- Is the safety mechanisms design suitable for its application

'Safer sharps' do not necessarily remove all the risks associated with the use of a sharp, for example a needle shield is activated after a procedure is completed but a sharp injury to the healthcare worker can occur during the procedure (e.g. when a patient moves unexpectedly) a safer sharp will not prevent injury from occurring.

If a suitable safer sharp is not available to reduce the risk of injury, the employer should ensure that safe procedures for working with and disposal of the sharp are in place.

In some circumstances, patients may provide needles (for example, for administration of insulin) which they expect the healthcare worker to use, and the employer has not had an opportunity to ensure that it is a suitable 'safer sharp'. The employers risk assessment should identify if their employees may be faced with such a request and make arrangements to ensure that the employees have safe systems of work and the appropriate information, training and equipment to deal with the situation.

1.2 Use of sharps

When using sharps staff must:

- Be aware of how to handle and dispose of the sharp safely

- Use a safer sharp device (deemed as such under the EU directive) as instructed by the trust and considered reasonably practicable to do so.

- Rember that 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.

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- 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.

- Clearly document within the risk assessment and patient record must state the reason 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.

1.3 use of sharps containers

- Sharps containers must conform to UN 3291 (1997)/BS 7320 (1990) and have the correct colour coded lid for appropriate disposal (See appendix 1).

- Sharps containers must be labelled when in use to identify its origin.

- Sharps containers must be assembled correctly in accordance with the manufactures 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 the sharps container must be situated in a location that reduces the risk of injury to patients, visitors and healthcare workers, ie 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.

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- When taking the sharps container for disposal staff must be mindful to keep it out of view of the general public.

1.4 Transportation of sharps bins

When staff are transporting sharps bins, they must ensure the following:

- That sharps containers that are transported in cars are safely positioned in the locked boot of the car and are out of site. It must be secured to prevent it form moving in transit and the temporary closure mechanism on the sharps container must be in place. Consideration must be given to the use of an outer carrier as this will add stability if necessary.

- Must not routinely carry large quantities of sharps containers that are due for disposal.

- That sharps bins are taken to the designated waste disposal point as soon as practice allows.

- When transporting sharps containers in a **vehicle, that** they check the containers at the end of the journey to ensure that no sharps have been dropped or spilled in the vehicle.

- If sharps have been **spilled,** they do not use the affected area and if **necessary,** the whole vehicle until I has been made safe (Advice must be sought from the Infection Prevention and Control team).An EIRF must be completed if this occurs and reported to their immediate line manager (Estates and Facilities alert 18655 EFA/2013/0001). (Please see appendix 3).

- Staff should carry the registration number and notification form in their vehicle if sharps are transported as part of their identified workload (See appendix 3). The forms should be kept out of sight of the public but be readily available if required ie 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

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any necessary precautions can be taken by the vehicle personnel to protect them from the risk of a sharp's injury.

2.0 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:

- Application of good basic hand hygiene practices including washing hands with soap and water.
- Safer needle devices must always be used where identified
- Covering of existing wounds or skin lesions with a waterproof dressing
- Avoiding invasive procedures if suffering from chronic skin lesions on hands (For further advice contact occupational health).
- Protect mucous membranes of eyes, mouth and nose from 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 needless 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 (See appendix 4).

