Sharps Management and Sharps Injury SOP

Standard operating procedure - safe use, disposal and injury response

LEGISLATIVE & REGULATORY COMPLIANCE

- ✓ Health and Safety at Work etc. Act 1974
- ✓ Health and Safety (Sharps Instruments in Healthcare) Regulations 2013
- ✓ Control of Substances Hazardous to Health Regulations 2002 (COSHH)
- ✓ Management of Health and Safety at Work Regulations 1999
- ✓ Reporting of Injuries, Diseases and Dangerous Occurrences Regs 2013 (RIDDOR)
- ✓ Environmental Protection Act 1990; Hazardous Waste Regulations 2005
- ✓ HSE guidance HSIS7; EU Council Directive 2010/32/EU
- ✓ CQC single assessment framework - Safe (Regulation 12)

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Author / Owner	[IPC Lead / Registered Manager]
Applies To	All clinical and support staff handling sharps
Organisation	[Organisation Name]

1. Purpose

To set out the safe handling, use and disposal of sharps and the immediate response to a sharps (inoculation) injury, in order to prevent injury and the transmission of blood-borne viruses, and to meet our duties under the Sharps Regulations 2013 and COSHH.

2. Scope

This procedure applies to all staff who use, handle, transport or dispose of sharps in any of our settings, including clinical, support, agency, bank and locum staff, and to the management of sharps containers.

3. Definitions

- Sharp - any item that can cut or puncture skin (needles, blades, lancets, broken glass, cannulae).
- Safer sharp - a medical device with an engineered feature to prevent or minimise the risk of injury.
- Sharps / inoculation injury - any percutaneous, mucous-membrane or non-intact-skin exposure to blood or body fluid.
- BBV - blood-borne virus, principally hepatitis B, hepatitis C and HIV.

4. Responsibilities

Role	Responsibility
All clinical staff	Use safer sharps correctly, dispose at the point of use, never re-sheath, and report any injury immediately.

Role	Responsibility
Line manager	Ensure sharps bins are available and correctly used, investigate every injury, and complete RIDDOR reports where required.
Registered Manager / IPC lead	Provide safer-sharps devices, training and hepatitis B immunisation; audit compliance and review incidents.
Occupational Health (or A&E out of hours)	Risk-assess exposures, arrange testing and post-exposure prophylaxis, and advise on follow-up.

5. Equipment

- UN-approved, correctly assembled sharps containers (BS 7320 / UN 3291), sized for the task
- Safer sharps devices with engineered protection wherever reasonably practicable
- Personal protective equipment and access to hand-hygiene facilities
- Spill kit and the organisation’s incident-reporting system

6. Procedure - safe use and disposal

1. **Prepare.** Before starting, assemble a correctly sized sharps container at the point of use and check it is below the fill line, dated and signed on assembly.
2. **Use safer devices.** Use sharps with engineered safety features where available and activate the safety mechanism immediately after use.
3. **Never re-sheath.** Do not re-cap, bend, break or disassemble needles; keep the sharp pointed away from yourself and others at all times.
4. **Dispose immediately.** The user disposes of the sharp directly into the container at the point of use - never pass it hand to hand or leave it on a surface.
5. **Manage the container.** Use the temporary closure between uses; lock, label and date the container when three-quarters full and store it in the designated secure area for licensed collection.

7. Procedure - immediate action after a sharps injury

1. **Encourage bleeding.** Gently encourage the wound to bleed under running water; do not suck it.
2. **Wash.** Wash thoroughly with soap and running water without scrubbing; irrigate eye or mouth splashes with water or saline.
3. **Cover.** Dry and cover the wound with a waterproof dressing.
4. **Report immediately.** Inform your manager at once and complete an incident report, recording the source patient where known.
5. **Seek urgent advice.** Contact Occupational Health (or A&E out of hours) immediately for risk assessment, BBV testing and any post-exposure prophylaxis - this is time-critical.
6. **Follow up.** Cooperate with source-patient testing (with consent), follow-up bloods and any treatment; report under RIDDOR where the criteria are met.

> **Note:** Post-exposure prophylaxis for HIV is most effective when started within hours - never delay seeking advice to finish other tasks.

8. Records and review

All injuries and near-misses are recorded on the incident system and reviewed for themes and learning; RIDDOR-reportable events are submitted within the required timescale. Hepatitis B immunisation status is recorded for staff at risk. This SOP is reviewed at least annually and when devices, guidance or legislation change.