

Sharps Injury and Splash Incident Policy v4.0

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Purpose:	To ensure that Trust employees know the appropriate actions, duties and responsibilities for sharps or splash incidents to reduce the risk of an employee acquiring transmission of a blood borne virus, including post exposure prophylaxis.
Responsible Directorate:	Human Resources
Executive Sponsor:	Hazel Wyton, Director of Workforce
Document Author:	Occupational Health Service Manager
Approved by:	Chief Executive or Board of Directors
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Related Controlled documents	<Trust PEP Guidelines> <Sharps/splash> Treatment Form> <Sharps/Splash Injury Follow Up Guidelines> Health and Safety Policy Mandatory Training policy and training matrix Infection Control Policies and Procedures Incident Reporting Policy COSHH Policy
Relevant External Standards/ Legislation	Health and Social Care Act 2008 Health and Safety at Work Act 1974 PHE (Previously Department of Health) PEP guidelines Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) and updated 2013 guidelines Waste Management Policy Link Please
Target Audience:	All staff and managers of staff who may be at risk of a sharps injury/splash incident
Further information:	Occupational Health Services Manager

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Version History

Version No.	Date of Release	Document Author/Comment	Ratified by	Date Ratified
1.0		Blood Borne Virus Policy Including Sharp Safety And Post Exposure Prophylaxis v1.0		
2.0	23/03/11	Revised & Ratified v2.0		
3.0	29/06/14	Procedure revisions, stakeholder consultation and amalgamation of existing policies and community policy.		
4.0	TBC	General update to reflect current practice	CEG	TBC

Summary of changes from last version

Updated contact numbers
 Removed information regarding Hawthorn House & GUM clinic
 Updated references to reflect current legislation

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Related Documents

- <Sharps Injury Posters for use in Wards/departments>
- <Sharps Injury/Splash Incident Treatment Form>
- <PEP Guidelines and Form>
- <Follow Up Guidelines>

1 Policy Statement

This policy sets out the processes for the management of a sharps/splash incidents. It includes guidance on sharps/splash injury management including post exposure prophylaxis treatment, reporting arrangements, training and monitoring/compliance of the policy.

The Trust is committed to reducing the incidence of Health Care Acquired Infections. This policy outlines the processes that are required to manage exposure to a Blood Borne Virus (BBV) by Health Care Workers (HCW's) and includes provision for emergency treatment out of hours and for Post Exposure Prophylaxis (PEP) treatment through the provision of advice and guidance to all employees when handling sharps.

2 Scope

2.1 Includes

This policy applies to all Health Care Workers (HCW) and employees of the Trust who are exposed to blood and body fluids whilst undertaking their employment with Heart of England NHS Foundation Trust (HEFT).

2.2 Excludes

It excludes the management of sharps injuries that occur to non-Trust employees/general public. ***These Individuals should be seen in A&E.***

3 Definitions

- **Sharps injury:** Exposure to blood or body fluids caused by laceration, puncture of the skin, bite or scratch by another Individual/ patient. Sharps include needles, scalpels, broken glass or other items that may lacerate or puncture the skin.
- **Splash Incident:** Where blood or body fluids comes into contact with the eyes, mouth, broken skin or mucous membranes.
- Blood-borne viruses (**BBV**): Hepatitis B virus (**HBV**), Hepatitis C virus (**HCV**) or Human Immunodeficiency Virus (**HIV**).
- **Blood or Body fluids:** Blood, Cerebrospinal fluid, peritoneal fluid, pleural fluid, pericardial fluid, synovial fluid, amniotic fluid, semen, vaginal secretions and breast milk. Any other body fluid containing visible blood e.g. saliva, urine.
- **Post Exposure Prophylaxis (PEP):** For the purpose of this policy PEP is an anti-viral treatment that is prescribed for an individual who has been exposed to a known or highly suspected source of HIV from a sharps/splash incident.
- **Recipient** – Employee who has sustained the sharps or splash injury.
- **Source Patient** – The patient whose blood or body fluid has been exposed to the HCW.

4 Policy Framework

To ensure that HEFT employees know the appropriate actions, duties and responsibilities for the management of sharps injury or splash incidents to reduce the risk of an employee acquiring transmission of a blood borne virus.

To comply with all of the Trusts legislative requirements and meet the require standards of the National Health Service Resolution (NHSR), the Health and Safety Executive (HSE), CQC requirements and RIDDOR requirements.

4.1 General Sharps Safety

These are devices that incorporate a built-in safety feature in their design, which is intended to reduce the risk of sharps injury. An intergrated 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. An active device requires user intervention.

It is the responsibility of managers to ensure that staff are trained to use safety devices where these have been trialled and adopted. Managers should consider the supply of safety devices, such as Quicksmart BladeFLASK for the safety disposal of scalpels, in preference

to standard devices wherever possible. In areas assessed to be higher risk of infection, safety needles should be used for venepuncture and other procedures.