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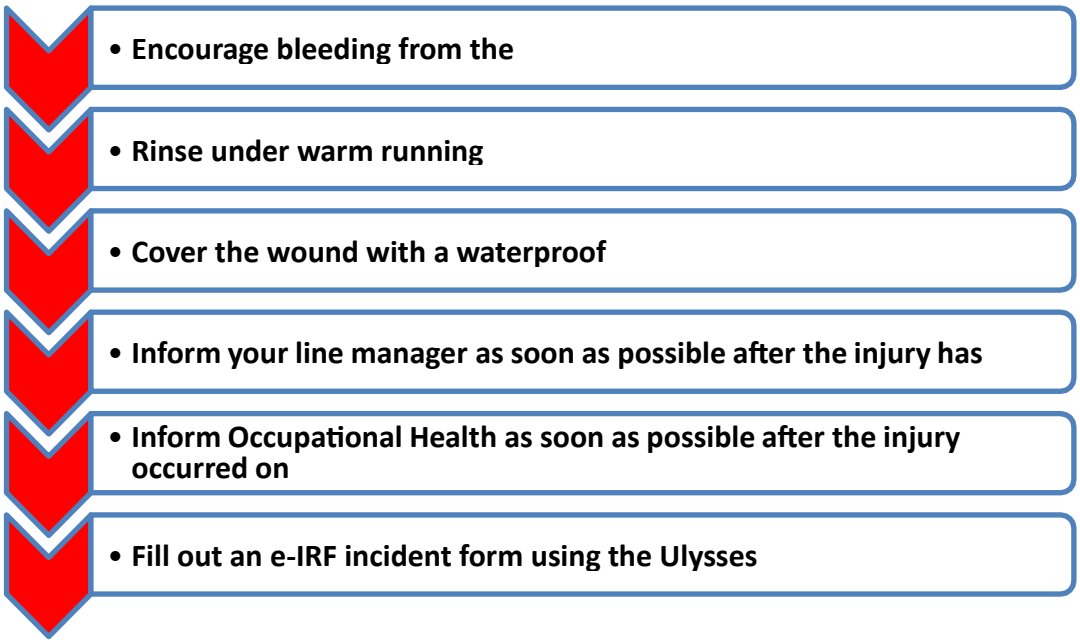
- Institute safe procedures for the handling and disposal of needles and other sharps

- 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 all surfaces (See appendix 5)

- Institute a procedure for the safe disposal of contaminated waste.

2.1 Immediate management or percutaneous inoculation injuries



2.3 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 (Appendix 6).

Any significant exposure should be managed as detailed below:

2.3.1. Action to be taken where source is known- patient exposure

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The following action is recommended where the source patient 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 (5-19ml 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.
- Blood samples should be sent to virology for testing for hepatitis B markers and Hepatistis C (The sample will be stored for 2 years).

2.3.2 Action to be taken for recipient of sharps Injury

All incidents should be reported by the injured member of staff to the occupational health department as soon as possible after the injury has occurred. The occupational health department will then:

- Check the records of the recipient of the injury for hepatitis B immune status
- Counsel the recipient about the risks of infection and seek permission to take blood sample (5-10ml serum) from them.
- Take 5-10ml 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 the Leicester Royal infirmary. It is still worth giving after 24-48 hours.

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2.3.4 Action to be adhered to where source of sharps injury is known and Uknown

Hepatitis 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 please see appendix 8

Hepatitis B immunoglobulin (HBIG) will be authorised by the consultant virologist or microbiologist if deemed appropriate, HBIG is only available form the public health laboratory. If HBIG is required, it should be given within 48 hours where possible.

The occupational health department will manage the follow up (as detailed below)

Immunisation schedule

If not immunised (Ie < 1 dose of Hepatitis B vaccine pre-exposure) against Hepatitis B then an accelerated course of vaccination with Hepatitis B vaccine will be given, (0, 1, 2 months + booster dose at 12 months) and check immune response at 6 months HBIG X1 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

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

If the recipient is Known responder to hepatitis B vaccine (antibody levels>10mlU/ml), consider booster dose of hepatitis B vaccine.

If the recipient is Known non-responder to hepatitis B vaccine (antibody levels <10mlU/ml 2-4 months post vaccine), 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.

2.3.5 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 manages the follow up testing at 6, 12, and 24 weeks

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

The risk of acquiring HIV infection following a needlestick injury is **small** approximately 3 per 1000 injuries, some needlestick injuries carry higher risk than others for example:

- Those that result in deep injury

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- Those that are 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 b contacted by the injured member of staff.

