



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

Reference Number: PHW77 TP01
Version Number: 2
Date of Next review: Dec 2026

SAFE MANAGEMENT OF SHARPS PROCEDURE

Introduction and Aim

Public Health Wales staff who are involved in clinical practice are at potential risk of injury as a result of exposure to blood and body fluids. This procedure document outlines the standard process for the prevention of exposure injury through sharp safety. It provides guidance to all those involved in care provision and should be adopted, for infection prevention and control practices and procedures. It is supported by the accompanying Policy and 'Sharps and Exposure Injury Procedure'.

Healthcare employers, their contractors and employees have legal obligations under the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 (the Sharps Regulations). All employers are required to ensure that risks from sharps injuries are adequately assessed and appropriate control measures are in place.

Linked Policies, Procedures and Written Control Documents

[All corporate policies and procedures are available on the Public Health Wales website](#)

- On the Clinical Governance and Infection Control Policies intranet page ([Clinical Governance and Infection Control Policies - Public Health Wales \(nhs.wales\)](#)):
 - Sharps and Exposure Injury & Safe Management of Sharps Policy
 - Sharps and Exposure Injury Procedure
 - Infection Prevention and Control Policy
- National Infection Prevention and Control Manual
[NIPCM - Public Health Wales \(nhs.wales\)](#)
- Guidance on the management of human bite injuries
<https://phw.nhs.wales/services-and-teams/harp/infection-prevention-and-control/guidance/accordians/docs/health-protection-team-guidance-for-the-management-of-human-bite-injuries-in-wales-2019/>
- On the Risk Management, Health & Safety and Estates Policies intranet page ([Risk Management, Health and Safety and Estates Policies - Public Health Wales \(nhs.wales\)](#)):
 - Incident Reporting Policy and Procedure
 - Personal Protective Equipment Policy
 - Control of Substances Hazardous to Health Policy
- Health & Safety Guidance Microbiology division

[http://nww2.nphs.wales.nhs.uk:8080/QualityManagementDocs.nsf/1f8687d8da97650980256fa30051b0be/80257235003e6975802573d000686e05/\\$FILE/MDHS005%20health%20and%20Safety.\(F\)doc.doc?open&date=14-11-2019.1231](http://nww2.nphs.wales.nhs.uk:8080/QualityManagementDocs.nsf/1f8687d8da97650980256fa30051b0be/80257235003e6975802573d000686e05/$FILE/MDHS005%20health%20and%20Safety.(F)doc.doc?open&date=14-11-2019.1231)

Relevant legislation and related documents are listed in the overarching Sharps Policy.

Scope

All staff employed by Public Health Wales who work on or in clinical settings (inclusive of those on honorary or temporary contracts, and contractors on site).

Laboratory staff will have additional Standard Operating Procedures setting out how to handle propagated biological material and the associated equipment, which should be used in conjunction with this procedure.

Equality and Health Impact Assessment	An Equality, Welsh Language and Health Impact Assessment has been completed and can be viewed on the policy webpages.
Approved by	Leadership Team
Approval Date	08/12/2023
Review Date	08/12/2026
Date of Publication:	January 2024
Accountable Executive Director/Director	Executive Director of Quality, Nursing and Allied Health Professionals
Author	Lead Nurse for Infection Prevention & Control (Corporate)

Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the [Board Business Unit](#).

This is a controlled document, the master copy is retained by the Board Business Unit

Whilst this document may be printed, the electronic version posted on the internet is the master copy. Any printed copies of this document are not controlled. This document should **not** be saved onto local or network drives but should always be accessed from the [internet](#).

Summary of reviews/amendments				
Version number	Date of Review	Date of Approval	Date published	Summary of Amendments
2	13.06.23	08.12.23	January 2024	Safe management of sharps procedure taken out of the Exposure Injury (including needle stick injury) & Safe Use of Sharps Procedure and placed into a separate procedure document. Links and content updated.
1	14.04.21	14.04.24	04.2021	Originally part of the Exposure Injury and Safe Management of Sharps Procedure

Contents

1	Introduction	6
2	Roles and responsibilities	7
3	Definitions	Error! Bookmark not defined.
4	Procedure/Process/Protocol	10
5	Appendices	15

1 Introduction

Public Health Wales staff who are involved in clinical practice are at potential risk of injury as a result of exposure to blood and body fluids. This procedure document outlines the standard process for the prevention of exposure injury through sharp safety. It provides guidance to all those involved in care provision and should be adopted, for infection prevention and control practices and procedures. It is supported by the accompanying Policy and 'Sharps and Exposure Injury Procedure'.

