SHARPS POLICY: SAFE HANDLING AND DISPOSAL OF SHARPS

Version 13

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Reviewed June 2022

Contents

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1. INTRODUCTION

Nationally, occupational exposure to HIV and other blood borne viruses is unnecessarily common. Many exposures result from a failure to follow recommended procedures, including the safe handling and disposal of needles and syringes or wearing personal protective equipment where indicated. All staff must be aware of, and adhere to, Policies regarding the use of Standard Precaution Procedures and Hand Hygiene.

All sharps related injuries and contamination (inoculations) incidents **must** be reported and managed accordingly.

2. PURPOSE AND SCOPE

To enable all groups of staff employed by East Coast Community Healthcare (ECCH), and any commissioned services and independent contractors to manage contamination and sharps related incidents correctly and safely.

3. RESPONSIBILITIES

All NHS trusts/Social Enterprises are required by the Control of Substances Hazardous to Health (COSHH) Regulations 2002 (updated 2013), to take action to minimise the risk of infection.

ECCH infection prevention and control arrangements must also comply with the Health and Safety at Work Act (1974) (updated 2018) and relevant subsidiary legislation. This will include measures for the protection of members of staff, patients and all others coming into contact with the work of ECCH.

The Health Act 2006 (updated 2018), and The Health and Social Care Act 2008 says we have a general duty to protect patients and staff from HCAIs and a duty to adhere to policies and protocols applicable to infection prevention and control and Guidance for Clinical Health Care Workers.

The ECCH has a responsibility to provide training through induction and infection control updates to all staff groups from the Infection Prevention and Control Team. It is the responsibility of all staff to attend induction and mandatory training specific to their role and that line managers are responsible for ensuring team members have access to, and are released to attend mandatory training opportunities, see Education and Training Policy.

Training on equipment or devices will be given during local induction. New and/or inexperienced staff using medical devices which provide a risk of sharps injury should be supervised until assessed as competent.

Employees also have a clear responsibility under the Health and Safety at Work legislation, and must take reasonable care for the health and safety of themselves and of other persons who may be affected by their acts, or omissions, in the course of their work. Staff whose work entails a risk of exposure to blood or blood stained body fluids must ensure that they are immunised against hepatitis B infection, and that their immune status to hepatitis B is known and recorded by Occupational Health.

All staff must know where to find the policy and what to do in the event of an injury to themselves or colleagues.

4. DEFINITIONS

3.1 Definitions of ‘significant’ types of exposure:

- ***Percutaneous*** *exposure:* Needlestick or injury from potentially contaminated

  Sharp object, a bite which causes bleeding or other visible skin puncture.

- ***Mucocutaneous*** *exposure:* contamination of non-intact skin, conjunctiva or mucous membrane with infective body fluids.

3.2 Definitions of those involved:

- **Injured Person**: the person who receives the sharps/needle stick injury
- **Source Patient**: the person whose blood or bodily fluids may have contaminated the injured person

5. POLICY STATEMENT

ECCH acknowledges that sharps injuries are a major health and safety issue and is committed to reducing sharps injuries. This policy will be implemented to ensure adherence to safe practice

6. PROCEDURE

Prevention

- **Where medical devices provide a risk of sharps injury a formal risk assessment should be undertaken by the manager of the service, the exposure should be eliminated if possible, and if unable to be eliminated, the safest type of equipment/medical device should be used.**
- All staff should carry out a risk assessment prior to carrying out an exposure prone task/procedure.
- Suitable, single use, gloves (i.e. nitrile according to ECCH policy) should be routinely worn for the following activities:
- During all procedures where contamination of the healthcare worker with blood is possible, including venepuncture, whether or not the venepuncturist is experienced.
- During all procedures involving direct contact with cerebrospinal fluid, peritoneal fluid, pleural fluid, pericardial fluid, synovial fluid, amniotic fluid, semen, or vaginal secretions.
- If there is likely to be contact with any other body fluid including urine and faeces
- When inserting pessaries or suppositories and for internal examinations of body cavitites.
- Disposable, single use, plastic aprons should be worn during aseptic procedures, surgical procedures and/or if contamination of clothing with blood/body fluids is likely. Aprons should be changed between patients and different episodes of care with the same patient.
- Eye protection (visor or goggles) and/or surgical masks should be used when mucous membranes are likely to be exposed to body fluids.
- Sharps – the clear responsibility for the safe disposal of any used ‘sharps’ generated by clinical activity rests with the person who has used it – **this responsibility must not be delegated to another person.** As documented in the Health Act 2006, Epic 2 guidelines (2006) updated 2018 and Essential Steps to Safe, Clean Care (2007).
- Use non-sharps when possible for example needle free connectors
- Needles **must never** be re-sheathed after use, reused or bent