- Avoid using sharps if possible
- Use intravenous devices with a safety feature wherever possible
- A safer needle device should be used wherever possible
- Clinical sharps are single use only
- Sharps must not be passed directly from hand to hand
- Handling of sharps should be kept to a minimum
- Needles must not be bent or broken prior to use or disposal. The only agreed exception to this is in dental surgery where root canal work requires the needle to be bent
- Do not re-sheath needles manually, where a needle has to be re-sheathed (e.g. dental department) safe sheathing devices must be used. The one handed scoop method may be used in the absence of safe sheathing devices i.e. the member of staff holds the barrel of the syringe and scoops the needle cap from a hard, flat surface on to the end of the needle
- When transporting sharp items always use an injection tray
- Never leave sharps lying around
- Wear gloves when undertaking venepuncture – this will not prevent the sharps but will remove a large percentage of the blood from the sharp object
Obtain assistance when dealing with a confused or unco-operative patient, please ensure another member of staff is requested to assist HCW when using a sharps e.g a needle to give an injection to patient

4.2 General safety precautions when handling and disposing of sharps

- Do not transport or carry devices or products with the sharps exposed
- Do not pass a sharp instrument to any other person for disposal purposes
- Do not disconnect needle from syringe, but dispose of as a complete unit
- Do not re-sheath contaminated needles under any circumstances
- Do not fill a sharps container above $\frac{3}{4}$ full
- Do not attempt to retrieve a sharps instrument from the container
- Do not throw, kick or mishandle sharps containers in any way
- Do not use sharps containers for any purpose other than that allowed by hospital procedures, or those conducted within a community setting Guidance can be found here. <link to waste management for sharps containers>
- Having correctly identified, contained and secured all waste streams, it is imperative that segregation and security is maintained in storage and in transit.
- All staff using sharps containers must be trained in their correct assembly, use and closure
- Dispose of used sharps immediately at the point of use. Always take a suitable sized sharps container to the point of use to enable prompt disposal
- Always carry the sharps container by its handle
- Dispose of needles and syringes as a single unit. Where it is necessary to remove a needle from the syringe, safety devices integral to the sharps disposal bins must be

used, or the needle must be re-sheathed according to the agreed safe sheathing protocol (dental department only)

- Sharps containers must conform to the required standards BS EN ISO 239077320:1990 UN3291, AFNOR NFX 30-500 and ISO 9002. and meet the approval of the Control of Infection Group
- When not in use or when being moved between locations the aperture of the container must be closed but not sealed
- Where sharps containers are transported in cars by community staff, the container must be securely stored whilst in transit

4.3 Disposal of Sharps

The trust will promote the practice of ensuring safe disposal of medical device sharps at the point of use it will ensure:-

- Sufficient supplies of appropriate sharps boxes are available in all wards and departments and community bases that use sharp instruments
- Sharps containers must be positioned using approved brackets, trolleys or be stored off the floor
- Sharps boxes must be permanently closed off when devices within them are at the maximum fill line. Sharps should never be allowed to protrude outside of the container
- All sharps must be segregated and disposed of in line with the trust waste management policy and procedures

4.4 Incident Reporting /Health Care Worker sustaining the injury

- Details of the reporting and management of Sharps/Splash Injury First Aid is included in **<The Sharps Injury Posters>**.
- The health care professional in charge of the source patient must be asked to approach the patient immediately to complete the 'Sharps/Splash Source Patient Assessment & Consent' leaflet **<The Sharps Injury Posters>**. This must not be undertaken by the person who sustained the injury and it must not delay them seeking treatment themselves.
- Ensure an electronic incident form () is completed and recorded in Datix in line with the Trust incident reporting procedure
- The incident handler or line manager of the injured person must ensure that suitable and sufficient investigation is carried out to establish the root cause of the incident. An investigation prompt tool is available on the electronic incident reporting system please hyperlimnk to RCA Datix

4.5 Incident Management

4.5.1 Blood testing the source patient following a Sharps/Splash Injury.

- Following any sharps or splash incident, bloods should be taken with informed consent from the source patient involved in the injury. Test for HIV antibodies, Hepatitis B surface antigen and Hepatitis C antibodies. This must be taken by the source patient's own medical team if available or an on call doctor where not.
- The recipient HCW who has received the sharps/splash injury must not approach or take blood from the source patient.