Healthcare employers, their contractors and employees have legal obligations under the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 (the Sharps Regulations). All employers are required to ensure that risks from sharps injuries are adequately assessed, and appropriate control measures are in place.

2 Definitions

A 'sharp' include needles, syringes with needles, scalpel blades, lancets and razor blades, tooth or bone fragments and any other item which may cause laceration or puncture wounds in the clinical setting. Broken vials and slides with infectious agents or human blood are also considered sharps.

A sharps or exposure injury is where the blood/body fluid of one person could gain entry into another person's body, such as:

- A puncture or 'sharps' injury, for example, with a used instrument or needle
- Spillage of blood or body fluid onto damaged skin, e.g. graze, cut, rash, burn
- Splash of blood or blood stained body fluid onto mucosal surfaces and into the eye, mouth or nose
- Any bite that involves a break in the skin and the presence of blood.

Sharps injuries are often referred to as needlestick injuries or inoculation injuries/incidents. The PHW policy and procedure documents relating to sharps management and injuries will refer to all sharps and splash injuries as sharps or exposure injuries.

A 'safer sharp' means a medical sharp that is designed and constructed to incorporate a feature or mechanism which prevents or minimises the risk of accidental injury from cutting or pricking the skin. Safety devices can be activated passively or manually and

staff using safety devices must be trained according to their activation and MIFU or they pose a greater risk of injury.

The Health and Safety Executive direct healthcare services to use safety engineered devices to minimise of needle stick injury and the risks to workers of acquiring a Blood Borne Virus (BBV).

2 Roles and responsibilities

This section outlines the roles and responsibility for:

- Executive Director of Quality Nursing & Allied Health Professionals
- Executive Directors
- Clinical Leads
- Line/Departmental Managers
- Staff with responsibility for the procurement of sharps
- The Learning Education and Development Department
- Health and Safety Department
- Occupational Health Department
- Lead Nurse for Infection Prevention and Control (Corporate)
- Employees

Outline the specific duties of individuals and groups in carrying out the procedure/written control document. For example:

The Chief Executive Officer (CEO) has overall responsibility to ensure policies and procedures are in place and adhered to.

2.1 Executive Director of Quality, Nursing and Allied Health Professionals

The **Executive Director of Quality, Nursing and Allied Health Professionals** is responsible for ensuring:

- This procedure is appropriately disseminated throughout the organisation.
- The approach to the provision of safer sharps is both systematic and appropriate.

2.2 Executive Directors:

Must ensure that this procedure is followed in all areas under their control, and ensure that adequate resources are made available to implement this procedure effectively.

2.3 Clinical Leads

The use of non-safer sharps is only permitted if a suitable safer sharp is not available, or a risk assessment demonstrates that there is a clear clinical reason why a safer sharp cannot be used.

The Clinical Leads for each screening service/department are responsible for ensuring that where a safer sharp is not being used a risk assessment has been carried out and shared with the Lead Nurse for Infection Prevention & Control and the respective H&S manager, and that these risk assessments are reviewed annually and updated as necessary.

2.4 Line/Departmental Managers

The Line Manager will be responsible for ensuring that a 'Safer Sharps' risk assessment is undertaken wherever clinical activity involves the use of sharps and shared with the Lead Nurse for Infection Prevention & Control and the respective Health & Safety manager.

This should include the selection of equipment and the safe placement of sharps containers in addition to ensuring correct assembly and disposal.

Line managers shall investigate the circumstances and causes of any incidents and take action required to prevent reoccurrence, ensuring that a risk assessment is conducted and subsequently safe systems of work are devised/updated and implemented within their area.