2.3.7 Post Exposure Prophylaxis (PEP)

PEP is recommended to healthcare workers if they have had significant exposure (see6.3) to blood or other high-risk fluids from a known HIV infected individual or a patient with AIDS diagnosis, but who has refused a 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 the following:

(A) whether the exposed health care worker is allergic to one or more of these drugs.

(B) Whether the healthcare worker is pregnant

(C) Any interaction with other medications

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(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 exposure and ideally within the hour, it is still worth considering PEP even after 2 weeks have elapsed since the exposure.

During working hours occupational health should be contacted in the first instance.

Outside of normal 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 occupational health department.

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

2.3.8 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 the 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.

3.0 Health and safety arrangements

The trust electronic Incident Reporting Form (EIRF) must be completed for all accidents, incidents and near misses.

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If an employee is injured by a sharp/bite or 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 you in writing that a member of staff is suffering from a disease and the employee undertakes work linked with that condition the management must report it to the trust Health and Safety team without any delay.

The health and safety will notify the Health and Safety Executive (HSE) as required under the Reporting of Injuries, Diseases and Dangerous Occurrence 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 and EPR team within the managers area of the EIRF (attachment area), the RIDDOR box ticked and the EIRF updated that RIDDOR, immediate actions taken and ingestion being undertaken.

Managing the risk to employees from exposure to blood borne viruses will be undertaken by carrying out suitable and sufficient risk assessment for BBV'S and sharps injuries, following the control methodology of substances hazardous to health (COSHH), including use of safer devices. Staff will be informed of the risk and control measures including the requirement to report sharp injuries.

4.0 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 a safe place prior to being returned to the company and a EIRF incident form must also be filled out.

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LPT Policies

LPT Waste Management policy (2024)

LPT Hand hygiene policy including Bare below the Elbows (2026)

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LPT cleaning and decontamination of Equipment, medical devices and the environment, including the management of blood and body fluid spillages policy (2025).

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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 work 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)

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Roles and Responsibilities

Roles and responsibilities including duties of relevant individuals and groups.

Lead Executive Director

Responsible for ensuring that this policy is carried out effectively and that the use of sharps is manged effectively across the organisation. Will communicate, disseminate, and ensure directorates commence implementation of this policy and provide assurance through the trusts quality Governance Framework.

Executive Management Board

Responsible for ensuring that his policy is followed correctly, and sharps are safely manged across the organisation. Will communicate, disseminate, and ensure directorates commence implementation of the policy and provide assurance through the trusts quality governance framework.

Governance Group level 1 and 2

Responsible for ensuring that all relevant staff are aware of the policy and adhere to the principles and guidance that is contained within it.

Policy Team

To ensure that the policy is reviewed in accordance with identified timescale and implementation of monitoring and effectiveness has been planned and is reviewed by the directorates and appropriate governance group.

Policy Authors

Responsibility for ensuring that the Infection, Prevention and Control team identify best learning and practice to inform this policy and update accordingly. To ensure that this policy is reviewed in accordance with identified timescale and implementation of monitoring and effectiveness has been planned and is reviewed by the directorate and appropriate governance group.

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Operational leads

Are responsible for ensuring implementation within their area and for ensuring all staff who work within the are adhere to the principles of this policy at all times.

Staff

Each individual member of staff, substantive and temporary worker within the trust is responsible for complying with this policy.

Clinical staff involved in care of patients will ensure that they familiarise themselves with the content of the policy and work in accordance with this.

Staff will also ensure that they provide support and education to the patient, carer and family where appropriate.

They will also be a source of knowledge and skill for colleagues where appropriate as well as ensure that they remain up to date with training in line with competencies of their job role.

Consent

Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this policy is delivered.

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Appendix One: Definitions Terminology: Descriptor

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.

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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

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Appendix Two

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

Unless otherwise stated, the information contained herein is at the specific request of the user and has been made available by Daniels Healthcare.

