

<b>Document Details</b>	
Title	<b>Safe use of Sharps and management of inoculation injuries Policy</b>
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Local Ref (optional)	
Main points the document covers	This policy set out to protect the health, safety, and wellbeing of employees who use sharps. It sets out the responsibilities, procedures, and control measures required to manage and reduce the risks associated with sharps injuries. The policy aligns with health and safety legislation and best practice guidance.
Who is the document aimed at?	This policy applies to all staff who may use sharps during their duties, whether on-site or off-site. It is also directed at managers and line managers responsible for overseeing safe use of sharps.
Author	Samir Adhikari, Health and Safety Officer
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# 1 Policy Statement

Shropshire Community Health NHS Trust (hereafter the Trust)) is committed to maintaining a safe and healthy working environment for all staff.

The safe use and disposal of sharps is a critical element of infection prevention and control within healthcare settings. Sharps injuries pose a risk of transmission of blood-borne viruses (BBVs) such as Hepatitis B, Hepatitis C and Human Immunodeficiency Virus (HIV). These injuries can cause significant distress to the affected individual and have implications for patient safety, staff welfare, and organisational governance. 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.

The purpose of this policy is to define the duties in relation to the Trust's Health and Safety policy regarding safe use of sharps. The Trust recognises and accepts its responsibility in accordance with the Health and Safety at Work, etc Act 1974 and subordinate legislation and regulation to provide so far as is reasonably practicable, safe systems of work and a safe place of work.

All reasonably practicable precautions must be taken by the Trust to provide a safe working environment for employees or contractors etc who are required to carry out their duties with sharps. Safer version of sharps must be used in all applicable clinical and non-clinical settings to reduce the risk of needlestick injuries and exposure to bloodborne pathogens. These devices are specifically designed with integrated safety features that activate automatically or manually to prevent accidental harm. Prioritising safe sharps not only supports compliance with health and safety regulations but also demonstrates a proactive commitment to protecting staff and patients alike.

# 2 Purpose

The purpose of this policy is to ensure that there are effective systems in place to protect the health, safety, and wellbeing of staff who are required to use sharps, whether on-site or in the community, without direct or close supervision.

Specifically, the purpose of this policy is to:

- Ensure that all staff, contractors, students, and volunteers are aware of the safe practices for the use and disposal of sharps.
- Prevent and minimise the risk of sharps injuries and associated BBV transmission.
- Provide a clear framework for responsibilities, safe systems of work, training, and immediate response following a sharps-related incident.
- Ensure compliance with statutory and regulatory requirements and promote best practice across the Trust.

# 3 Scope

This policy applies to:

- All staff of Shropshire Community Health NHS Trust, including permanent, temporary, agency, and bank staff.

- Volunteers, contractors, and visiting professionals undertaking work on behalf of the Trust.
- All locations where Trust duties are performed, including NHS premises, non-NHS premises, patients' homes, and any other community setting.
- All situations where staff may use sharps.

## 4 Applicability

Policies can be found in the Trust's Document Library on the Public Website and the Staff Zone SCHAT Staff Zone . This policy applies to all staff including temporary and agency staff, contractors, volunteers, students and those on work experience. This document should be read in conjunction with other policies, such as:

- Health and Safety Policy
- Risk Management Policy and Strategy
- Standard infection control precautions (SICPs)
- Waste Policy

## 5 Definitions

**Medical Sharps:** an object or instrument necessary for the exercise of specific healthcare activities, which is able to cut, prick or cause injury.

**Sharps Injury (Needlestick / Inoculation Injury):** A penetrating injury from a sharp object that is contaminated, or potentially contaminated, with blood or other body fluids.

**Blood-borne Viruses (BBVs):** Pathogens that can be transmitted through exposure to infected blood or body fluids, including Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV).

**Safer Sharp:** A medical sharp that incorporates a built-in protection mechanism or other feature to prevent or minimise the risk of accidental injury.

**Standard Sharps:** A medical sharp that doesn't incorporate a build-in protection mechanism or other safety feature to prevent or minimise the risk of accidental injuries.

## 6 Responsibilities

### 5.1 The Trust

Shropshire Community Health NHS Trust (the Trust) is committed to safeguarding the health, safety and welfare of all its employees, including those who may be required use sharps. The Trust must ensure, so far as is reasonably practicable, that:

- Policies and procedures for use of sharps are in place, monitored and regularly reviewed.

- There are sufficient resources to implement and maintain safe systems of work for safe use of sharps.
- Risk assessments are carried out to identify, eliminate, or control risks associated with use of sharps.
- A culture of safety, accountability, and continuous learning is promoted at all levels.

## **5.2 Directors and Senior Managers/ Service leads**

Senior Managers and Executive Directors are responsible for ensuring that sharps injury risks are effectively managed within their areas of responsibility and they are responsible for ensuring assurance that appropriate and effective policies are in place to minimise the risks of sharps injury.

Ensuring there are robust systems of internal control that support the achievement of National and Trust policies, aims and objectives.