2.5 Staff with responsibility for the procurement of sharps are responsible for ensuring:

- That appropriate safety-engineered sharps are procured.
- The withdrawal from service and safe disposal of non-safety sharps where appropriate alternatives have been identified.
- Mechanisms are in place to ensure non-safety sharps are not procured, where there are agreed safer alternatives.
- That records of usage, by department, of safety and non-safety sharps are maintained and provided to the respective Health and Safety Manager.

2.6 The People and OD Learning and Development Team shall be responsible for:

- Maintaining a record of Mandatory Training in Infection, Prevention and Control training informed by Training Needs Analyses, to include safer sharps use and disposal, and records of training in safety-engineered sharps (where used).

2.7 Health and Safety Manager

The respective Health and Safety Manager shall be responsible for:

- Providing advice and information with regard to potential hazards in the workplace.
- Advising on methods of risk assessment.
- Monitoring and reviewing this procedure and advising on the Public Health Wales' position with regard to compliance with the Regulations and Guidance.
- Advising on reporting mechanisms following an exposure injury and/or near misses including RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) reportable incidents.

2.8 Occupational Health (OH) Department

Occupational Health Departments contracted to provide OH services to PHW shall be responsible for:

- The provision of an appropriate vaccination programme for those staff at risk of sharps injury.
- Reviewing new employees' vaccination status as part of pre-employment checks to ascertain Hepatitis B virus status.
- Ensuring the provision of post exposure assessment and prophylaxis and any follow up testing, treatment and wellbeing support for Blood Borne Viruses (BBV).
- The provision and management of Exposure Prone Procedure Policy for staff who have a BBV.
- Appendix One sets out the OH department responsible for each service/department in PHW and contact details.

2.9 Lead Nurse for Infection Prevention and Control (Corporate)

shall be responsible for:

- The preparation and delivery of the policy and procedures for safer sharps management and management of sharps and exposure injuries.
- For the preparation and delivery of Standard Infection Prevention Precautions Procedure.
- Reviewing risk assessments received and oversight of needlestick reported incidents

2.10 Employees

All employees have a responsibility to:

- Be aware of the necessary action to take in the event of a sharps injury as per the information in the Sharps and Exposure Injuries Procedure.
- Familiarise themselves with this procedure regarding the management of sharps and other relevant procedures/protocols.

- Adhere to safe working practices in the use of sharps in order to protect themselves or others from harm.
- Manage the disposal of sharps safely to reduce risk of sharps injuries such as not overfilling sharps boxes.
- Ensure all incidents of sharps injury are reported in accordance with the PHW Incident Reporting Policy and Procedure and reported via Datix.
- Undertake mandatory infection prevention and control training and specifically sharps safety (use and disposal) and use of safety engineered devices being operated.

3 Procedure/Process/Protocol

3.1 Avoidance

Line Managers should review practices to eliminate or reduce unnecessary use of sharps, this includes the use of needle free devices and not re-sheathing needles.

3.2 Use of Safer Sharps

Where it is not reasonably practical to avoid the use of medical sharps, the use of safety-engineered sharps incorporating a protection mechanism must be used where it is reasonably practical to do so, e.g. safety lancets, safety needles etc. The following factors should be considered:

- The device must not compromise patient care;
- The reliability of the device;
- The care giver 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;
- Ease of use;
- Is the safety mechanism suitable for the application - i.e. if the safety mechanism (passive or active mechanism design) is easy to activate, it is more likely to be used;
- Staff are trained specifically on use of the safety engineered device implemented.

3.3 Prevention of recapping of needles

Needles must not be recapped after use unless a risk assessment has identified that recapping is required to prevent a risk.

3.4 Staff must ensure a secure container for the safe disposal of sharps must be available at the point of use and assembled and maintained as per manufacturer's guidance.