4.5.2 The Doctor/Health Care Worker caring for the source patient must:

- Assess the source patient's high-risk factors by completing the <'Sharps/Splash Source Patient Assessment & Consent' leaflet> if this has not already been completed.
- Explain to the source patient that this blood test is required in response to a HCW's injury, and provide emotional support if required
- Give the source patient the <'Sharps/Splash Injuries Patient Information' leaflet > to read and discuss with the Doctor/HCW who can also seek help from Infectious Diseases ID)
- Gain informed consent for bloods to be taken, please use the consent form that can be found in this link <'Sharps/Splash Source Patient Assessment & Consent' leaflet>. File in patient's notes only if consent is given.

Once consent has been received and documented take blood for testing by:

- Using 2 clear clotted blood bottles.
- Ensuring microbiology request form is signed and the tests (Hepatitis B surface antigen, HIV antibody and Hepatitis C antibody) required are clearly specified.
- Indicate on the form that the sample is from a source patient involved in a HCW's sharps/splash injury.
- Record the blood test in the source patient's medical records and inform Occupational Health Service that the sample has been taken.
- Inform the member of staff (who does this and how and where)
- Inform the source patient of the results when received.

4.5.3 When the Source Patient Is Unable To Give Informed Consent.

- If the source patient does not consent to the blood tests, blood should not be taken

- If the source patient is unconscious or lacks capacity and is unable to consent to the blood test blood samples should not be taken General Medical Council *Update to Serious Communicable Disease guidance*.
- The Occupational Health Department must be informed immediately of any of the above circumstances.
- Risk Assessment and follow up including Post Exposure Prophylaxis (PEP).
- Occupational Health/Accident and Emergency departments will then follow the <'Sharps/Splash Risk Assessment and Treatment Form'> for the ongoing management of sharps/splash injuries which outlines prophylactic steps required.
- If the source patient risk assessment indicates high risk factors for HIV, appropriate advice will be sought from the on-call Infectious Diseases Physician. PEP will be commenced in line with the Trust <'PEP Guidelines'>
- If the source patient risk assessment indicates high risk factors for Hepatitis B virus and the recipient is non-immune, advice should be sought from the on-call Consultant Virologist to assess if prophylaxis (Hepatitis B immunoglobulin) should be administered.
- Ongoing support and counselling for the impact and consequence of a sharps injury for the member of staff may be sought through Occupational Health, who may make onward referrals to specialist support where required.
- The completion of the prompt tool within the Datix system will support the identification of the cause of the injury and what is required to reduce the risk of subsequent injuries.

4.6 Training Requirements

- Induction and refresher training will be delivered by Infection Prevention and Control Team in line with the Trust Mandatory Training policy and training matrix.

5 Responsibilities

5.1 Individual Responsibilities

5.1.1 Executive Directors

The Trust Board is responsible for ensuring that appropriate systems are in place to enable the organisation to deliver its objectives in relation to this policy. It delegates responsibility to Trust Infection Prevention Group and the Health and Safety Group.

5.1.2 Managers / Matrons / Senior Leads of Clinical Areas

- Ensuring this policy is implemented and enforced throughout their clinical area and all HCWs are aware of the actions to be taken if they sustain a sharps injury.
- Ensuring HCW's are able to attend Occupational Health for follow up appointments as advised.
- Carry out suitable and sufficient investigation of all sharps and splash incidents that occur in their area of responsibility. An investigation prompt tool is available to support this through the electronic incident reporting system.
- Implement changes as a result of the investigation.
- Ensure staff receive appropriate support following a sharps or splash injury.
- Complete risk assessments and manage risks in line with the Trust Risk Management policy.
- It is the responsibility of relevant line managers, Clinical Directors and Professional advisors to monitor compliance with this policy within their area, and to ensure actions are taken to address non-compliance issues.

5.1.3 Employees

- It is the personal responsibility of the individual using the sharp device to dispose of it safely. Where specific clinical procedures prevent the user from disposing of the sharp device personally, this individual retains responsibility for its safe disposal
- All sharps devices must be disposed of in suitable sharps receptacles and require assessment for the presence of medicines, such as cytotoxic or non-cytotoxic medicines.
- Standard Operating Procedures (SOP) for all Waste Streams are available on the intranet.
- It is the responsibility of the recipient of a sharps/splash injury to immediately follow the guidance within this policy, including attending Occupational Health/Accident Emergency and informing their manager of the injury.
- All HCWs who have sustained a sharps/splash injury must attend follow up appointments with Occupational Health
- All Trust HCWs must minimise the risk of sustaining a sharps/splash injury by delivering care in line with the Trust policies and attending mandatory training.
- All employees to complete a Datix report after sustaining a sharps/splash injury

5.1.4 Occupational Health and support of HCW sustaining injury

- Completion of the *'Sharps/Splash Risk Assessment'* and arranging any subsequent follow up treatment/PEP for sharps injuries that are reported within working hours.
- Undertaking appropriate follow up, following a sharps injury, for exposure to BBV for HCWs, in line with the Trust *'PEP Guidelines'* and *'Sharps/Splash Incidents Follow Up'*
- Informing the Health and Safety team of any significant injury involving blood borne viruses, in order that it may be reported in line with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995.
- Informing the Health Protection Agency of any significant injury involving blood borne viruses to assist in the national surveillance of Occupational Exposure to blood borne viruses.
- Maintenance of a Sharps/Splash injury database for monitoring, compliance and audit purposes.
- Providing quarterly statistical data on sharps/splash incidents to the Trust Safety and Trust Infection Prevention and Control (TIPC) Group Health and Safety Group and The Management of sharps group
- Undertaking an annual audit of compliance of this policy and reporting the outcomes to the Trust Health and Safety Group and Trust Infection Prevention Committee (TIPC).

