Achieving safe sharps practice

The use of sharps should be avoided where possible. However, when their use is essential, particular care is required in handling and disposal and, if possible, safer devices should be used.

**Safe handling** Sharps should always be handled carefully. The components of safe handling are:
- Avoid using sharps if possible;
- Do not resheath hypodermic needles after use. If this is vital, use a specific needle resheathing/removing device;
- Use intravenous devices with a safety feature whenever possible;
- Do not overfill sharps bins. Replace them when they are three-quarters full;
- Wear gloves for venepuncture and intravenous therapy;
- Obtain assistance when using a sharp with a confused patient;
- Never leave sharps unattended;
- Sharps bins should be available at the point of use, including drug and cardiac arrest trolleys;
- Sharps bins should be located at waist height and never on the floor;
- Do not pass sharps from hand to hand;
- Before transporting a used syringe, for example, containing an arterial blood sample, remove the needle using a removal device and attach a blind hub.

**Safe disposal** Used sharps must be disposed of safely. The components of safe disposal are:
- It is the user’s responsibility to dispose of used sharps as soon as possible after use;
- Dispose of syringes and needles as a single unit;
- Always carry a sharps bin by the handle and away from the body;
- Never dispose of sharps in containers used for storage of other wastes, or place used sharps containers in clinical waste bags;
- Dispose of used sharps in properly constructed containers that meet the requirements of BS 7320: 1990 Specification for sharps containers, and which are UN approved (Medical Devices Agency, 2001a);
- Label or tag sharps bins with the name of the ward and hospital, the date and your signature;
- An adequate supply of sharps bins must be available;
- Sharps bins must be sealed/locked before removing for disposal;
- Full sharps bins awaiting collection in the clinical areas must be retained in a safe place;
- Staff transporting used sharps bins must wear adequate protective clothing;
- Sharps bins awaiting removal by a contractor should be stored in a secure, protected area.

**Safety devices** The Medical Devices Agency (2001b) stipulates that: ‘Emphasis should be placed on the correct handling of sharps before, during and after use, and the safe disposal of such devices. Appropriate training of staff is essential in reducing the risks of needlestick and sharps injuries.

’It is possible however for needlestick and sharps injuries to occur as a result of accidents and the risk of these may be reduced by the use of devices incorporating safety devices.’

A safety device is one that incorporates a built-in safety feature in its design, which is intended to reduce the risk of sharps/needlestick injury before, during and after its use (Medical Devices Agency, 2001b).

Safety devices must conform to the Medical Devices Regulations 2002 and must therefore carry a CE mark. The manufacturer of any device placed on the UK market must demonstrate that the device meets the essential requirements of the regulations without compromising the safety of the user or patient, or increasing the risks associated with the procedure being undertaken.

An integrated safety feature is part of the basic design of the device that cannot be removed. A passive safety feature is one that does not require the user to activate it and remains effective before, during and after use.

Integrated and passive safety features are the most likely to have an effect on the prevention of sharps/needlestick injuries, for example, retractable needles and needle-less connectors (Medical Devices Agency, 2001a).

Any safety product used must:
- Provide a barrier between hands and needle after use;
- Allow or require workers’ hands to remain behind the needle at all times;
- Have safety features that cannot be deactivated and remain protective throughout disposal to protect other staff members, for example, porters and waste disposal workers;
- Be simple and self-evident to operate and require little or no training for effective use;
- Be appropriate to the procedure to be undertaken and should be chosen following a risk assessment.

Many types of safety device are now available in the UK. New devices are continually being designed and produced, and further information can be obtained from the NHS Purchasing and Supply Agency and the Safer Needles Network (Box 1).

**Personal protective equipment** This should be used appropriately following a risk assessment:
- Gloves should be worn whenever contact with blood

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**REFERENCES**


**KEY WORDS**

- Needlestick injury
- Sharps disposal
- Safety devices

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**FOOTNOTE**

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The cost is £5 for ICNA members and £10 for non-members.
is anticipated. Although wearing gloves does not prevent injury, the effect of the needle being wiped on the glove may reduce the volume of blood to which the hand is exposed, thereby reducing the volume inoculated and the risk of infection. In some areas, double gloving may be considered:
- Plastic aprons should be worn during procedures in which the body and/or clothing may be contaminated;
- Facial protection should be worn whenever there is a risk of splash injury, and risk of contamination of the conjunctivae and mucous membranes;
- Footwear should be considered where there is a risk of dropping sharp instruments or other items.

Summary
To ensure safe sharps practice:
- Always assemble sharps containers correctly;
- Always dispose of sharps at the point of use in a suitable container;
- Do not resheath needles after use;
- Dispose of syringes and needles as a single unit;
- Always lock used sharps containers when ready for final disposal and do not overfill them;
- Do not dispose of sharps with other clinical waste;
- Do not place used sharps containers in yellow bags for disposal;
- Evaluate safety devices before purchase and use;
- Although wearing gloves does not prevent injury, the wiping effect of a glove on a needle may reduce the volume of blood inoculated.

BOX 1. WHERE TO OBTAIN INFORMATION ABOUT SAFE SHARPS PRACTICE

THE NHS PURCHASING AND SUPPLY AGENCY
This is an executive agency of the Department of Health. Its role is to act as a centre of expertise, knowledge and excellence in purchasing and supply matters for the NHS. www.pasa.doh.gov.uk/medsurg/intravenous/needlestick

THE SAFER NEEDLES NETWORK
This aims to reduce the number of needlestick injuries by promoting preventive measures and safer systems of working. The network’s objective is to achieve a change in UK policy to require the use of safer devices to protect staff and patients by drawing decision-makers’ attention to the risks from needlestick injuries.
www.needlestickforum.co.uk

Examples of evaluation forms for various safe sharp devices can be found on the NHS Purchasing and Supply Agency website (see above).

REFERENCE

Infection Control Guidance for General Practice
Infection Control Nurses Association (2003)
The Department of Health has recommended that all health services develop standards and action plans to promote clean and safe practice. For the first time, primary care has been subjected to the same infection control regulations as other parts of the NHS.

This publication is timely, as to date there has been no single resource available to GPs, practice nurses or practice managers on best practice in infection control for use in primary care. It is clear, concise and is set out in five sections, with summary points at the end of each. It also includes a useful appendix.

Section one covers infection control in primary care and the statutory requirements that GPs, as employers and clinicians, are expected to meet.

In section two, standard infection control precautions covered include handwashing and decontamination, personal protective equipment, safe management of sharps, waste disposal, spillages and specimen collection. All of this highlights the need to protect patients, staff and visitors and to prevent the spread of infection through good infection control practice.

Section three explores decontamination and the need for scrupulous attention to detail as more complex equipment is now being used in general practice. Choice of disinfectants, their dilution and application are set out in a chart and the importance of choosing the correct method of sterilisation is also covered. With the emergence of new micro-organisms, and many surgeries now offering minor surgery, staff must ensure that high levels of infection control are in place and maintained.

Section four covers accidental exposure to blood or body fluids. The need for all practice staff to be educated on minimising the risk is also discussed. The risk management of HIV, and hepatitis B and C, is well documented in separate paragraphs.

The vaccination recommendations for all health care workers who have contact with blood or patients’ tissues are also covered.

The final section deals with maintaining a clean clinical environment and covers choice of cleaning product, equipment and domestic cleaning staff.

The appendix includes a detailed infection control audit that can be photocopied and used in different surgery areas, a comprehensive ‘A–Z’ cleaning and disinfectant policy specific to general practice, and details on minor surgery requirements.

This document is an excellent resource. It is well researched and referenced, and will be extremely useful to all members of the primary care team.