3.5 Safety Precautions when Using and Disposing of Sharps

- Safer sharp devices should be stored separately from any non-safety sharp devices in the area.
- Staff involved in providing care should adhere to hand decontamination and use standard infection control precautions (SICPs) to include the use of gloves and aprons as appropriate in conjunction with the safe use and disposal of sharps. Further information on SICPs can be found in the [National IPC Manual](#).
- Select the relevant size **and colour** of sharps container most appropriate to your needs. Detailed guidance can be found in the Waste Management Procedure. See Appendix Two for a poster showing which sharps bins different types of sharps waste should go into.
- Sharps containers should comply with the UN3291 and British Standard BS7320.
- Discard sharps directly into a sharps container immediately after and at the point of use.
- Do not re-sheath a needle.
- Dispose of needle and syringe as a complete unit – never detach unit by hand unless a risk assessment has been completed.
- Do not pass sharps directly from hand to hand, or pass to another person, handling should be kept to a minimum. The passing of sharps directly hand to hand to another person should be kept to a minimum, using a container such as a disposable, or wipeable, tray whenever practicable.
- Always get help when using sharps with confused or agitated service users.

3.6 Actions in the Event of Incorrectly Discarded Sharps

If a sharp has been found incorrectly disposed of/discarded e.g. waste bag, found on the floor, patient locker etc.

- **Assess the risk:** make the area around the sharp safe to prevent others being exposed or injured.
- **Inform the manager:** staff must inform the person in charge of the area/department and manager/supervisor (if different).
- **Remove and dispose of safely:** the item must not be picked up by hand, use PPE and a secondary device to retrieve the item(s) e.g. dustpan and brush or forceps. Non-clinical staff and those who do not routinely handle or use sharps must not undertake these themselves e.g. clerical, cleaning or catering staff.
- **Complete an e-Datix incident report:** include details of exact location and how the item was discovered. The staff manager/supervisor must investigate how the incident had

occurred, the possible source, the staff involved and possible reasons for the error and include the departmental manager in the investigation (if different). Training needs must be identified as part of the investigation summary.

- **Managing implicated staff:** Any member of staff found to have discarded a sharp inappropriately must be interviewed by their manager to ascertain the circumstances and any competence issues that may need to be addressed.

3.7 Sharps Container

All staff must ensure that:

- They have the correct colour coded bin.
- Containers are correctly and securely assembled (follow manufacturers' instructions).
- The label is completed fully to identify date of assembly - this also identifies source and enables an audit trail. It should be signed and dated on assembly and on final closure
- When not in use (between treatment sessions) containers should be stored with the lid in the 'temporary closed' position to prevent spillage of sharps if the container is knocked over.
- Dispose of container when it is three-quarters full (shown by a "fill line" on each container), ensure secure closure and locking and ensure the label is fully completed. Sharps bins should never be placed in any waste bags or waste bins other than those designated for the collection of full rigid sharps containers prior to their consignment for disposal.
- Fluids of any sort are not discharged into bags or containers (an absorbent pad or paper can be placed in base on assembly to prevent spillage).
- Containers are not stored on the floor.
- Avoid prolonged use of sharps containers - maximum period of use is three months.
- Always store in a safe designated secure area i.e. in a locked area.
- Containers should never be placed in corridors or areas with access to the general public unless a specific risk assessment identifies the need.
- Sharps containers that are used at multiple sites and used by community teams should have the temporary lid closure mechanism in place whenever travelling.
- They must be stored in a lidded plastic container during transport to prevent escape of contents in the event of an accident with damage to the lid or sharps box.

- Whenever possible when a sharps container is not in use it should be stored securely/wall mounted to prevent risk of spillages.
- Ideally the sharps container should be taken to the point of care (unless this is identified as a risk) to ensure that the sharp is disposed of immediately following use.
- Disposal of sharps containers to be completed safely in accordance with PHW procedures.

3.8 Information

The Health and Safety 2013 Sharp Instruments in Healthcare Regulations, Control of Substances Hazardous to Health Regulations (2002) and the Health and Safety at Work Act (1974) require PHW to provide health and safety information to staff. In relation to the use of sharps, the information provided must cover:

- The risks from injuries involving medical sharps
- Relevant legal duties on staff
- Good practice in preventing injury
- The benefits and drawbacks of vaccination

This information will be provided as part of training packages for staff who are required to utilise sharps in their roles.