## **5.3 Department and Line Managers**

Department manager and Line managers play a vital role in implementing safe use of sharps working practices at team level. Their responsibilities include:

- All managers are responsible for implementing the policy on their site or department and ensuring that all their staff are aware of the Safe use of Sharps policy.
- All Managers are responsible for leading on the implementation of this policy by ensuring that any use of sharps activity is properly planned, supervised, and carried out by a trained and competent person, and that effective systems are in place to identify, manage and control risks associated when working with sharps.
- All managers are responsible for any Standard sharp that is used in their area and are responsible for ensuring that an Authorisation and Risk Assessment Form for Standard Sharps Use is undertaken and documented. This must include the selection of equipment and the safe placement of sharps containers in addition to ensuring correct assembly and disposal.
- All managers must report sharp and splash injuries to health and safety team in line with RIDDOR and maintain accurate incident records.
- Authorisation/Risk Assessment Form for Standard Sharps Use must be used to complete and must be signed off by an Authorised person (i.e. Divisional Clinical manager). Once agreed this form must be sent to Procurement and held on records. (Please follow Appendix 1 and 2).
- Line managers must investigate the circumstances and causes of any incidents, and take action required to prevent reoccurrence. Also, they must ensure that any learning from the outcomes of these investigations is shared

Trust wide with other departments through governance meetings, management meetings, staff meetings and other forms of communication available.

- Line managers are responsible in ensuring that staff are made fully aware of the risks that sharps pose and are competent in the use of all sharps that they are required to use. This must be confirmed as part of the local induction process and as such must be recorded.
- Managers must ensure staff are trained in any sharps equipment they are expected to use, and if any products are changed, especially if use of standard sharps becomes necessary, then all staff are trained on the new products and their disposal.
- Managers must ensure that staff are aware of the steps to take if they experience a sharps device injury and/or exposure to blood or other body fluids contamination injury.

#### **4.4 Health and Safety Team**

The Trust Health and Safety Team are responsible for ensuring that the policy is reviewed and updated as necessary. The Health and Safety Team in collaboration with Infection Control team and Occupational Health Team will provide advice on safe use of sharps in accordance with this policy and current legislation.

The Health and Safety team must carry out all in-depth sharp's incident investigation.

The Health and Safety team must ensure any RIDDOR (Reporting of Incidents, Diseases and Dangerous Occurrence Regulations) reportable incidents are reported to the Health and Safety Executive within the appropriate timeframe.

#### **4.5 Infection Prevention and Control Team**

The Infection Prevention and Control team (IPC) team shall incorporate sharps audits into their routine audit programme. Findings from sharps audits must be documented, analysed, and reported for continuous improvement efforts and to reduce the risk of needlestick injuries and associated infections.

#### **4.6 Training Department**

The Trust's Training Department is responsible for ensuring that all Trust staff who undertake work with sharps activities, will be given training commensurate with their role(s) together with regular refresher training in accordance with the Trust's Organisational Training Needs Analysis (TNA).

#### **4.6 Occupational Health**

Carry out risk assessments following blood-borne virus exposure, follow up all reported sharps/splash incidents, and arrange post-exposure prophylaxis signpost and support.

Monitor and audit sharps/splash injuries, address non-reporting or failure to seek treatment, and provide regular reports to the Health and Safety Groups, Infection Prevention and Control Groups, and relevant sub-groups.

Support prevention through collaboration on safer sharps devices, compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

#### **4.7 All Staff**

All staff must familiarise themselves with the Safe Use of Sharps and management of inoculations policy and associated procedures and comply with all procedures, safe systems of work and contribute to the risk assessment process when requested and follow all control measures identified.

All Staff must adhere to safe working practices to avoid harm to themselves, colleagues, patients, or others. They must attend mandatory infection prevention and control training, which contain sharps safety training, in line with organisational requirements (normally every three years or as specified).

All staff must complete all required e-learning modules and training programmes on sharps safety and the prevention and management of occupational exposures.

All Staff must not alter, amend, or disable any safety feature, they must maintain competency in the use of sharps and safer sharps devices, ensuring they use equipment only as intended by the manufacturer.

All Staff must always use the clinical sharps safety devices recommended and provided by the Trust, and dispose of sharps immediately after use, directly into an approved sharps container at the point of care. They must take immediate and appropriate action following a sharps injury or exposure to blood or body fluids in accordance with Trust procedures and national policy guidance.

All Staff must report all incidents and near misses involving sharps via the organisation's Incident Reporting System (e.g. Datix), ensuring that they provide accurate and timely details. Also, staff must seek advice, follow-up care, and counselling where required after a sharps injury or exposure to blood or body fluids with occupational health.

All Staff must promote a culture of safety by supporting colleagues in following best practice and by challenging unsafe behaviours or practices where observed.

## 6 Managing the Risks

### 5.1 Eliminating and Reducing Risks

Managers must ensure that, wherever practicable, the use of sharps is eliminated. Where sharps are required, safer sharps incorporating protection mechanisms must be used where reasonably practicable.