- Single use disposable lancets should be used when monitoring blood glucose.
- When disposing of sharps, they must always be placed directly into a suitable purpose-made container that conforms to current British and/or United Nations (UN) Standards. See appendix 6.
- Orange lidded Sharps bins – sharps not contaminated with medicines
- Yellow lidded Sharps bin – sharps contaminated with medicines, but **not** cytotoxic/cytostatic medicines
- Purple lidded Sharps bin – sharps contaminated with cytotoxic/cytostatic medicines. See current BNF.
- Sharps bins should be at point of use. Use carrying handle and carry away from body.
- Sharps should be disposed of as a single unit into an appropriate sharps bin. If absolutely necessary to remove needle/blade a safety removal devices should be used to remove needles/scalpels as best practice.
- Sharps containers must never be filled beyond the manufacturer's recommended level.
- When assembling a new container, it is essential to ensure that the lid is securely fixed in position as per manufacturer's instructions. The audit trail label must be completed.
- Filled or partially filled sharps disposal containers must be kept closed when not in use. Never probe containers with either fingers or forceps and always keep well away from access by patients and members of the public. Sharps bins should not be on the floor or low shelves.
- If transporting sharps containers in a vehicle the lid should be closed and the container must be secured to avoid tipping. The container should be checked at the end of each shift to ensure no sharps have been spilled.
- Sharps containers should be disposed of every 3 months even if not full.

Actions to be taken following sharps related injury

First aid. (See also pocket flow chart in appendix 5)

- In sharps injuries, **bleeding** should be encouraged from the site. The area should be **washed** with soap and cold/warm running water for minimum of 5 minutes. **The wound must not be sucked.** If running water not available clean cleansing wipes can be used. Wound should be assessed and managed, see appendix 4. Any splashes of potentially infective body fluid into the eyes should be thoroughly rinsed with water, before and after removing any contact lenses. Any similarly contaminated mucous membranes should also be thoroughly rinsed.
- You must immediately inform line manager of incident and **attend nearest major A&E department, usually JPUH**, recommended within 1 hour; with your manager ringing ahead to warn of member of staff attending following sharps related injury. A&E will carry out a risk assessment and will take 2 yellow top bottles of blood which will be stored for 2 years. The blood is stored as a baseline and will be tested in the future if the injured person becomes ill with a potential blood borne virus. If risk assessed as high risk, A&E will liaise with GUM consultant and will start Post Exposure Prophylaxis (PEP).
- The incident must be **recorded** on the appropriate Datix accident/incident form. This is so ECCH can learn from the incident and to try to prevent a reoccurrence. A senior manager ***must*** be informed immediately. The Occupational Health (OH) Specialist would organise a review of the notes of the source patient (if known) and

do a risk assessment of likelihood of a blood borne virus. It is more important to attend A&E promptly than to finish completing the incident form but this must be completed as soon as practicable following A&E attendance.

Follow up management

Ring and make appointment with Occupational Health Department that day or the next working day, within normal working hours- 07580719899

- Occupational Health will assess the injured persons vaccination history and immune status for hepatitis B etc. and will give booster/appropriate treatment as required.
- Occupational Health will provide support if deemed necessary or requested.
- Occupational Health will arrange further blood tests at 12 and 24 weeks
- OH Specialist should arrange for assessment of source patient for HIV, Hepatitis B and Hepatitis C. and for a blood sample, 2 yellow topped bottles, to be taken from the source patient. They should be labelled Needlestick injury –source patient for (injured person's name) for urgent HIV, Hepatitis B and Hepatitis C test. OH Specialist to ensure injured person consents to their name being on source patient's blood sample when sent to lab and to the results being copied in to Occupational Health.