V01 2023

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Appendix 3

Transportation of sharps in vehicles safe system of work



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 sight of the public. It is recommended that the boot space is used.

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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

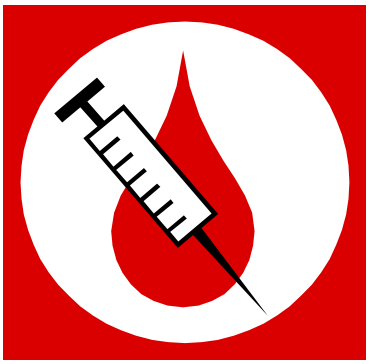
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15.	In the event of spillage contaminated vehicles must be cleared as soon as possible without compromising safety. Appropriate equipment and training must be provided to staff involved in dealing with spills of sharps in order to prevent needle-stick 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

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Appendix 4



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 trusts Health & Safety compliance team

Lpt.healthandsafety@nhs.net

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Appendix 5

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 etc ct 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 behaviours 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.

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Appendix 6



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Appendix 7

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 8

Had a sharps injury, splash or been bitten?

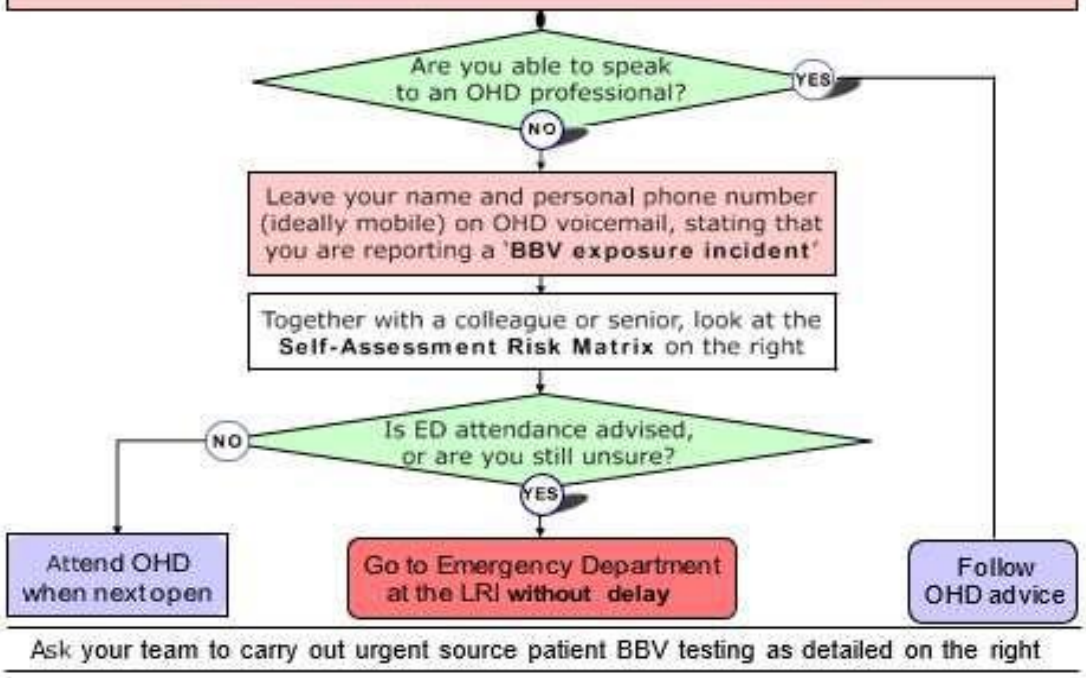
A splash involves a patient's body fluid landing in your eyes, mouth or nose or on broken skin. (NB: Splashes to intact skin pose no BBV infection risk.) Body fluids that may contain blood borne viruses (Hep B, Hep C or HIV) are:

- 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

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Appendix 9

BBV Transmission Self-Assessment Risk Matrix

Injury Characteristics	Source Patient 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	Goto LRI ED			
Sharps Injury Used ~~hollow-bore~~ needle Used razor Bone fragment (e.g. on inserting a chest drain) Other sharp object			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

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Appendix 10 -Safe Operating Procedure (SOP) for the removal of discarded sharps and drug paraphernalia

Safe Operating Procedure (SOP) for the removal of discarded sharps and drug paraphernalia.