Where safer sharps are not used, a documented Authorisation and Risk Assessment Form for Standard Sharps Use must justify the decision. Acceptable reasons may include:

- no safer sharp exists for that clinical application.
- the safer sharp introduces additional risk to patients, donors, or staff.
- the safer sharp adversely affects clinical outcomes.
- poor design of the safety mechanism, e.g. it is unclear how to deploy it.

The Authorisation and Risk Assessment Form for Standard Sharps Use must:

- consider whether safer sharps are already used within the Trust for similar clinical practice.
- document what assessments have been made of potentially suitable safer sharps available.
- specify the clinical need for the standard sharp.
- evaluate the effectiveness of control measures in place to minimise sharps injury risk.

All such assessments must be agreed by the manager of the Ward or Departmental Manager. They must be reviewed annually and stored at internet or their site (known to all staff) by manager to ensure the justification remains valid and to consider whether new safer technologies have become available.

### 5.2 Risk Assessment

All wards, departments, and services where clinical sharps devices are used must carry out a risk assessment to identify and manage the hazards associated with their use and disposal. The assessment must be suitable and sufficient and must detail:

- The types of sharps devices in use.
- The procedures and activities where sharps are required.
- The potential risks of injury and exposure to blood-borne viruses (BBVs).
- The control measures in place to prevent injury, with particular emphasis on safe disposal practices.

Risk assessments must be reviewed at least annually to ensure they remain valid, and sooner if:

- There are changes to the sharp's devices in use.
- New or amended clinical procedures are introduced.
- An adverse event, near miss, or audit highlights the need for review.

Standard sharps must only be used where a safer alternative is not available, suitable, or clinically appropriate. In such cases, an Authorisation and Risk Assessment Form for Standard Sharps Use (please see appendix 1) must be completed following flow chart for requesting (please see appendix 2)

This assessment must:

- Provide clear justification for the use of a standard device.
- Demonstrate why no safer alternative can be used without compromising patient care.
- Be signed off by the relevant Manager and a Health and Safety Team.
- Be central recorded for future reference, and inclusion in the annual review cycle.

The continued use of Standard sharps must be reviewed regularly to ensure it remains justified, particularly in light of new technologies, updated legislation, or changes in clinical practice

### **Safe Use of Sharps in Community support workforce**

Community based staff or workforce must be aware of sharps being used in patient homes and therefore require careful handling, supported by a robust risk assessment and adherence to local safe procedures.

A Safe System of Work (SSoW) must be developed collaboratively between community-based staff and their line managers to manage the risk of sharp injuries effectively. This system should include an agreed procedure for the use, reuse, cleaning, storage, and disposal of all sharps.

If reuse (i.e. for scissor) is permitted following a risk assessment, sharps must be stored securely and hygienically in line with Infection Prevention and Control (IPC) requirements and cleaned before and after each use. If reuse is not supported, sharps must be disposed of in a sharps bin after single use.

Ultimately, the decision must be based on the assessed risk and aligned with agreed local procedures to ensure safety for both staff and patients.

Healthcare staff who travel in the community and carry sharps (used or unused) in the course of their work must follow a safe system of working at all times.

Insulin needles must be handled with strict safety protocols to prevent needlestick injuries. When staff administer insulin, safer sharps insulin needles from Trust stock must be carried and used, while standard patient-provided needles are not permitted to use by any staff. These safer devices include built-in safety mechanisms that must be engaged immediately after use, followed by prompt disposal in a designated sharps bin.

Patients who self-administer insulin are responsible for using their own needles and disposing of them safely. Staff must not handle or dispose of patient standard needles. (For further information see Appendix 4)

### **5.3 Selection and Introduction of Safer Sharps**

When selecting safer sharps, the following must be considered:

- the device must not compromise patient care.
- reliability of the device.
- whether the device introduces any additional hazards.
- ease of use and suitability of the safety mechanism.
- whether the staff can maintain appropriate clinical control.

The introduction of safer sharps must include:

- evaluation of suitable available devices.
- involvement of end-users in trials and evaluation.
- consideration of any national or regional evaluations.
- provision of training and information for all users.

### **5.4 Safe Use of Sharps**

All staff must adhere to the following principles:

- Store safer sharps separately from Standard sharps, with controls in place to prevent unauthorised use of Standard devices.
- Dispose of sharps immediately after and at the point of use – take a sharps container to the bedside, treatment area, or procedure.
- Never pass sharps hand-to-hand – use a neutral zone (e.g. tray or receiver).
- Never walk around with exposed sharps in hand.
- Never place hands inside sharps bins.
- Dispose of syringes and needles as a single unit – do not dismantle prior to disposal.

### **5.5 Prohibition of Recapping**

Needles must not be recapped after use, unless a risk assessment identifies this as necessary for clinical reasons. In such cases, an approved device (e.g. a needle block) must be used to allow safe one-handed recapping.