Risk of contracting:

Hepatitis B

- Risk of contracting Hepatitis B from an antigen positive person is 1 in 3 if unvaccinated, but negligible if vaccinated with a good response. Occupational Health will check the injured persons Hepatitis B immunisation status and will give them a booster if required (in line with the guidance in the 'Green Book').
- Body fluids at risk to staff – blood, semen and vaginal fluids

Hepatitis C

- Risk of contracting Hepatitis C from a positive person is 1 in 30. No preventative treatment is available. A base line blood test will be taken from the injured person.
- A repeat test will be taken at 12 weeks and 24 weeks.
- Body fluids at risk to staff – blood, semen and vaginal fluids

HIV

- Risk of contracting HIV from a needlestick injury from a positive person 1 in 300 injuries. For mucous membrane exposure the risk is less than 1 in 1000. There is low risk from broken skin-eczema, cuts or abrasions splashed with infected blood. There is no risk from infected blood on intact skin
- If an exposure has occurred from a **source known or suspected to be HIV positive**, the need for advice or counselling and appropriate post-exposure prophylaxis (PEP) is normally recommended. This process should occur in direct collaboration with a GUM Consultant. PEP works up to 72 Hours post exposure but ideal is commenced in 1-4 hours.
- PEP is **not** normally indicated for cases of *significant* exposure from an *unknown* source (or *non-significant* exposure with *known* HIV positive source).
- Body fluids at risk to staff – blood, semen, vaginal fluids, CSF, breast milk

Tetanus prophylaxis will be considered (in line with the guidance in the 'Green Book'), if appropriate.

Risk assessment following exposure

The risk of transmission of infection associated with an exposure incident depends on:

- Type of exposure (categorised as *'significant'* or '*non significant*')
- Status of the potentially infectious '*source'* (i.e. infectivity 'known', 'determinable' 'not determinable' or 'unknown'.

Immune status of the person exposed (e.g. immunisation history, current antibody status). Assessment of these three main factors will help appropriate staff make decisions relating to the need for, and choice of, post exposure management.

7. POLICY MONITORING AND REVIEW

It is the responsibility of all department heads/professional leads to ensure that the staff they manage adhere to this policy. In the event of an incident a Datix (incident) form must be completed and submitted. Sharps incidents reported on Datix will be checked by the Infection Prevention and Control team for compliance with the elements of this policy.

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9. AUTHOR

Infection Prevention and Control team in conjunction with Occupational Health

10. APPENDICIES

Information leaflet for a person considering Post Exposure HIV Prophylaxis (PEP)

This information leaflet is for healthcare staff who have sustained a needlestick / sharps injury and are considering starting anti retroviral medication to reduce the chances of developing HIV. This leaflet is to help you and the doctor assessing you to come to the best decision for you in your circumstances by giving you information.	
Confidentiality	All information is confidential between you and the occupational health service
Risk assessment	You will need to do a risk assessment of the incident and the source patient with the doctor. You must not approach the source patient yourself to undertake an HIV test but your manager must arrange for another member of the medical/nursing team looking after the patient to do this. Post Exposure Prophylaxis (PEP) is unlikely to be needed in most cases where the source patient is not known to have HIV The risks of developing HIV after exposure to an HIV/AIDS patient are increased with • Deep injury, • Visible blood on the device which caused the injury, • Injury with a needle which has been placed in a source patients artery or vein, • Terminal HIV related illness in the source patient. The risk is low if the source patient's viral load (the amount in the blood) is low.
Medical History	PEP has more side effects in certain circumstances for instance: if you have a history of diabetes, pancreatitis, liver or kidney disease.
Pregnancy	Pregnancy does not preclude use of PEP but is a special situation and will normally need expert advice from GUM Team. Consider having an urgent pregnancy test if you cannot rule out pregnancy. You should not breast feed whilst on PEP.
Risks of developing HIV after different types of incident	Statistics regarding seroconversion (acquiring HIV following a sharps injury) are as follows: • 1 in 300 injuries after skin puncture which cause's bleeding • 1 in 1000 in contamination of mucous membranes, conjunctiva or non-intact skin • None with intact skin exposed to HIV infected blood
What is known about PEP	The knowledge about how well PEP works is limited. There are unknown long term effects from PEP. There are many drug interactions with some of the PEP. There are no food restrictions with this regime.
How many people stop using PEP before the end of the course?	17% of those who have been exposed to HIV stop PEP due to side effects 56% of those who have an unknown source stop PEP
Window of opportunity	PEP works up to 72 hours post exposure - Ideal is 1-4 hours
Discuss with the doctor a plan of action	Consider the risk of acquiring HIV from this incident and weigh up with the doctor the risks and benefits of PEP. The doctor will take your views into account. You will need to establish a support network.
Prescription	The prescription will normally be for Truvada, one daily and Kaletra, two bd to be taken for 4 weeks. This has been advised by a national expert committee on this topic.
If the source has HIV	If you have been injured by a known HIV positive source patient, or HIV positive sexual partner of source patient, the doctor will need to consider your treatment regime and any resistance to antiretroviral medication – the GUM Clinic will be