Provide emotional support by advising Recipient to make a self referral to CIC our counselling service for the provision of emotional support – please contact by telephone 0800 085 1376

A monthly incident report will be issued to Divisional Management teams for review and action.

5.1.5 Accident and Emergency

- Completion of the *'Sharps/Splash Risk Assessment and Treatment Form'* and arranging any subsequent post exposure prophylaxis treatment for Sharps/Splash injuries that are reported outside the Occupational Health Service working hours.
- Informing Occupational Health of any Sharps/Splash incidents involving Trust HCW that has been reported to the Accident & Emergency Department. A copy of the *'Sharps/Splash Risk Assessment and Treatment Form'* must be faxed, scanned or emailed to Occupational Health.

5.1.6 Infectious Diseases Department

- Provision of post exposure prophylaxis in line with the Trusts *'PEP Guidelines'*
- Liaison with the Occupational Health Service regarding follow up for Trust HCW who have sustained a Sharps/Splash injury.

5.1.7 Infection Prevention and Control Team

- Provision of *'sharps and inoculation injuries'* and *'standard precautions including sharps safety'* training in line with the Trust's mandatory training matrix.
- Provision of sharps safety information and training

5.1.8 Health and Safety Team

- Reporting relevant sharps injuries in line with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995.
- Undertaking follow up of incidents that require Health and Safety investigation, and advising clinical areas of any subsequent recommendations including transferring to needle safe devices
- Provide a programme of Health and safety training which includes risk assessments training and as requested by managers assist in the completion of risk assessments.
- Participate in incident investigations as required.

5.1.9 Management of Sharps Group

The aim of the group is to review the arrangements that are in place for the safe management of sharps. This will include surveillance of relevant health and safety legislation to ensure that the trust meets the requirements of current requirements. Key responsibilities include:

- Review relevant health and safety legislation to ensure that the trust is aware of any new legislation or changes made to existing requirements.
- Triangulate information collected in relation to infection control audits, incident reporting and referrals to the Occupational Health Department
- Promote safe use of sharps by means of communication campaigns
- Seek assurance from key stakeholders in relation to compliance with relevant policies
- When themes have been identified, promote learning and improvement
- Review the use of needle safe devices to ensure they become embedded across the organisation. Seek assurance that risk assessments have been completed for procedures/areas who request to be exempt from using needle safe devices.
- Review and authorise risk assessments for the use of alternative needle stick devices.
- Seek assurance from the Medical Devices Manager that needle free, or safety needles/devices are being kept under review

- Commission key stakeholders to undertake audits/reviews as required
- Escalate concerns in relation to compliance to Divisions, TIPC and Health and Safety Group as required

5.1.10 Medical Devices

- In line with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013, HEFT is committed to ensure that so far as is reasonably practicable needle free or needle safe devices are utilised. The Medical Devices Manager will:-Liaise with the procurement team to review needle free/needle safe devices that are available
- Continue to co-ordinate the programme of utilising needle free/needle safe devices and provide reports to the Medical Devices Group, who will monitor the programme

6 Monitoring and Compliance

Please see Appendix A

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Appendix A Monitoring Matrix

MONITORING OF IMPLEMENTATION	MONITORING LEAD	REPORTED TO PERSON/GROUP	MONITORING PROCESS	MONITORING FREQUENCY
Duties	Occupational Health	TIPC and Management of Sharps Group	Statistical Reports of sharps injuries (frequency, type, location, group and risk factor)	Quarterly
Duties	Occupational Health	TIPC and Management of Sharps Group	Audit of compliance with the processes for reporting arrangements and incident management included within the policy	Annual
Duties	Occupational Health to provide statistics	Medical Devices Group	Statistical reports of devices involved in sharps injuries, frequency & location to Medical Devices Group	Quarterly
Follow up action plans	Occupational Health	Health and Safety Group and TIPC	Report outlining summary of action plans	Annual
Staff Training	HEFT Education		Compliance report for induction and refresher training	Monthly
	Line manager and Education	Mandatory Training Group	Medical device training as per trust requirements	As identified during individual annual appraisal