### **5.6 Use of Standard Sharps**

The use of Standard sharps is only permitted where it has been clearly demonstrated through a documented Authorisation and Risk Assessment Form for Standard Sharps Use that no suitable safer sharp is available or that its use would introduce greater risks to patients, donors, or staff, or compromise clinical outcomes.

The Authorisation and Risk Assessment Form for Standard Sharps Use must be conducted and evidence consideration of all safer alternatives available within and across the Trust and must be formally approved by the Divisional Clinical Manager.

Such assessments must be reviewed at least annually, or sooner if new technology or safer products become available, to ensure that the continued use of standard sharps remains justified. Please see and follow Appendix 1 and 2

## 5.7 Disposal of Sharps

The staff member using the sharp is personally responsible for ensuring its immediate safe disposal.

Sharps must only be disposed of in approved containers conforming to UK Standard, in accordance with the Trust Policy.

Key requirements:

- All sharps (including safer sharps, needles, blades, cannula, glass slides, ampoules, razors, disposable scissors, and guide wires) must be discarded directly into a sharps bin.
- Sharps containers must be:
  - correctly assembled, labelled, and used in accordance with manufacturer's instructions.
  - positioned in safe, accessible locations away from public access, children, or vulnerable adults.
  - available at the point of care, e.g. bedside, drug trolley, phlebotomy stations.
  - of appropriate size for the activity.
- Use temporary closure mechanisms between uses.
- Replace sharps bins when three-quarters full and never overfill.
- Lock and label containers on disposal with date locked and disposed by details.
- Carry bins safely by the handle or in a carry tray.
- Do not place sharps or sharps bins into waste bags.
- Used sharps bins must be stored securely in a designated locked or segregated area pending disposal.
- See appendix 4 for insulin pen needles disposal.

Agreed procedure between line manager and community nurses should be followed for disposal of sharps in patient home. Managers must ensure clear procedures are in place and employees working in the Community Health Service must be aware of the importance of the Disposal and any other instructions given to them regarding the safe disposal of sharps.

If Staff travel in community and carry sharps, staff must ensure that they

- dispose of sharps immediately after use in a container suitable for transport, close the lid immediately after use and secure the container in the vehicle to avoid tipping.
- follow instructions for the assembly and use of sharps containers, including the use of lid closing and locking mechanisms.
- report any lid closing and locking mechanisms problems so that the suitability of the container can be reviewed
- check the container at the end of each shift to ensure no sharps have been dropped or spilled in the vehicle. If sharps have been spilled, do not use the affected area and, if necessary, the whole vehicle until made safe.
- Report to line manager any difficulty following a safe system of working and review it.

## **5.8 Failure of Safer Sharps Devices**

Any failure of a sharps device, container, or associated equipment must be reported via Datix by all staff, in line with the Trust's Policy, and notified to:

- the ward/departmental/service line manager, and
- the Trust health and safety team
- MHRA Yellow card

## **5.9 Incorrectly Discarded Sharps**

If a sharp is discovered outside the correct waste stream (e.g. waste bag, floor, patient locker):

- Assess and make safe – isolate the area to prevent exposure.
- Inform – notify the line manager or person in charge.
- Remove and dispose safely – using PPE and a secondary device (forceps, dustpan and brush). Non-clinical staff must not attempt removal.
- Report – complete a Datix incident report, including details of location and discovery.
- Investigate – the line manager must establish the cause, identify training or competency issues, and implement corrective measures.
- Manage staff – any member of staff found to have disposed of sharps incorrectly must be interviewed. Repeated breaches may result in action under the Trust policy.

## **5.10 Actions in the Event of a Sharps Injury**

If a sharps injury occurs, the following actions must be taken immediately:

- Bleed it – Allow bleeding under running water (do not scrub, massage, or suck the wound).
- Wash it – clean thoroughly with warm running water and soap.
- Rinse it – if exposed to eyes or mouth, rinse with copious running water or saline.
- Cover it – apply a waterproof dressing.
- Report it – notify your manager immediately and record via Datix.
- Seek care
- Contact Occupational Health during working hours
- Contact microbiologist on call outside working hours and attend ED if advised enabling risk assessment / treatment if required.
- A Sharps incident box is available in the Community Hospitals which can be used to take urgent bloods if advised.

Please See and Follow Appendix 3

## **5.11 Post-Incident Management**

- All Sharps injury must be reported immediately by all staff and recorded on DATIX and seek advice from Occupational Health.

- All Sharps injury DATIX's must indicate whether when the needlestick injury was sustained, it happened from a Safe sharp or Standard sharp.
- Ward/Department Managers must record and investigate all sharps incidents, identifying root causes and corrective actions.
- Occupational Health must carry out a risk assessment and, arrange blood tests for both the injured staff member and (with consent) the source patient (if required).