	able to assist with this.
A blood test for storage	The doctor will take blood from you and this will be stored in the laboratory for 2 years. You will not have this blood tested at this point. You will have further blood tests taken in 12 and 24 weeks to assess whether you have become HIV positive.
Common side effects of PEP	People often develop gastrointestinal symptoms such as nausea and diarrhoea on PEP. You may need to take something to prevent this.
Serious side effects of PEP	Lactic acidosis, liver and kidney disorders, marrow suppression lipodystrophy syndrome, pancreatitis, muscle disorders, anaphylaxis.
Work	You can continue to work normally, including doing exposure prone procedures, while taking PEP and thereafter during follow up.
General advice	You are advised to practice safe sex during the follow up period, not to plan to become pregnant or breast feed. You are advised to avoid blood donation during the follow up period.
Hepatitis B	Occupational Health will check your Hepatitis B immunisation status and will give you a booster if required.
Review Consultations	If you are on PEP you will be seen in the GUM Clinic weekly for four weeks to assess any problems you may be having on the medication. You are advised to attend follow up with GUM Clinic or with Occupational Health if you have been exposed to HIV and you choose not to take PEP. You should seek medical advice if you develop an acute illness in the next few weeks, especially fever, rash, myalgia, fatigue or lymphadenopathy. These may simply be side effects of the medication.
Review at 12 –16 and 24-26 weeks	**You will have a review 12 weeks following HIV exposure or completion of PEP (i.e.16 weeks post incident if you have had PEP) and 24-26 weeks by the Occupational Health for a blood test.** A negative test provides a high level of confidence that you are free of infection provided that this has been taken at least 12 weeks after cessation of PEP, and at 24-26 weeks.
Further review by Occupational Health and Bure Clinic	You may have longer follow up if: • you are already immunocompromised • you experience an illness compatible with an acute retroviral infection regardless of interval since exposure • the source patient is infected with either HIV or Hepatitis C • tests for other blood borne viruses are required
References	HIV post exposure prophylaxis. Guidance from the UK CMO Expert Advisory Group on AIDS. Department of Health. September 2008
Version, date and Author	Adapted from JPH version 2 by Dr D Wade, A&E Consultant ,JPH, 29th April 2009. Part of Sharps Policy: Safe Handling and Disposal of Sharps. Version 9, December 2014. Infection Prevention and Control Team ECCH in conjunction with Occupational Health.

Appendix 2

Information leaflet for patients when a member of staff has been assessed as at risk from blood contamination

Introduction

A member of the healthcare team looking after you has received a 'needlestick' injury, i.e. they have injured themselves with a needle or surgical instrument which may have had traces of your blood or other body fluids on it. Very occasionally blood and other body fluids contains 'blood borne viruses' which can be contagious if they enter another persons bloodstream by any means.

The help we need

At the ECCH we take a **universal approach** to patients who have been the source of a needlestick injury. This means that we ask all of these patients to provide a sample of blood to be tested for Hepatitis B, Hepatitis C and HIV. You have not been singled out. It is ECCH policy to approach all patients in this situation.

The chance of any of these viruses being present in your blood is extremely small. However, should any of these viruses be found, you will be told by your doctor and all necessary arrangements for further care will be made.

If you feel that you may be at high risk for any of these viruses for any reason then please inform the person taking the blood test.

Testing your blood will enable the member of staff to receive any treatment they may need, and in the majority of cases will enable them to be reassured that there is no risk to them from this incident.

Thank you for your assistance.

CONSENT

I, _____ , of

(Address) _____

_____

_____

Have read the advice sheet for patients when a member of staff has received a needle stick injury and consent to a blood sample being taken and tested for Hepatitis B, hepatitis C and HIV.

I understand that this request is being made only as a part of the management of an incident of an individual who has been accidentally exposed to my blood or other body fluid.

I consent to the results of these tests being given to my;

General Practitioner ☐

Occupational Health. ☐

Signature _____

Date _____

Signature of person taking blood _____

Name in full _____

Designation _____

Date _____

If consent is given, this form should be detached from the information sheet and placed in the clinical notes and the leaflet given to the patient.