Introduction

Discarded sharps and drug paraphernalia can present a risk of injury and possibly infection to staff, patients and visitors. The Trust has a responsibility to protect these groups and have safe systems of work for the efficient and safe removal of discarded sharps.

Sharps this may include hypodermic syringes, needles, razors and other sharp items.

Drug paraphernalia is the equipment used for taking drugs. This may include, cigarette papers, spoons, safety pins, tin foil, crisp packets, pipes, plastic bottles with the base cut off and mirrors.

Procedure

1. If you, a colleague or member of the public discover a sharp on an LPT property/workplace do **not** touch the items.
2. Keep people away from the items and stay close to prevent others coming into contact with them or cover it.
3. Collect the Sharps Handling Kit and sharps bucket
4. Wear the disposable gloves and apron provided
5. Sharps (incl. needles, syringes, glass, cutlery, safety pins) foil, swabs & filters to be removed using the **forceps/litter picker grabber** provided and placed in the approved sharps bin.
6. Drugs can be stored in a refuse bag/sealed envelope and given to a Pharmacy for prescribed drugs or Police Station for illicit drugs.
7. Clean forceps/grabber using the Chlor clean
8. Discard of disposable gloves and apron safely and wash hands
9. Securely store the sharps handling kit and sharps bucket to prevent unauthorised access.
10. Complete an **eRIF** form
11. Sharps buckets must be locked and disposed of as per LPT Waste Policy.

Items found on the public highway need to be reported to the local authority who will arrange for their safe removal.

Procurement details for equipment

Sharps Handling Kit

Replacement Litter Picker/Grabbers

Further advice and guidance can be found in **The Management of Sharps and Exposure to Blood Borne Viruses Policy**

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Appendix: 11 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)

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Appendix 12 Governance

Version control and summary of changes

Version number	Date	Description of key change
Version 1 (Ref NP B7/2006)	February 2006	New guideline: Guideline for the use of sharps in community hospitals.
Version 2 Draft 3	January 2010	Approved at LCCHS clinical governance committee 070119, slight change to remove section on insulin pens.
Version 3		Harmonised in line with EU directive and LPT (Historical organisations)
Version 4	February 2013	Reviewed in line 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 include specific guidance in relation to this policy with regards to covid-19. Note the general information regarding covid-19 can be found in the overarching IPC assurance policy.
Version 7.1	October 2022	Added safe operation procedure (SOP) for the removal of discarded sharps and drug paraphernalia to appendix 8 of the policy.
Version 8	November 2023	Review of policy and updates
Version 9	November 2026	Review of policy and updated in accordance to current legislation/guidance.

Responsibilities

Responsibility	Title
Executive Lead	*Group chief nurse/Executive director of Nursing, Allied Health Professionals (AHPs) and quality.* *Director of Infection Prevention & Control (DIPAC).*
Policy Author	*Head of Infection Prevention and Control*
Advisors	*Infection Prevention & Control team* *Infection Prevention & Control Group members*
Policy Expert Group	

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Governance

Governance Level	Name
Level 1 Assurance Oversight	*Quality forum/Quality & Safety committee*
Level 2 Delivery Group for policy approval and compliance monitoring	*Infection Prevention & Control Assurance Group.*

Compliance Measures

KPI (only need 1-2 KPI's per policy)	Where will this be reported and how often
Audit of Sharps Injuries incidents	IPC Assurance Group Directorate Highlight report IPC highlight reports Health & safety committee group

Training Requirements

Level 1 Infection Prevention and Control e-learning clinical and non-clinical staff

Level 2 Infection Prevention and Control e-learning Clinical staff

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