Ward/Department Managers must ensure that injured staff:

- Have immediate access to medical advice and treatment.
- Are offered post-exposure prophylaxis and follow-up testing where appropriate.
- Are provided with counselling and ongoing occupational health support as needed.
- Follow-up testing and monitoring must be carried out in line with advice from the Occupational Health and SATH Microbiology teams for Hepatitis B, Hepatitis C, and HIV.

### 5.12 RIDDOR Reportable Incidents

In accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, the following incidents must be reported:

- Over-seven-day injury – where the injured staff member is unable to carry out normal duties for more than seven consecutive days.
- Dangerous occurrence – where a staff member has needlestick/sharps injury with a device known to be contaminated with blood-borne virus capable of causing severe illness (e.g. HIV, Hepatitis B, Hepatitis C).
- Occupational disease – where a medical practitioner notifies that a member of staff has contracted a disease attributable to occupational exposure.

The Health and Safety Team will support the Trust in making RIDDOR reports and ensure compliance.

### 5.13 Standard Operating Procedure (SOP)

All staff are must to adhere strictly to this Safe Use of Sharps Policy to ensure their own safety and the safety of others and must follow the Trust SOPs. Compliance with the procedures outlined is mandator. Also, all staff must familiarise themselves with the relevant sharps regulations and legislation, including the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013, for further guidance.

## 7 Data Protection and Confidentiality

Patients, service users and staff will be informed about how information is processed i.e. collection, recording, organisation, storage, adaptation, retrieval, consultation, use, disclosure, and erasure. Through [Privacy notices](#) that will be published on the public website and updated regularly.

Confidentiality will be maintained and applied in accordance with national and local policies and legislation. The Trust will comply with the [Department of Health \(DH\) 2003 publication Confidentiality: NHS Code of Practice](#)

Trust staff are aware of the data protection principles and will process information in a lawful way and in accordance with the legislation. Further information can be found on the Information Commissioner's Office website [A guide to the data protection principles | ICO](#)

All information will be protected and held securely using technical and organisational measures that comply with the data protection legislation.

Records will be held in accordance with the NHS Records Management Code of Practice. Staff will complete mandatory data protection training and security training.

## 8 Training, Learning and Awareness

The Trust recognises that training of staff is fundamental to the effective operation of this policy.

All staff will be given training commensurate with their role(s) together with regular refresher training in accordance with the Trust's Organisational Training Needs Analysis (TNA).

To ensure there is equity of access to all aspects of learning and development for all staff employed by the Trust, the Trust has developed a Learning and Development Policy.

Managers must ensure that staff receive appropriate training on preventing sharps injuries and the action to be taken must such an incident occur.

Managers must ensure that staff are aware of the correct use of safer sharps including information on individual types of device, the findings of any risks assessments related to use of sharps, use of Standard sharps and the precautions they must take to protect themselves and other persons and procedures to follow in the event of an emergency, including measures to be taken in the event of a sharps injury and how to report incidents.

Training must include:

- Correct use of safer sharps.
- Safe handling and disposal of sharps.
- Immediate steps to take following a "sharps" injury.
- Access to occupational health support and follow-up arrangements.

## 9 Communication, Implementation and Dissemination

Those with key responsibilities set out in this document will be responsible for ensuring that this policy is implemented and adhered to.

The policy will be disseminated across the Trust through a variety of mechanisms, including website, staff zone (intranet), meeting agendas, newsletters and briefings.

Awareness and communication tools will be used to ensure that staff, patients, services users and others are aware of this document through the Trust's newsletter, email, operational and team meeting agendas team/department meeting agendas, patient and carer forums.

## 10 Review and maintenance

This policy will be reviewed in accordance with the Trust's [Policy Review and Ratification Framework](#)

This Policy will be reviewed every three years or in response to significant changes due to variations of law and/or changes to organisational or technical infrastructure.

Revisions can be made ahead of the review date when the procedures section requires updating. Where the revisions are significant and the overall policy is changed, the author must ensure the revised document is taken through the standard consultation, approval and dissemination processes. The review process will involve consultation with key stakeholders, including health and safety representatives and operational leads, to ensure the policy continues to support safe working practices across the trust. Any updates or revisions will be clearly communicated to all relevant staff and incorporated into training and safe systems of work.

## 11 Monitoring Compliance

Non-compliance risks and issues will be handled through the risk management process. The effectiveness of the policy will be monitored by the Health and Safety Working Group.

This policy will be actively monitored to confirm that it remains effective, relevant, and in line with current legislation, including the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. Monitoring will include audits, incident investigations, and the collection of feedback from staff on the practicalities of sharps safety procedures. The safe use and disposal of sharps will also be assessed through clinical practice audits carried out by the Infection Prevention and Control Team.