Appendix 3

Needlestick Injuries - Information for doctors/nursing staff asked to assess and test source patients

One of your colleagues has sustained a needlestick injury from the patient indicated to you. You now need to assess the risk of blood borne viruses from this patient and request their consent for BBV testing. The steps you need to follow are listed below.

1. CHECK THE MEDICAL RECORDS

Please check the medical records to see if the patient is known to have established HIV, Hepatitis B or C infection. Microbiology reports should also be checked.

If there is nothing in the medical records to indicate whether the source patient has had an HIV, Hepatitis B or C test, the source patient should be approached.

2. APPROACH TO THE SOURCE PATIENT

The ECCH takes a **universal approach** to testing patients who have been the source of a needlestick injury for blood borne viruses. This means that all patients will be tested, regardless of the perceived risk.

The patient should **not** be approached by the person who has received the needlestick, but by another member of the medical or nursing team.

Source patient discussion and consent

Approach the source patient with sensitivity. Inform them about the incident and explain that it is ECCH policy to ask for consent for blood tests from the source patient for all significant needlestick injuries. Explain the chances of any blood borne viruses being present in their blood is extremely small, however if any are found then your GP will be informed and would make all necessary arrangements for further investigation/treatment required.

Explain that the results will be disclosed to the source patient and the occupational health service on behalf of the healthcare worker who has sustained the injury.

Explain that the healthcare worker involved may have been started onto anti HIV medication to prevent potential infection until the blood test results are available. If the HIV test comes back as negative the staff member will be reassured and stop their medication.

People often worry that if they have an HIV test, this will affect any later request for life insurance etc. The position of the Association of British Insurers is that insurance companies should **not** ask whether you have had an HIV test. They should only ask if you have had a positive HIV test or are receiving treatment for HIV/AIDS. Therefore, a negative HIV test, taken purely because someone has been exposed to your blood, should have no impact on a future request for insurance.
Ask the patient about possible previous exposure to HIV and other blood-borne viruses and risk factors for these (Intravenous Drug Users, patients from the African subcontinent, men who have sex with men, with multiple sexual partners, sexual contact with risk groups, including prostitutes).

Give the patient the advice sheet to read.

Explain to the patient that the medical team looking after them will let them know the results of any positive tests.

3. CONSENT

Obtain signed consent, and place a copy of this in the patients notes.

4. TESTING THE SOURCE PATIENT'S BLOOD

Take the source patient's blood – 2 x yellow-topped bottles. Send this to the lab with a microbiology form labelled 'Needlestick injury - source patient for (staff member name) -for urgent HIV, hepatitis B and hepatitis C test'. Ask for a copy to be sent to the Occupational Health department.

5. BLOOD RESULTS

It is the responsibility of the team looking after the patient to feed back any positive results to the patient and their GP.

Appendix 4

INCIDENT INFORMATION FORM

SHARPS INJURIES

TO BE COMPLETED IN THE EMERGENCY DEPARTMENT

Date and time form completed .....

Where did the incident happen and at what time .....

Name and title of person completing the form .....

INJURED PERSON DETAILS

1. Full name
2. Date of birth
3. Contact telephone number
4. Job title
5. Ward/Dept
6. Brief description of incident

.....

.....

7. Was first aid performed? **Yes / No**
8. Was the injured person wearing gloves? **Yes / No**
9. Injured person's Hepatitis B immune status, if known? (Circle as appropriate)

a) Not vaccinated
b) Non responder
c) Course of 3 injections and immune response at blood test
d) Not known

10. What caused the injury? (Circle as appropriate)

a) Hollow bore needle
b) Solid suture needle
c) Scalpel blade
d) Surgical instrument or implant
e) Bite or scratch
f) Blood stained fluid splash
g) Other, please specify

11. Written description of injury including the following points;

a) Visible blood on injuring implement
b) Skin pierced
c) Source patient known to be high risk for blood borne viruses (Hepatitis B, Hepatitis C or HIV)

.....

.....

.....