3.9 Training requirements

- Training will be given to all staff in the use of safer sharps devices in use within their work area, by members of their team.
- This should include:
 - Risks of injuries
 - Good practice in preventing injury
 - Benefits and drawbacks of vaccination
 - Support available if injured
 - The correct use of safer sharps
 - Safe use and disposal of medical sharps
 - [What to do in the event of a sharps/exposure injury](#)
 - Arrangements for health surveillance
- Training will be determined upon the level of risk that has been identified by the risk assessment. Training plans will be developed in line with annual training plans/training needs analysis in collaboration with Learning Education and Development and monitored via the normal performance management arrangements within PHW.
- All staff must undertake Mandatory Infection Prevention and Control training at the appropriate level on appointment and at the required intervals going forward including specifically

sharps safety, SICP precautions and safe use of appropriate PPE.

- Those responsible for undertaking assessments will receive training on how to carry this out effectively.

3.10 Monitoring compliance

All incidents of exposure injuries or near misses, including sharps injuries, must be reported on the PHW Incident Reporting Datix system. These will be monitored for compliance against this procedure, and trends and learning points will be identified. Results will be reported to the organisational Infection Prevention & Control Group and escalated by exception when particular risks and issues are identified.

In the event of a needlestick or similar sharps injuries they must also be reported to the contracted Occupational Health Department for the service.

Compliance will also be measured using assurance observations and audits, to be validated by the Lead Nurse for IPC.

4 Appendices

Appendix One – Contact details for Occupational Health Departments with SLAs to provide OH services

PHW department	Occupational Health Department	Email address:	Telephone Number
All PHW staff who do not work in laboratories, including Screening Staff	Welsh Ambulance Service Trust (WAST)	OccupationalHealth.amb@wales.nhs.uk	For sharps and exposure injuries, use email only.
Laboratories:			
Singleton Hospital lab + Morriston Hot Lab	Swansea Bay	sbu.occhealth@wales.nhs.uk	01792 703610
UHL University Hospital Llandough + Hot Lab UHW University Hospital of Wales + Hot Lab PHW Microbiology Laboratory, Imperial Park PenGu	Cardiff and Vale	Notify by telephone	UHW External: 02921 844411 UHW Internal: Ext 44411 UHL Ext 25432
Bangor Ysbyty Gwynedd Hospital Rhyl Glan Clwyd Hospital Wrexham Wrexham	Betsi Cadwaladr	<ul style="list-style-type: none"> • BCU.OccHealthCentral@wales.nhs.uk; • BCU.OccHealthEast@wales.nhs.uk; • BCU.OccHealthWest@wales.nhs.uk; 	03000 853 853 & ask to speak to the duty nurse in East/Centre/West sites

Carmarthen Ysbyty Glangwilli Dolgwili Rd Maelor Hospital			
Hot Lab PCH, Prince Charles Hospital. Hot Lab POW, Princess of Wales Hospital	Cwm Taf Morgannwg	Prince Charles Hot Lab Staff - Use CAV OH contact details (02921 844411), but use nearest A&E Princess of Wales Hot Lab Staff – use Swansea Bay OH contact details, but use nearest A&E	
Aberystwyth Bronglais hospital	Hywel Dda	occupational.health.hdd@wales.nhs.uk	0300 303 9674

Appendix Two – Sharps poster (This can be downloaded directly from [GP Sharps Waste.pdf](http://GP%20Sharps%20Waste.pdf) (stericycle.co.uk))

Sharps Waste



Ensure correct waste segregation:



Yellow Lidded Sharps Unit

For sharps contaminated with medicinal products (NOT cytotoxic or cytostatic).

Orange Lidded Sharps Unit

For sharps not contaminated with medicinal products, for example phlebotomy sharps and blood sample vials.



Purple Lidded Sharps Unit

For cytotoxic and cytostatic sharps, e.g. patients taking chemotherapy drugs.



Do not use sharps units for the disposal of free liquids.



Sharps units should be filled to **maximum** of three quarters full OR to the fill line marked on the container, whichever is reached first.



 **Stericycle**
We protect what matters.

© 2023 Stericycle, Inc. All rights reserved.