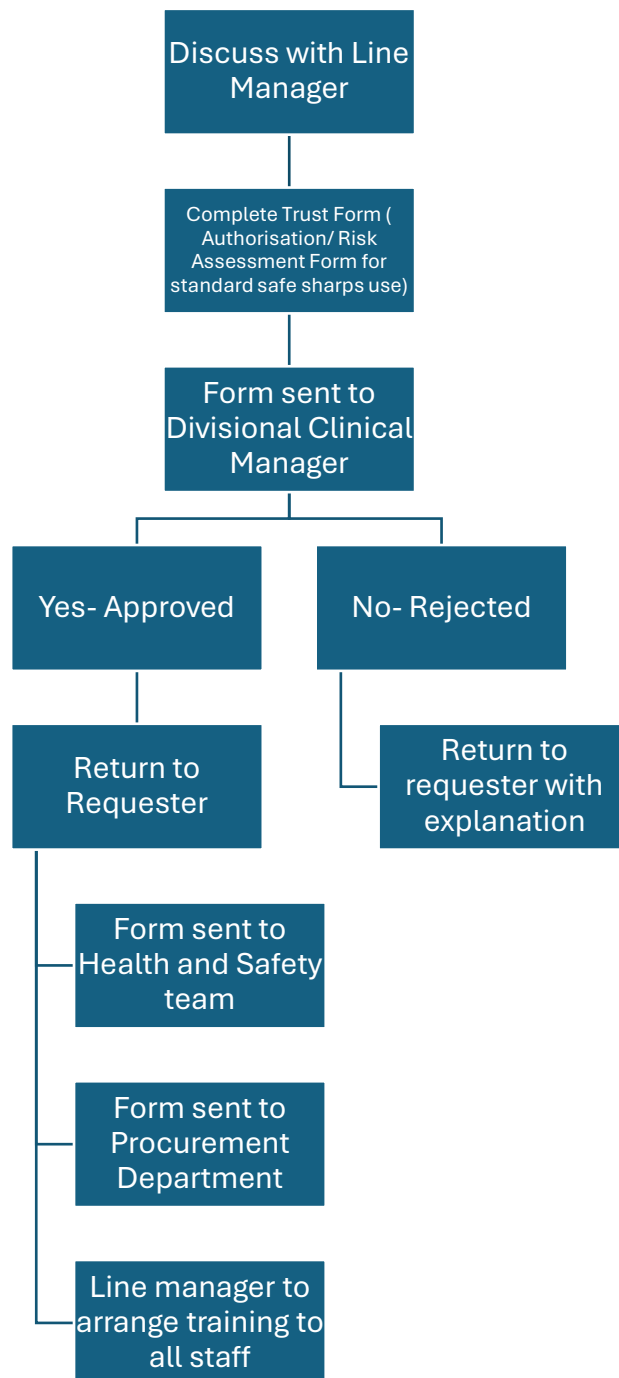
## 12 Appendices

### Appendix 1- Authorisation and Risk Assessment Form for Standard Sharps Use

Hospital Site:	Unit:	Ward/Department/Service
Requester Name:	Position/Role	Signature
Summary description of the procedure requiring use of the sharp:		
Existing safe sharp(s) in use in the procedure		
Type of sharp:		
Brand name:		
Size:		
Supplier:		
Product code:		
Request to use Standard sharp. Please explain in detail why a safer sharp cannot be used:		
Details of Standard sharp requested:		
Type of sharp:		
Brand name:		
Size:		
Supplier:		
Product code:		
Who intends to use the Standard sharp?		
Detail what instruction and training will be provided on the use of the Standard sharp:		
Detail the control measures to reduce the risk of harm from the use of the Standard sharp:		