12. Source patient details

a) Full name
b) Hospital Number
c) Date of birth
d) Nationality/country of origin
e) Recent travel abroad? If yes, please state where

f) Consultant responsible for patient
g) Was the fluid involved blood? **Yes / No**
h) Serological status of source patient (Circle as appropriate)

HIV antibody	Positive	Negative	Not Known
Hepatitis B	Positive	Negative	Not Known
Hepatitis C	Positive	Negative	Not Known

i) Is the source patient likely to be at high risk for BBV, MSM (men who have sex with men) or an IV drug user? **Yes / No**

13. The ED doctor must arrange for blood to be taken from the injured person. (5ml SSTII vacutainer gold top. Blue serology/Virology form). The request form must include the following details:

- Injured persons ID
- Sharps injury or blood exposure (as appropriate)
- Blood for storage
- Consultant
- Ward/Dept/ Occupational Health

This sample will be stored – non tested. Ensure the injured person is aware of this fact.

14. Post exposure Prophylaxis (PEP)

If after the initial risk assessment it is considered that there has been exposure to known or potentially HIV positive contaminated fluids, then prophylactic HIV medication will be prescribed and should be started immediately.

Was PEP prescribed? **Yes / No**
Name of person prescribing .....
Time/date commenced .....
Information sheet given **Yes / No**
Consent form signed **Yes / No**