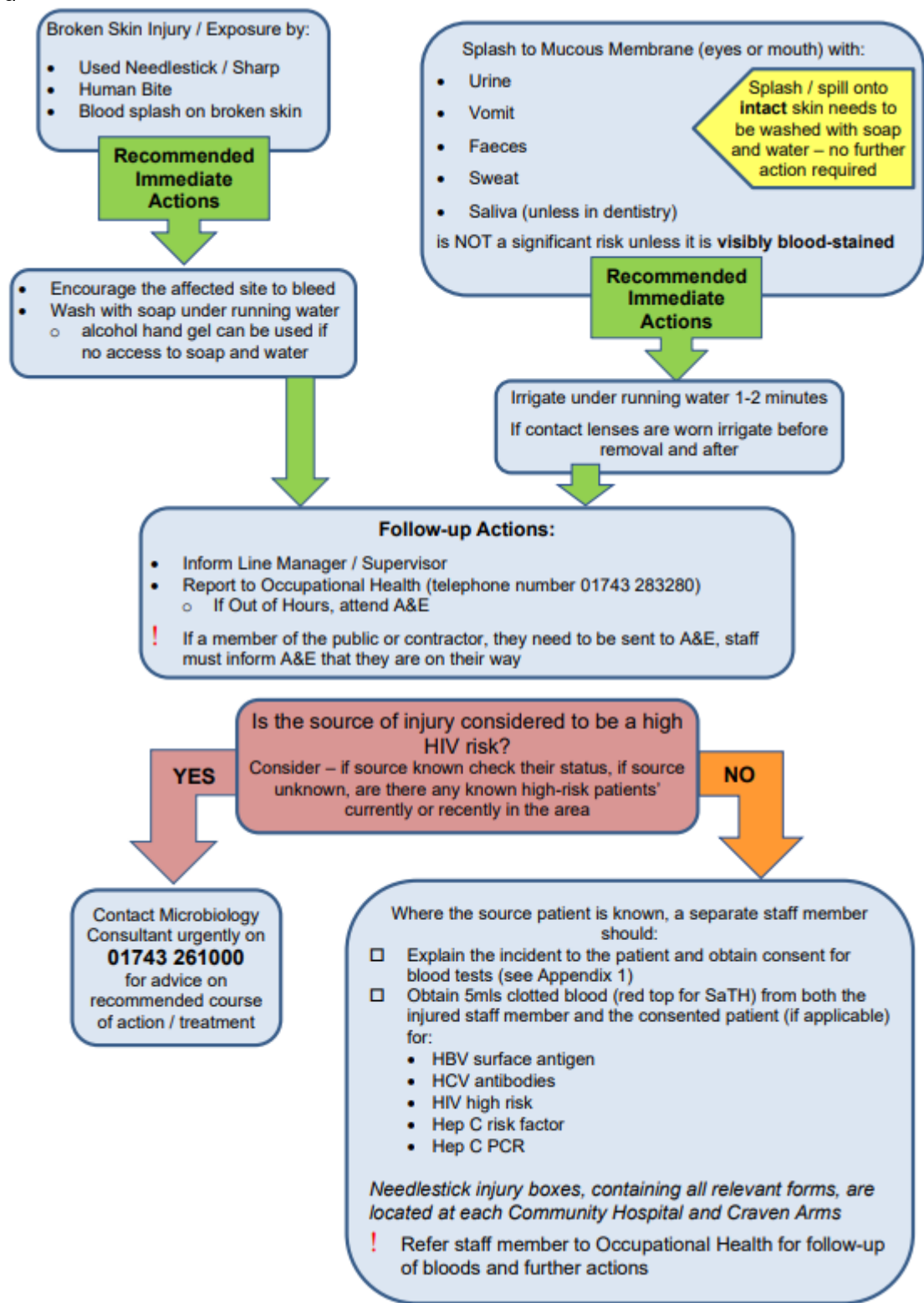
Detail the disposal procedure for the Standard sharp: (e.g. immediately into a sharps bin at point of use)		
Comments and/or further action notes		
Standard sharp use approved by: Name:		
Signature:	Position:	Date:
Risk register reference:	Review date:	

## Appendix 2- Flowchart for Requesting/ Use of Standard Sharp



# Appendix 3- Management of Occupational Exposure to Blood Borne Viruses (BBV)

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## Appendix 4- Prevention of Sharps Injuries from Insulin Pen Needles

### Self-management of diabetes during admission

#### **When a patient is admitted, a registered nurse should:**

- Ask the patient whether they wish to self-manage their diabetes.
- Discuss the circumstances in which the patient will not manage their diabetes (e.g. illness impairing ability to take decisions/requiring an intravenous insulin infusion).
- Explain that circumstances may change during the admission and that the self-management decision may need to be reviewed in response to the medical situation.
- Explain that ultimate responsibility lies with the trust and if the patient is not considered well enough to self-manage, the nurses will take over.
- Request that the patient informs a registered nurse of his or her blood glucose results, and the dose of insulin administered to be documented on the appropriate trust documentation.
- Emphasise the need for the patient to take responsibility for keeping his or her medicines safe and for ensuring that other patients cannot access them.
- Ask the patient to complete the agreement form taking responsibility for diabetes self-management if this has not been done already. (see the form below)

#### **Staff Administering Patients Insulin**

1. Check Consent: Ensure consent if staff are administering insulin.
2. Use safer sharps device from Trust stock.
3. Replace any patient-provided standard needle with a safer sharps insulin needle – staff are not to use any patient own needles.
4. Administer insulin safely:
5. Use the pen in accordance with manufacturer's instructions.
6. Engage safety mechanism immediately:
7. After injecting, push the safety guard until it clicks and the indicator is visible.
8. Unscrew the needle from the pen and immediately dispose of in a sharps bin.
9. Never leave used needles unattended.

## **When Patient Self-Administers Insulin**

1. Patients use their own insulin needles and sharps bin. The Trust will provide a suitable sharps disposal bin if necessary.
2. Ward staff must ensure the patients have completed the **“Patient agreement to self-manage diabetes during hospital admission”** consent form (See below).
3. Ward staff must NOT dispose of a patient’s standard insulin pen needles.
4. If a patient fails to dispose of their own needle, do not handle it—inform the ward manager or deputy.
5. It is the Ward Managers responsibility to inform the patient to discharge/dispose of their insulin needle, ensuring a sharps bin is available.
6. If the patient refuses to dispose of their needle, staff are not to attempt to remove the needle, the entire device will be placed in the sharps bin. The Trust may then need to administer insulin on behalf of the patient.
7. Domestic staff must never dispose of sharps; report findings to clinical staff.

## **Sharps Injury Prevention Controls**

To reduce the risk of needlestick injuries, staff must:

1. Always use safer sharps insulin needles
2. Never recap, bend, or break needles after use.
3. Always wear appropriate PPE when handling insulin pens or sharps.
4. Position sharps bins close to the point of use to avoid carrying used needles across the ward.

## **Disposal of Insulin needles:**

Insulin needles must be disposed of in a Trust Yellow bin with yellow lid.

## **Sharps Containers**

- If patient is disposing of sharp; utilise disposable sharps bin – ensure this is correctly assembled. The person responsible for the task must date and sign the label in the appropriate place.
- If patient supplied bin is FULL; dispose of following waste policy & replace with Trust supplied disposable sharps bin
- Sharps containers are not to be overfilled.
- Once bins have reached fill level, ensure these are permanently closed and disposed of.
- Remove the full sharps container to the secure waste storage area.

## **Disposal of sharps**

- Standard needles must not be re-sheathed or recapped.
- Insulin needles should be disposed of intact wherever possible.
- Sharps must be disposed of at the point of use in a suitable sharps bin.
- Only use approved sharps bins obtained through the Trust's usual supply lines.
- Unsecured sharps bins must not be left unattended in public areas and in particular should be safely out of the reach of children while remaining as near as practicable to sites of use. They should not be left on the floor. The use of sharps bins taken to patient's bedsides will assist in achieving this end.
- Do not fill sharps containers above the manufacturer's marked line.
- Lock the used sharps container when ready for final disposal, in accordance with the manufacturer's instructions
- Carry used sharps containers by the handle OR utilising dedicated trolleys.
- Do not dispose of sharps with other clinical waste in yellow/ orange bags, or in domestic waste bags. This leads to injuries to staff who handle waste bags.
- Do not place used sharps containers in yellow/ orange bags for disposal.
- Place damaged used sharps containers into a large secure rigid container which is properly labelled – seek advice from the Facilities department as necessary.

**Consent Form**

**Patient agreement to self-manage diabetes during hospital admission**

I wish to take responsibility for managing my diabetes (blood glucose monitoring and insulin adjustment) during my admission to The Robert Jones and Agnes Hunt NHS Foundation Trust

I agree that:

- ... I understand that the hospital based self-administration scheme cannot follow my usual home routine due to legal and clinical governance limitations that apply in the hospital setting.
- ... I will keep my medication safe and inaccessible to other patients including sharps (needles and lancets)
- ... I will use a clinical sharps bin for the disposal of sharps
- ... I will check my blood glucose regularly and record the results
- ... I will record the dose of insulin taken and make the information available to staff
- ... If I am unable, for any reason, to make decisions about my diabetes management, medical or nursing staff can make decisions on my behalf until I am able to resume self - management

Signed:

PRINT name:

Date:

Outside of pharmacy hours ensure of the following prior to commencement of self-administration.

1	The medicine is part of the patient's current regime.	
2	The medications are in the original dispensed packaging.	
3	The medication is correctly labelled with the patient's name, product name and strength.	
4	The patient has a clinical sharps bin for their personal use (spare boxes can be found in the emergency drug cupboard)	
5	Do the instructions on the medication label match the prescription chart? If no clarify the dose that the patient should be taking.	
6	The dispenser's (pharmacy or GP surgery) name and address are on the label.	
7	The date of dispensing is within the last 6 months and the expiry date (if shown) has not passed.	

Witnessed by Healthcare Professional (signature):

PRINT name:

Date:

Position:

Any change in circumstances that may affect this agreement should be documented in the notes.

## Appendix 5- Quality Equality Impact Assessment

### Quality and Equality Impact Assessment (QEIA) Screening Checklist

Use the checklist below to establish if there are any negative characteristics that need to be addressed and a full QEIA completed.

QUALITY AND EQUALITY IMPACT ASSESSMENT (SCREENING)			
What impact will this policy have on the following groups in terms of impact on service,			
Protected Characteristic	Positive/ Negative	None (why)	Actions to be mitigated
Age		None	
Disability		None	
Gender Reassignment		None	
Marriage and Civil Partnership		None	
Pregnancy and Maternity		None	
Race		None	
Religion or Belief (or No Belief)		None	
Sex		None	
Sexual orientation		None	
EIA Approval	Role	Name	Date
	Policy Owner		
	Policy Author		

If you have a negative response, please complete a full Quality and Equality Impact Assessment (QEIA) as set out in the Trust policy here: [Quality and Equalities Impact Assessment Process](#). Further national guidance here: [Public sector equality duty - GOV.UK \(www.gov.uk\)](#) [Equality Impact Assessment - GOV.UK \(www.gov.uk\)](#)

Appendix

### Version control

Version	Date	Author	Changes Made	Remarks
V1.0	April 2026	Health and Safety Officer	New Policy	

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