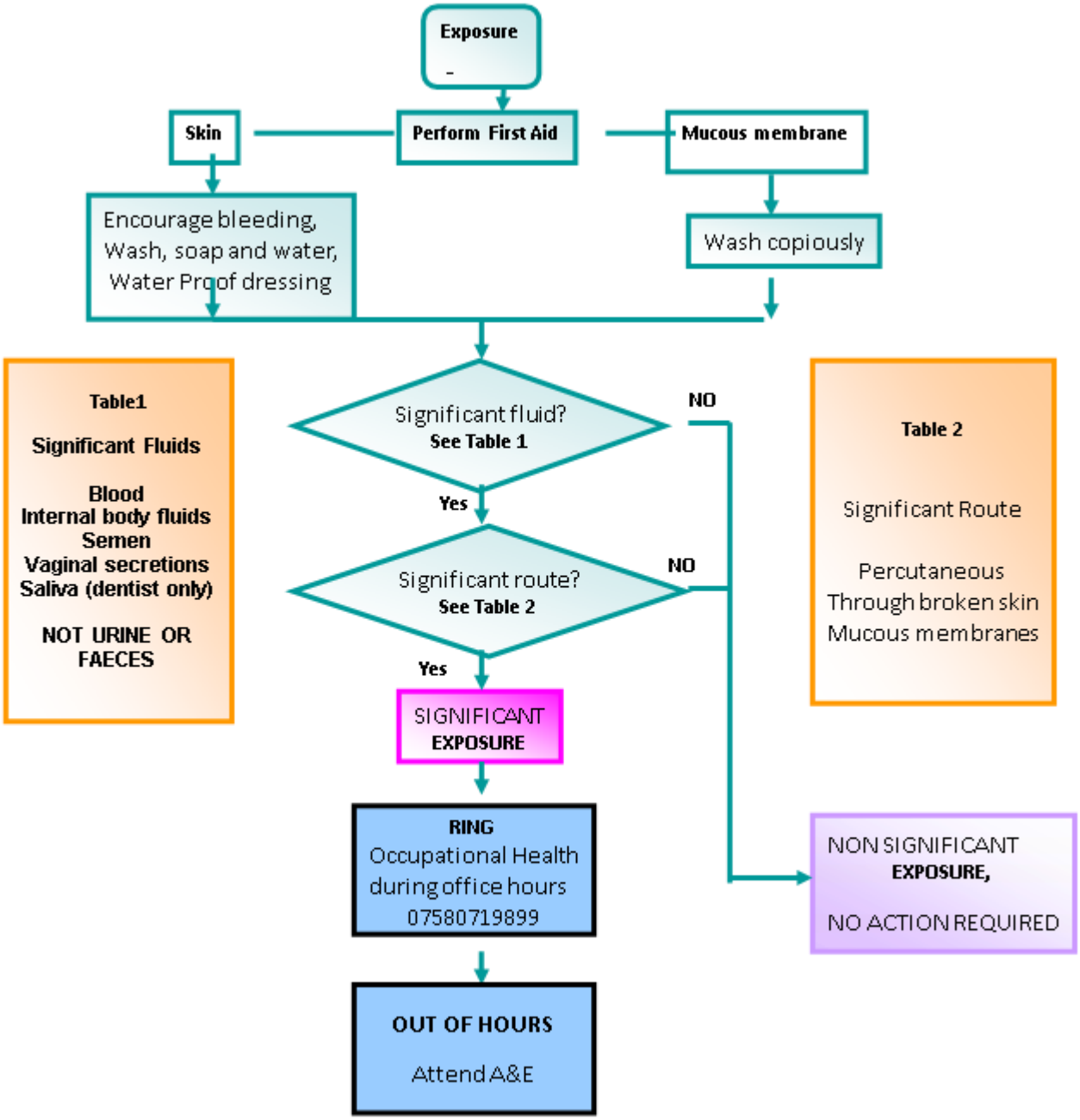
15. Hepatitis B immunisation

Discussed with Virologist **Yes / No**
Commenced course of Hep B immunisation **Yes / No**
Hep B booster given **Yes / No**
If non responder or not completed full course of Hep B immunisation, discussed with Microbiologist regarding immunoglobulin administration **Yes / No**
Immunoglobulin administered **Yes / No**

16. Record of action taken

Name of A&E doctor who undertook the risk assessment .....
Contact number .....
Name of person who completed initial source patient information on risk form
.....
Contact number .....
Name of Occupational Health Doctor .....
Contact number .....
Name and contact details of others involved .....
.....
.....
.....

Blood Borne Virus: Assessment of exposure significance



Appendix 6

The injured person's responsibility:

- **To carry out first aid**
- **To contact Occupational Health as soon as possible**
- **Complete Datix form**

Occupational Health Responsibility:

- **Provide support and reassurance if necessary or requested**
- **Check vaccination status**
- **Further blood test at 12 and 24 weeks or other relevant follow up**
- **Ensure bloods taken from source patient next working weekday or soon after**
- **Gain necessary consents and refer to A&E if required**

Out of office hours attend A&E as soon as possible and contact Occupational Health the next working day

If sharps injury is from a high risk patient and staff member is unable to contact OH immediately, proceed directly to A&E

Appendix 7


NON-MEDICINAL
MEDICINAL NON-CYTO
CYTOTOXIC/STATIC
Dispose of into ORANGE Lidded Container
Dispose of into YELLOW Lidded Container
Dispose of into PURPLE Lidded Container

10. EQUALITY & DIVERSITY IMPACT ASSESSMENT

In reviewing this policy, the HR Policy Group considered, as a minimum, the following questions:

- Are the aims of this policy clear?
- Are responsibilities clearly identified?
- Has the policy been reviewed to ascertain any potential discrimination?
- Are there any specific groups impacted upon?
- Is this impact positive or negative?
- Could any impact constitute unlawful discrimination?
- Are communication proposals adequate?
- Does training need to be given? If so is this planned?

Adverse impact has been considered for age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, sexual orientation.

Blank version of the full Equality & Diversity Impact assessment can be found here:

http://eccho/Home/FormsGuidance.aspx?udt_575_param_index=E&udt_575_param_page=2

11. DOCUMENT CONTROL

Version Date	Version No.	Author/ Reviewer	Comments
Oct 2008	3		
Oct 2009	4		
July 2020	5		Alteration of mention of attending GUM clinic to attending Occ Health.
July 2011	6		Addition of Information & consent form & flow chart. Change of title.
July 2012	7	IP&CT	Logo change, Changes relating to EU Prevention of Sharps Injury Directive
Feb 2013	8	IP&CT	Securing sharps containers during transportation following CAS alert
Feb 2015	9	IP&CT	
Feb 2017	10	IP&CT	Minor changes for clarification
Dec 2018	11	IP&CT	Reviewed & minor changes
June 2021	12	IP&CT	Reviewed
June 2022	13	IP&CT	Updated Sharps Injury Flowchart

DOCUMENT CONTROL SHEET

Name of Document:	Sharps Policy: Safe Handling and Disposal of Sharps
Version:	13
File Location / Document Name:	ECCHO
Date Of This Version:	Version

Produced By (Designation):	Infection Prevention and Control Team
Reviewed By:	IPACC
Synopsis And Outcomes Of Consultation Undertaken:	Changes relating to relevant committees/groups involved in ratification processes.
Synopsis And Outcomes Of Equality and Diversity Impact Assessment:	No specific issues
Ratified By (Committee):-	IPACC
Date Ratified:	June 2022
Distribute To:	IPACC
Date Due For Review:	June 2024
Enquiries To:	infectionprevention@ecchcic.nhs.uk
Approved by Appropriate Group/Committee **Approved by Policy Group** **Presented to IGC for information**	☐ Date: ☐ Date: ☐ Date: